

**BRADENTON POLICE DEPARTMENT  
FORFEITURE GRANT APPLICATION**

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**APPLICANT NAME:**

**PROJECT/PROGRAM TITLE:**

Prior recipient of this grant? YES  NO

Incorporated? YES  NO

(If yes, attach a copy of the Corporation's latest Annual Report - Must be an active Florida corporation.)

Federal Tax Identification Number (if incorporated):

**AUTHORIZED APPLICANT REPRESENTATIVE:**

Print Name:

Street Address:

City, State, Zip Code:

Business Phone:

Cell Phone:

E-Mail Address (**required**):

*All notifications will be made via email communication.*

If funding awarded, check to be made payable to:

**By checking this box, the Authorized Applicant Representative agrees that any funds awarded shall be used only for the purposes(s) authorized by the selection committee and acknowledges that if Applicant is selected for funding, Applicant will be required to enter into an agreement with the City setting forth the terms and conditions under which funds may be expended and delineating accounting requirements. The Authorized Applicant Representative further acknowledges that failure to comply with the terms of the agreement will result in a demand for return of the funds and will preclude the Applicant from future consideration. A sample agreement will be made available on request.**



Give a brief description of your Project/Program:

Is this Project/Program new or ongoing? NEW  ONGOING

Which of these statutorily-required criteria will your project/program address? [Check all that apply]

Crime Prevention	<input type="checkbox"/>	Drug Prevention	<input type="checkbox"/>
Neighborhood Safety	<input type="checkbox"/>	Drug Abuse Treatment	<input type="checkbox"/>
Drug Abuse Education	<input type="checkbox"/>	School Resource Officer Programs	<input type="checkbox"/>

What neighborhood(s) or area(s) within the municipal boundaries of the City of Bradenton will be impacted by your project or program?

Does your project or program include City of Bradenton residents?

YES   
NO

If yes, what percentage of participants will be non-residents? \_\_\_\_\_

Has your organization received letters of support from community members, other agencies, neighborhood associations, etc.?

YES   
NO

If yes, include these letters in your proposal.

What age groups will participate in your project or program?

How will you notify the proposed participants of your project or program and encourage them to participate? (Check all that apply and identify the publication and/or location of the advertisement).

- Flyers \_\_\_\_\_
- Newspapers \_\_\_\_\_
- Association Newsletters \_\_\_\_\_
- Faith Institution Bulletins \_\_\_\_\_
- Schools \_\_\_\_\_
- Recreation Centers \_\_\_\_\_
- Websites (please identify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Amount of funds being requested:

Are there other sources of funding for your program or project? YES  NO

If yes, list other sources of funding:

Will you be able to conduct your program or project without *full* funding of this request?

YES  NO

If yes, what part of the program or project will be affected by limited funding: