****

****FY23 GRANT APPLICATION

Submission Date: Click here to enter a date.

Project Title: Click here to enter text.

# Section 1. Applicant Information

Project Title: Click here to enter text.

Project Number: Click here to enter text.

Start Date: **Click here to enter a date.** End Date: Click here to enter a date.

Type of Grant: Choose an item. Total Request: Click here to enter text.

## Applicant Agency

Agency Name: Click here to enter text.

Entity Type: Choose an item. Application Type: Choose an item.

Legal Name: Click here to enter text. Tax ID Number: Click here to enter text.

Agency Address: Click here to enter text.

Click here to enter text.

## Project Leadership

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signatory Authority (Required) | | | | | | |
| Title  Click here to enter text. | First Name  Click here to enter text. | | | | Last Name  Click here to enter text. | |
| Street  Click here to enter text. | | | City  Click here to enter text. | State  Click here to enter text. | | Zip Code  Click here to enter text. |
| Office Phone  Click here to enter text. | | Mobile Phone  Click here to enter text. | | Email  Click here to enter text. | | |
| Financial Officer (Required) | | | | | | |
| Title  Click here to enter text. | First Name  Click here to enter text. | | | | Last Name  Click here to enter text. | |
| Street  Click here to enter text. | | | City  Click here to enter text. | State  Click here to enter text. | | Zip Code  Click here to enter text. |
| Office Phone  Click here to enter text. | | Mobile Phone  Click here to enter text. | | Email  Click here to enter text. | | |
| Project Director (Required) | | | | | | |
| Title  Click here to enter text. | First Name  Click here to enter text. | | | | Last Name  Click here to enter text. | |
| Street  Click here to enter text. | | | City  Click here to enter text. | State  Click here to enter text. | | Zip Code  Click here to enter text. |
| Office Phone  Click here to enter text. | | Mobile Phone  Click here to enter text. | | Email  Click here to enter text. | | |
| Media Contact (Required) | | | | | | |
| Title  Click here to enter text. | First Name  Click here to enter text. | | | | Last Name  Click here to enter text. | |
| Street  Click here to enter text. | | | City  Click here to enter text. | State  Click here to enter text. | | Zip Code  Click here to enter text. |
| Office Phone  Click here to enter text. | | Mobile Phone  Click here to enter text. | | Email  Click here to enter text. | | |
| Primary Contact (Required if not the listed Project Director) | | | | | | |
| Title  Click here to enter text. | First Name  Click here to enter text. | | | | Last Name  Click here to enter text. | |
| Street  Click here to enter text. | | | City  Click here to enter text. | State  Click here to enter text. | | Zip Code  Click here to enter text. |
| Office Phone  Click here to enter text. | | Mobile Phone  Click here to enter text. | | Email  Click here to enter text. | | |

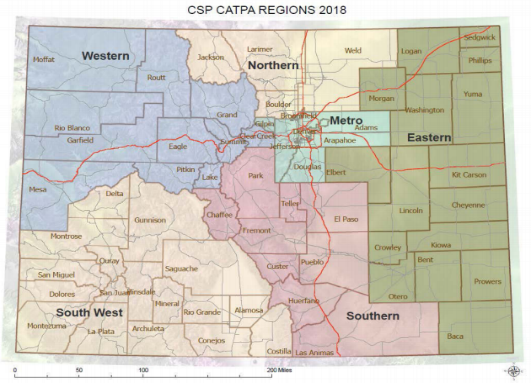
# Section 2. Project Service Area Description

(Required) *Complete the following information as it applies to the application. Refer to the CATPA Grant Manager’s Guidance for assistance.*

1. **Program Synopsis**

*Briefly describe how this project may be new or innovative, and/or contains collaboration efforts towards statutory requirements under §42-5-112 CRS.*

Click here to enter text.

1. **Project Area**

*Select the project area(s) based on the defined CATPA Project Areas.*

Metro  Eastern  South West

Western  Northern  Southern

1. **Project Initiative(s)**

*Select the intended project initiative(s).*

Enforcement  Prevention  Public Education

Prosecution  Training  Intelligence

*Note: The above selected initiatives must have supporting documentation of corresponding goals, objectives and measurements in Section 6.*

1. **Problem Statement**

*Briefly* d*escribe the auto theft problem within the project area. Include statistics and analysis that validate the problem identified within the jurisdictions participating in this project. Please include the source of the statistics.* *Note: This should be a brief synopsis or statement.*

Click here to enter text.

