

For Official Use Only

V/S_____ L/E_____

Date Received: _____

New_____ Continuation_____

Application #_____

Date of Board Review_____ Approved _____ Denied_____ Amount Awarded_____

**VICTIM ASSISTANCE & LAW ENFORCEMENT
SHORT FORM GRANT APPLICATION**

City of Northglenn
Municipal VALE Board
Attn: Tammy Sutton, Court Supervisor
P.O. Box 330061
11701 Community Center Drive
Northglenn, CO 80233-8061
303-450-8703

Applicant Agency_____

Project Title_____

Project Director_____

Phone_____ Fax_____

Address_____

Total amount of VALE funds requested_____

Grant duration _____ to_____

Is this a one-time request for training and/or equipment: _____

Is this request for a new project? _____ Yes _____ No

Private non-profit_____ Government Agency_____

SECTION A –PROBLEM SOLVING APPROACH

Please briefly describe the problem-solving approach employed for this proposed project. Include problem identification, problem analysis, action plan/response, and evaluation/assessment of the response, along with the anticipated results.

SECTION B – BUDGET SUMMARY/FINANCIAL INFORMATION

Category/Item	Estimated Cost (please round to the highest whole dollar)
TOTAL	\$

1. Will the amount requested for this project provide full funding? If no, please identify other funding sources and amounts requested within the last year. Include pending grant amounts.

Source

Amount Requested

Amount Received

Applicant Signature

CEO Signature

Co-Applicant Signature