

WASHTENAW 100 PUBLIC SAFETY GRANT APPLICATION

Applicant First Name

Applicant Last Name

Title

Departmental E-mail Address

Municipal Agency

Tax ID # (xx-xxxxxxx)

Mailing Address 1

Mailing Address 2

City, State, Zip Code

Direct Telephone Number

Alternate Contact Name
(must be different from applicants)

Alternate Contact Phone
(must be different from applicants)

Alternate Contact E-mail
(must be different from applicants)

Community or Communities Served

Population

Number of Runs/Calls for Service
Per Year

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Local Approval Pre-Qualifications (Select the option that applies to your department):

- As required by our community, this request has been presented and approved by our local government as part of our process when applying for external funding. Provide copy of meeting minutes with application.
- Our jurisdiction required approval from local officials once the award is granted.
- Our jurisdiction does not require pre-approval from local officials.

Select the type of grant you are requesting:

- Equipment Purchase
- Prevention Education
- Continuing Education / Training

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EQUIPMENT PURCHASE/ PREVENTION EDUCATION ADDITIONAL INFORMATION

If you are requesting funding for an equipment purchase or prevention education, complete this section.

What equipment are you requesting? Please include quantity of each item.

What is the TOTAL Cost of the equipment (including sales tax and shipping, where applicable) ?

Vendor Name: _____

Sales Representative First and Last Name: _____

Sales Representative E-mail address: _____

I understand that to be considered for funding, the total dollar amount and equipment quantities listed on the submitted quote must match the total above.

Has your department applied for this specific request in the past and been denied?

___ Yes ___ No

If yes, how many times, prior to this application, has the request been submitted? _____

Briefly explain how the equipment will benefit your community and your department:

Grant recipients will receive a check to make the purchase according to the provided vendor quote. After you receive your equipment, you must E-mail signed and dated copies of all invoices to the Washtenaw 100 within one (1) week of delivery.

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CONTINUING EDUCATION / TRAINING ADDITIONAL INFORMATION

If you are requesting funding for continuing education / training, complete this section.

What is the amount of funding you are requesting? _____

How do you plan to use the funds requested? _____

How will the funding assist your department?: _____

Has your department applied for this specific request in the past and been denied?

___ Yes ___ No

If yes, how many times, prior to this application, has the request been submitted? _____

Grant recipients will receive a check to register for training. After you register for the training, you must E-mail signed and dated copies of all invoices to the Washtenaw 100 within one (1) week of registration.

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COMMUNITY IMPACT INFORMATION

This section must be completed for all requests.

Have you reached out to your municipality for funds for this equipment/training?

Yes No

Has your municipality denied the request for the funds? Yes No

If yes, provide an explanation. _____

What positive effect will the funds specifically have? Provide statistics when possible.

Was there a particular instance where a life would have been positively impacted if you would have had the equipment/training? _____

WASHTENAW 100 RELATIONSHIP

This section must be completed for all requests.

Has your department received funding from the Washtenaw 100 for a grant in the past two years?

Yes No

This information will be verified, if submitted incorrectly it will result in automatic denial.

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GRANT ACKNOWLEDGEMENT

This section must be completed for all requests.

If your agency would like to acknowledge the grant award from the Washtenaw 100, any printed acknowledgements will need to be approved by the organization prior to being displayed.

If approved for funding, the Washtenaw 100 may facilitate a media presentation/press event at your agency to demonstrate the equipment and acknowledge the donation.

By applying, you grant the Washtenaw 100 permission to use your agency's name and identifying trademarks in connection with this application and in connection with the organization's solicitation for support.

Applicant Signature

Date

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PRINT/VIDEO RELEASE

This section must be completed for all requests.

Applicant First and Last Name: _____

Applicant Agency: _____

Today's Date: _____

Public Information Officer Name: _____

(If you do not have a PIO, please list a contact name for event planning and publicity. This individual will need to be readily available by E-mail and phone).

PIO E-mail: _____

PIO Phone Number: _____

The representative of the agency listed above, and its members, hereby grant the Washtenaw 100 and its officers, directors, nominees, designees, successors, and assigns (hereinafter called "Producer"), permission to use, sell, assign, convey, reproduce, copyright, and publish images or visual likenesses, names and/or voices ("Personal Information") in any motion picture, videotape, photograph, sound or other recording and/or other media for commercial, informational, educational, advertising, or promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product or the advertising copy which may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless the Producer for any liability of any nature or description by virtue of any use whatsoever of my Personal Information, whether intentional or otherwise, including but not limited to any change that may occur or be produced in the taking of said pictures or images or in the recording of any sound, or in any processing in connection with the completion of the finished product.

I Accept the Terms as stated above.

Applicant Signature

Date