# Section 3. Partnerships

1. Will this project be overseen or otherwise given direction by an advisory board, board of directors or subject matter expert group? (Required) Choose an item. Name of Group: Click here to enter text.
2. *Identify project partnership representatives, including leadership (not listed in Section 2), subject matter experts and advisory group members.*

a. (Required) Number of Partnerships. Choose an item.

b. (Required For Selecting Multi-Agency Partner) *Check all that apply.*

The Applicant Agency has an  active  pending formal relationship with the Multi-Agency Partner to perform activities involved with this project based on:

Inter-Governmental Agreement  Memorandum of Understanding  Letter of Commitment.

| No. | Relationship | Name | Agency | Telephone | Email Address |
| --- | --- | --- | --- | --- | --- |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

# Section 4. Assurance Statements – Financial Accountability

*Select the appropriate response to each of the financial accountability assurance statements. (Required)*

Choose an item. 1. Personnel funded by CATPA are used directly for the purpose of auto theft. If funded personnel are full-time, then 100% of personnel time is allocated to auto theft projects. Part-time or overtime personnel must be used for assigned auto theft projects during the period of time compensated by CATPA.

Choose an item. 2. Submit three (3) Quarterly Financial Reimbursement Reports to the CATPA Office no later than the 40th day after each month of October, January and April.

Choose an item. 3. Submit one (1) Final Financial Reimbursement Request to the CATPA Office no later than 30 days after the end of the grant.

Choose an item. 4. Submit one (1) Semi-Annual Narrative Report to the CATPA Office on the funded project goal(s), objective(s) and measurement(s) no later than 30 days after the end of the second quarter.

Choose an item. 5. Submit one (1) Final Narrative Report to the CATPA Office on the funded project goal(s), objective(s) and measurement(s) no later than 30 days after the end of the grant.

Choose an item. 6. Submit one (1) Inventory Certification to the CATPA Office on capital equipment purchases using CATPA funds ($5,000 per item cost for 5 year inventory) no later than 30 days after the end of the grant. During the course of the funded project authorizing purchase of capital equipment purchases using CATPA funds, an updated Inventory Certification will be submitted to the CATPA office within 45 days upon delivery of the capital equipment.

Choose an item. 7. Submit Inventory Removal Certification to the CATPA Office of appropriate capital equipment that was funded using CATPA funds within 45 days when the capital equipment was discovered as lost, stolen, or otherwise in need of inventory removal.

Choose an item. 8. Submit a Modification Request form to the CATPA Office no less than 30 days in advance of the need to amend any of the funded project’s initiative, goal, objective, measurement or financial accounting.

Choose an item. 9. Submit any request for an Advance Payment of CATPA grant funds no less than 30 days in advance.

Choose an item. 10. Purchasing and contracting guidelines.

Choose an item. 11. Policies regarding cash management and credit card use.

Choose an item. 12. A guideline for travel reimbursement.

Choose an item. 13. A provision for regular reconciliation of bank statements with the general ledger.

Choose an item. 14. A provision for regularly occurring review of financial statements by supervisors and Board members.

Choose an item. 15. A requirement for an annual audit or annual financial review.

Choose an item. 16. A clear process for separation of duties and proper internal controls.

Choose an item. 17. A conflict of interest policy regarding purchasing and contracting.

Choose an item. 18. Provide a copy of agreements, contracts or legal instruments using CATPA funds as Contractual Services prior to request for financial reimbursement.

Choose an item. 19. Each grant fund source is separate from other agency or grant funds.

Choose an item. 20. All payments and expenditures are tracked for each grant award by year.

Choose an item. 21. Internal financial tracking allows expenditures to be classified by the broad budget categories listed in the approved budget, (i.e. Personnel, Supplies and Operating, Travel, Equipment and Professional Services).

Choose an item. 22. Accounting records are supported by source documentation (i.e., invoices, time sheets, etc.).

Choose an item. 23. Grant funded employee time sheets are maintained and approved by the employee, supervisor and project director.

# Section 5. Assurance Statements – Programmatic Performance

*Select the appropriate response to each of the programmatic performance assurance statements. (Required)*

Choose an item. 1. The designated Project Director or assigned staff representative(s) will attend CATPA Project Director Meetings as scheduled by the CATPA Office.

Choose an item. 2. The designated Project Director or assigned staff representative(s) will attend monthly statewide auto theft investigator meetings as scheduled by the Colorado Auto Theft Investigators.

Choose an item. 3. The funded project will present viable, timely, qualitative and practical auto theft training pertaining to the funded initiative to attendees at the Colorado Auto Theft Investigators annual conference.

Choose an item. 4. Acknowledge CATPA as the funding source for all published training, education or prevention materials and news media releases pertaining to a funded project’s activities.

Choose an item. 5. Prosecution Initiative Assurances

Submit a Quarterly Prosecution Report to the CATPA Office no later than 30 days following the end of the quarter. This report shall include:

Comments and notations that include challenges and successes encountered during the period.

Number of meetings attended or facilitated by the project.

Number of training sessions attended or instructed by the project.

Number of auto theft cases reviewed, considered and prosecuted supporting CATPA task forces and non-CATPA task force/agencies.

Choose an item. 6. Training Initiative Assurances

Submit Training Planning Reports for CATPA funded training programs to the CATPA Office no less than 30 days prior to the training.

Submit Training Evaluation Reports for CATPA funded training programs to the CATPA Office within 30 days after the training program is completed.

Choose an item. 7. Education/Prevention Assurances

Submit Pre-Campaign Planning Reports for CATPA funded education/prevention programs to the CATPA Office no less than 30 days prior to the beginning of the campaign.

Submit Post-Campaign Evaluation Reports for CATPA funded education/prevention programs to the CATPA Office within 30 days after the completion of the campaign.

Choose an item. 8. Intelligence Initiative Assurances

Produce requested auto theft crime analysis products to CATPA funded task force personnel, project directors and to the CATPA Office.

Produce auto theft crime analysis products to statewide law enforcement agencies and personnel.

Provide a variety of crime analysis products ranging from strategic and operations analysis to assist CATPA and funded projects.

Assist CATPA funded task forces with deconfliction efforts.

Provide information sharing with other crime analysts pertaining to auto theft crimes.

Maintain and ensure quality management of the Colorado Auto Theft Database Repository.

Provide training at regional and state training venues pertaining to the crime of auto theft.

Ensure crime analysis staff funded by CATPA has membership status with professional crime analyst associations.

Choose an item. 9. Law Enforcement Initiative Assurances

Complete a Multiagency Reporting Requirements Form within 30 days of commencement of this project. This form is used to identify the status of multiagency agreements and required policies and procedures of the multiagency program which are in place for funding.

applicant is required to have a copy of approved, prospective or otherwise established policy, procedure, or protocol in which the multiagency task force operates which include established written policies, procedures, protocols or guidelines on:

Records retention,

Assignment of personnel,

Investigative case management system,

Case deconfliction process (use of RISSNET),

Case referral process to or from other agencies or task forces,

Use of criminal informants,

Use and control of investigative funds for the payment of criminal information and evidence,

Use of GPS trackers,

Use of automated license plate reader systems,

Storage, retention, retrieval and purging of criminal information database systems complies with federal and state laws regarding the use of criminal justice information sharing systems, and

Mandatory use of tactical operation plans and after action reports to justify, document and evaluate deployment of CATPA funded overtime enforcement activities.

Submit quarterly activities of CATPA funded enforcement efforts.

Enter all Task Force investigative cases in the ATICC Case Management System.

Enter all Task Force stolen and recovered vehicle information in the Colorado Crime Information Center, by completing the database fields in the ATICC Supplemental.

# Section 6. Initiative - Enforcement Program (IF not applicable, delete this section)

*Enforcement is one of the seven CATPA initiatives identified for funding to combat auto theft. The CATPA Board shall give priority to applications representing two primary multiagency enforcement task force grant applications: 1) Task force applicant in the Gold Camp Area, and 2) Task force applicant statewide outside the Gold Camp Area. Conditionally, the two multiagency law enforcement task force applicants must ensure a centralized and unified command within and amongst both task forces. This priority shall not exclude the Board's ability to award grants to other applicants, consistent with §42-5-212 C.R.S. If this initiative is selected, these are the elements which the project will be evaluated and which will be used to report semi-annual and final reporting. To apply for Enforcement funding, a minimum of one (1) of the following Enforcement Goals with a minimum of one (1) Objective and one (1) Measurement must be identified.*

## Enforcement Goal(s)

This program aims to reduce the incidence of motor vehicle theft within the multijurisdictional area by utilizing criminal law enforcement/investigative techniques.

This program aims to reduce the incidence of motor vehicle theft within the multijurisdictional area by deploying proactive and/or innovative enforcement/investigative techniques.

This program aims to increase the apprehension of auto theft offenders who attempt to defraud insurance companies within the multijurisdictional area.

## Enforcement Objective(s)

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

## Enforcement Measurement(s)

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

6. Click here to enter text.

# Section 6. Initiative - Intelligence Program (IF not applicable, delete this section)

*Intelligence program is one of the seven CATPA initiatives identified for funding to combat auto theft. Intelligence programs may include the gathering of criminal information related to auto theft crimes within Colorado, including the use of crime analysts, information technology systems and other projects that are compliant with the U.S. Department of Justice, Federal Bureau of Investigations, and Criminal Justice Information Services Security Policy. If this initiative is selected, these are the elements which the project will be evaluated and which will be used to report semi-annual and final reporting. To apply for Intelligence funding, a minimum of one (1) of the following Intelligence Goals with a minimum of one (1) Objective and one (1) Measurement must be identified.*

## Intelligence Goal(s)

This program aims to utilize criminal analytics for the development and use of intelligence-led policing products within the multijurisdictional area.

This program aims to provide auto theft case deconfliction with all CATPA task forces on case investigations originating within the multijurisdictional area.

This program aims to provide efficient methodologies of information sharing among adjoining CATPA task forces and programs to strengthen case investigations.

## Intelligence Objective(s)

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

## Intelligence Measurement(s)

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

6. Click here to enter text.

# Section 6. Initiative - Training Program (IF not applicable, delete this section)

*Training is one of the seven CATPA initiatives identified for funding to combat auto theft. Training programs supported by CATPA include those that provide or develop specialized training for motor vehicle theft investigations personnel, including but not limited to law enforcement personnel, county title and registration clerks, division of revenue title clerks, and port-of-entry officials. Training programs are funded in order to enhance knowledge, skills, procedures, and systems to detect, prevent, and combat motor vehicle theft and fraud and related crimes. If this initiative is selected, these are the elements which the project will be evaluated and which will be used to report semi-annual and final reporting. To apply for Training funding, a minimum of one (1) of the following Training Goals with a minimum of one (1) Objective and one (1) Measurement must be identified.*

## Training Goal(s)

This program aims to provide quality statewide auto theft training to enhance knowledge skills and abilities in the realm of management, supervision, investigation, prosecution, analysis, and/or public information.

This program aims to enable specialized training and/or education pertaining to auto theft crime management, supervision, prosecution, investigation, analysis, technology, and/or public information.

## Training Objective(s)

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

## Training Measurement(s)

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

6. Click here to enter text.

# Section 6. Initiative - Prevention & Public Education (IF not applicable, delete this section)

*Prevention and Public Information is one of the seven CATPA initiatives identified for funding to combat auto theft. These are programs that engage in crime prevention efforts, activities, and public awareness campaigns intended to reduce the public's victimization by motor vehicle theft, fraud, and related crimes. Prevention and Public Information programs are focused to provide awareness to the general public of the consequences, costs, prevention techniques and the impact of auto theft crime(s). If this initiative is selected, these are the elements which the project will be evaluated and which will be used to report semi-annual and final reporting. To apply for Prevention and Education funding, a minimum of one (1) of the following Prevention and Education Goals with a minimum of one (1) Objective and one (1) Measurement must be identified.*

## Prevention/Education Goal(s)

This program aims to identify and engage in crime prevention efforts with public information/relations partners targeting state, county, city and community audiences to increase the awareness of auto theft victimization.

This program aims to increase public perception that auto theft victimization is a public endangerment crime, not merely restricted to the loss of property.

This program aims to utilize and provide a multi-media approach with television, radio and cyber technologies, in delivering public information on the risks, dangers, antidotes and prevention techniques pertaining to the incidence of auto theft.

This programs aims to create an educational campaign to reduce observable risk behaviors that leads to enabling the opportunistic, professional or enterprising auto thief.

This program aims to create an educational campaign focused on the leading at-risk stolen vehicles by encouraging registered owners to utilize theft prevention/recovery devices.

## Prevention/Education Objective(s)

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

## Prevention/Education Measurement(s)

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

6. Click here to enter text.

# Section 6. Initiative - Prosecution Program (IF not applicable, delete this section)

*Prosecution is one of the seven CATPA initiatives identified for funding to combat auto theft. Prosecution programs provide for the support and maintenance of one or more dedicated prosecutors who have the specific mission and expertise to provide legal guidance and prosecutorial continuity to complex criminal cases arising from the activities of a multi-agency law enforcement program. If this initiative is selected, these are the elements which the project will be evaluated and which will be used to report semi-annual and final reporting. To apply for Prosecution funding, a minimum of one (1) of the following Prosecution Goals with a minimum of one (1) Objective and one (1) Measurement must be identified.*

## Prosecution Goal(s)

This program aims to provide quality case management and/or support of major case investigations involving auto theft crimes, originating from CATPA task forces.

This program aims to provide effective major case investigation prosecutions (e.g., COCCA) involving auto theft crimes originating from CATPA task force investigations.

This program aims to provide quality case management support and/or prosecution for major case investigations involving auto theft crimes.

## Prosecution Objective(s)

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

## Prosecution Measurement(s)

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

6. Click here to enter text.

# Section 7. Project Narrative

*Provide a narrative describing the project. The Project Narrative will be heavily reviewed by the CATPA Board and will be evaluated based on the description of the overall project, technical capacity, management capacity and the agency’s ability to comply with CATPA’s Reporting Requirements. Note: Past Performance Elements should not be directly addressed in the application, as this element will be evaluated by the CATPA Board based on documented financial, programmatic and outcome based results from previous grant awards.*

Click here to enter text.

# Section 8. The Program Budget

*Enter the total amounts for each line item from the appropriate Budget Calculation Worksheets.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Line Item | | | Total Request | |
| Personnel | | | $ | Click here to enter text. |
| Salaries | $ | Click here to enter text. |  |  |
| Overtime | $ | Click here to enter text. |  |  |
| Supplies & Operating | | | $ | Click here to enter text. |
| Travel | | | $ | Click here to enter text. |
| Equipment | | | $ | Click here to enter text. |
| Consulting Services | | | $ | Click here to enter text. |
| Grant Administration | | | $ | Click here to enter text. |
| TOTAL\* | | | $ | Click here to enter text. |

\*Note: Place the Total amount in “Total Grant Request” in Section 1 – Applicant Information.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Section 8.A Personnel - Salaries: Budget Calculation Worksheet | | | | | | | |
| Number  1 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  2 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  3 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  4 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  5 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  6 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
|  |  |  |  |  | | | |
|  |  |  |  |  | | | |
| **Section 8.A Personnel – Salaries (Continued)** | | | | | | | |
| Number  7 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  8 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  9 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  10 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  11 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  12 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
|  |  |  |  |  |  | |  |
| **Section 8.A Personnel – Salaries (Continued)** | | | | | | | |
| Number  13 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  14 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  15 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  16 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  17 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  18 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | | Line Item Request  Click here to enter text. |
|  | | | | | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 8.A Personnel – Salaries (Continued)** | | | | | | |
| Number  19 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  20 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  21 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  22 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  23 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  24 | Category  Choose an item. | Status  Choose an item. | Position  Choose an item. | Agency  Click here to enter text. | | |
|  | Priority  Choose an item. | Hourly Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Salary  Click here to enter text. | Percent CATPA Funded  Click here to enter text. | Line Item Request  Click here to enter text. |

## Section 8.B Personnel - Salaries Request Justification

|  |  |  |
| --- | --- | --- |
| Total Personnel Salaries Budget (\*See Note):  \*Note: Place the Total amount in “Section 8 – Budget Summary” | | Click here to enter text. |
|  | |  |
| Click here to enter text. | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Section 8.C Personnel – Overtime: Budget Calculation Worksheet | | | | | | | |
| Number  1 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  2 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  3 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  4 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  5 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  6 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  7 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  8 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  9 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  10 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  11 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Section 8.C Personnel – Overtime: Budget Calculation Worksheet (Continued) | | | | | | | |
| Number  12 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  13 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  14 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  15 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  16 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  17 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  18 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  19 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  20 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  21 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  22 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| **Section 8.C Personnel – Overtime: Budget Calculation Worksheet (Continued)** | | | | | | | |
| Number  23 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  24 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  25 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  26 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  27 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  28 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  29 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
| Number  30 | Agency  Click here to enter text. | Priority  Choose an item. | Average Overtime Rate  Click here to enter text. | Hours/Year  Click here to enter text. | Number of Personnel  Click here to enter text. | | Line Item Request  Click here to enter text. |
|  | | | | | |  | |

## Section 8.D Personnel - Overtime Request Justification

|  |  |  |
| --- | --- | --- |
| Total Personnel Overtime Budget (\*See Note):  \*Note: Place the Total amount in “Section 8 – Budget Summary” | | Click here to enter text. |
|  | |  |
| Click here to enter text. | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Section 8.E Supplies & Operating: Budget Calculation Worksheet | | | | | | |
| Number  1 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  2 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  3 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  4 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  5 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  6 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  7 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  8 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  9 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  10 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  11 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| **Section 8.E Supplies and Operating (Continued)** | | | | | | |
| Number  12 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  13 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  14 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  15 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  16 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  17 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  18 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  19 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  20 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  21 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  22 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| **Section 8.E Supplies and Operating (Continued)** | | | | | | |
| Number  23 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  24 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  25 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  26 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  27 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  28 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  29 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  30 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
|  | | | | | |  |

## Section 8.F Supplies & Operating Request Justification

|  |  |  |
| --- | --- | --- |
| Total Supplies & Operating Budget (\*See Note):  \*Note: Place the Total amount in “Section 8 – Budget Summary” | | Click here to enter text. |
|  | |  |
| Click here to enter text. | |

# Section 8.G Travel: Budget Calculation Worksheet

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number  1 | Category  Choose an item. | Priority  Choose an item. | Travel Name  Click here to enter text. | Average Travel Cost  Click here to enter text. | Number Persons  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  2 | Category  Choose an item. | Priority  Choose an item. | Travel Name  Click here to enter text. | Average Travel Cost  Click here to enter text. | Number Persons  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  3 | Category  Choose an item. | Priority  Choose an item. | Travel Name  Click here to enter text. | Average Travel Cost  Click here to enter text. | Number Persons  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  4 | Category  Choose an item. | Priority  Choose an item. | Travel Name  Click here to enter text. | Average Travel Cost  Click here to enter text. | Number Persons  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  5 | Category  Choose an item. | Priority  Choose an item. | Travel Name  Click here to enter text. | Average Travel Cost  Click here to enter text. | Number Persons  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  6 | Category  Choose an item. | Priority  Choose an item. | Travel Name  Click here to enter text. | Average Travel Cost  Click here to enter text. | Number Persons  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  7 | Category  Choose an item. | Priority  Choose an item. | Travel Name  Click here to enter text. | Average Travel Cost  Click here to enter text. | Number Persons  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  8 | Category  Choose an item. | Priority  Choose an item. | Travel Name  Click here to enter text. | Average Travel Cost  Click here to enter text. | Number Persons  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  9 | Category  Choose an item. | Priority  Choose an item. | Travel Name  Click here to enter text. | Average Travel Cost  Click here to enter text. | Number Persons  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  10 | Category  Choose an item. | Priority  Choose an item. | Travel Name  Click here to enter text. | Average Travel Cost  Click here to enter text. | Number Persons  Click here to enter text. | Line Item Request  Click here to enter text. |

## Section 8.H Travel Request Justification

|  |  |  |
| --- | --- | --- |
| Total Travel Budget (\*See Note):  \*Note: Place the Total amount in “Section 8 – Budget Summary” | | Click here to enter text. |
|  | |  |
| Click here to enter text. | |

# Section 8.I Equipment: Budget Calculation Worksheet

| Use for items with an estimated cost of $5,000 per item or more | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Number  1 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  2 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  3 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  4 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  5 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  6 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  7 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  8 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  9 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  10 | Category  Choose an item. | Priority  Choose an item. | Item Name  Click here to enter text. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |

## Section 8.J Equipment Request Justification

|  |  |  |
| --- | --- | --- |
| Total Equipment Budget (\*See Note):  \*Note: Place the Total amount in “Section 8 – Budget Summary” | | Click here to enter text. |
|  | |  |
| Click here to enter text. | |

# Section 8.K Consulting Services: Budget Calculation Worksheet

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number  1 | Category  Choose an item. | Priority  Choose an item. | Purpose  Choose an item. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  2 | Category  Choose an item. | Priority  Choose an item. | Purpose  Choose an item. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  3 | Category  Choose an item. | Priority  Choose an item. | Purpose  Choose an item. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  4 | Category  Choose an item. | Priority  Choose an item. | Purpose  Choose an item. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  5 | Category  Choose an item. | Priority  Choose an item. | Purpose  Choose an item. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  6 | Category  Choose an item. | Priority  Choose an item. | Purpose  Choose an item. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  7 | Category  Choose an item. | Priority  Choose an item. | Purpose  Choose an item. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  8 | Category  Choose an item. | Priority  Choose an item. | Purpose  Choose an item. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  9 | Category  Choose an item. | Priority  Choose an item. | Purpose  Choose an item. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |
| Number  10 | Category  Choose an item. | Priority  Choose an item. | Purpose  Choose an item. | Average Unit Cost  Click here to enter text. | Number Units  Click here to enter text. | Line Item Request  Click here to enter text. |

## Section 8.L Consulting Services Request Justification

|  |  |  |  |
| --- | --- | --- | --- |
| Total Consulting Services Budget (\*See Note):  \*Note: Place the Total amount in “Section 8 – Budget Summary” | | Click here to enter text. | |
|  | |  | |
| Click here to enter text. | |

# Section 8.M Grant Administration: Budget Calculation Worksheet

|  | | |
| --- | --- | --- |
| Number  1 | Grant Administration  Click here to enter text. | Line Item Request  Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Total Grant Administration Budget (\*See Note):  \*Note: Place the Total amount in “Section 8 – Budget Summary” | | Click here to enter text. | |
|  | |  | |
| Click here to enter text. | |

# Section 9. Submission Certification

I certify that to best of my knowledge and belief that the information contained in this application is true, accurate and complete. I also understand that failure to adhere to the requirements of the CATPA Grant Manager's Guidance and the Assurances identified in Sections 4 and 5 may result in sanctions by the Colorado Automobile Theft Prevention Authority and applicable state and federal statutes. I also certify that I have authority to submit this grant application on behalf of the listed Applicant Agency.

Printed Name of Submitting Official: **Click here to enter text.**

Signature of Submitting Official:

Date of Submission Certification: **Click here to enter a date.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *This form identifies the identity of official representatives authorized to submit project reports and financial payment requests. The State will not release funds if names and signatures below, excluding electronic verification, do not match those shown on requests for payments and on invoices or reports. “Authorized Official” must be the person legally authorized to sign contracts or otherwise represent the Grantee. As protection to both the State and Grantee, no one official can fulfill more than one responsibility and each of the three officials must be different from the other two.* | | | | | | | | | | | | | | | | | | | |
| Grantee: |  | | | | | | | | | | | Grant Number : | | |  | | | | |
| Project Title: | | |  | | | | | | | | | | | | | | | | |
| **Signature Authority** | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | First Name | | | | | Position/Rank | | | | | | |
|  | | | | | | | |  | | | | |  | | | | | | |
| Agency | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | City | | | | | | | | State | Zip Code |
|  | | | | | | | | | |  | | | | | | | |  |  |
| Office Phone | | | | | | | | Email Address | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | | Date: | |  | | | |
|  | | | | | | | |  | | |  | |  | | | | | | |
| **Financial Officer** | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | First Name | | | | | Position/Rank | | | | | | |
|  | | | | | | | |  | | | | |  | | | | | | |
| Agency | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | City | | | | | | | | | State | Zip Code |
|  | | | | | | | | |  | | | | | | | | |  |  |
| Office Phone | | | | | | | | Email Address | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | | Date: | |  | | | |
|  | | | | | | | |  | | | | | | | | | | | |
| **Project Director** | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | First Name | | | | | Position/Rank | | | | | | |
|  | | | | | | | |  | | | | |  | | | | | | |
| Agency | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | City | | | | | | State | | | | | | Zip Code | | |
|  | | | | |  | | | | | |  | | | | | |  | | |
| Office Phone | | | | | Email Address | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | | Date: | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| **CATPA Office Use Only** | | | | | | | | | | | | | | | | | | | |
| Date Received: | | | |  | | By: | CATPA Director | | | | Grant Manager | | | Other: | | | | | |
| Signature: | | |  | | | | | | | | | | | | | | | | |