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City of Savannah
VIOLENCE REDUCTION GRANTS

2026 GRANT APPLICATION

Instructions: 1) FIRST SAVE YOUR APPLICATION! THEN complete, print and sign the application.
2) Scan and upload a copy of the completed application and all required documentation. Finally,
3) Submit the entire packet <u>electronically to the</u> <u>following address by the required deadline</u>.
ONSE@savannahga.gov

Name of Program:	
Amount Requested ($)	

A. ORGANIZATION INFORMATION
Help us get to know your organization better by responding to questions about your organization's mission, structure and history of service to the Savannah community.

1. Organization Name			
2. DBA Name (if applicable)			
3. Physical Address (Agency)			
4. Mailing Address (if different)			
5. Employer ID Number (EIN)			
6. Agency Phone Number			
7. Authorized Official Name			
8. Position/Title			
9. Grant Contact Person			
10. Position/Title			
11. Grant Contact's Phone #			
12. Grant Contact's Email			
13. Agency Operating Hours			
14. # Staff Assigned to Project			
15. # Years Managing Grants			
16. Agency's Service Area			
17. Is your organization a legally formed non-profit recognized by the State of Georgia?		Yes	No
18. Is your organization based in Savannah, Georgia?		Yes	No
19. Does your organization have 501c3 tax exempt designation by the IRS?		Yes	No

20. What is your organization's mission statement? (475 characters)	
21. How many years has your organization been in operation?	
22. What is the organization structure, e.g. board of directors, officers, etc.? (850 characters)	
23. What services does your organization provide? (1000 characters)	
24. Who does your organization serve (client/customer base)? (350 characters)	
25. What is the agency's annual budget? $	
26. How many paid employees does the organization have?	
27. What is the total payroll amount? $	
28. How does your organization manage and account for funds? (750 characters)	

29. If funds are not awarded or you do not receive the amount requested, can your implement the program?	Yes	No
30. Has your organization implemented the proposed or a similar program in the past? If "Yes", answer questions a, b, c and d.	Yes	No
a. How many years have you operated the program?	Years	
b. How many people did the program serve?	Persons	
c. What was the success rate among participants?	% Success rate	
d. Does the program rely on volunteers?	Yes	No

B. PROGRAM INFORMATION

Now tell us about the proposed program. Specifically, we need to understand its purpose, the types of program components or activities, how it is structured, and when and where it will be offered.

1. Place an "X" by the category or categories that <u>MOST</u> describe your program.

Youth Crime Prevention – Service Needs Continuum			
Youth Violence **Prevention**	Youth Violence **Intervention**	Youth **Redirection**	Long-term Youth **Progression**
Program engages the community and youth in activities focused on keeping violence by youth from ever happening.	Program intervenes after an incident to help de-escalate tensions and keep further escalation or retaliation from occurring.	Program engages high risk youth in activities that improve decision-making and redirect youth to focus on more positive goals.	Program provides sustained involvement with youth for 12 months or more to ensure long-term progress toward positive outcomes.

2. Provide a brief overview of the proposed program and its purpose. (1000 characters)

3. Program Components/Activities: Now, let's get into more details. What are the specific components and/or activities participants complete? (1000 characters)

4. What hours will services be provided during the week? Enter this format: "6pm-8pm"

5. Which days of the week will services be provided? (Place an "X" on all days that apply.)

___Sun ___Mon ___Tues ___Wed ___Thur ___Fri ___Sat

6. How many total weeks will services be provided during the year? _____ Total Weeks *(Note: There are 52 weeks in a year.)*	
7. Is the program completed over a several week period? Yes No If "Yes", please answer questions a, b, and c.	
a. How many weeks is the length of the program from beginning to end?	
b. How many sessions will be provided each week of the program?	
c. If the program is approved, how many times will the multi-week program be offered over the 12-month contract period (number of cohorts)?	
8. Where will the program be offered? List facility names and addresses.	
9. Is/Are these facilities managed by your organization? Yes No *NOTE: Please upload letters approving access to use any facilities that are not managed by the organization.*	
10. Partnerships: List up to three organizations planning to partner with your organization and the specific contribution each partner will make. NOTE: Signed letters of agreement (<u>not</u> endorsement) must be uploaded stating the role/contribution of each partner agency.	

Organization Name	**Program Contribution** (300 Characters)

C. IMPACT ON YOUTH GUN VIOLENCE

The Violence Reduction Grant program focuses on funding programs/services that help to reduce gun violence among youth/young adults, ages 12 to 24, who have been, or are at high-risk of becoming, involved in gun violence. In this section, help us to understand how the proposed program impacts gun violence.

1. Participant Recruitment: How will program participants be recruited? (475 characters)

2. High Risk Youth Participation: How will the proposed program ensure that youth and/or young adults at high risk of involvement with gun violence or becoming victims of gun violence are engaged in the program? (1000 characters)

3. Program Eligibility: Please describe any eligibility requirements for participating in the proposed program, such as age, income, etc. (475 characters)

4. Referral Agencies: List the names of any organizations that agree to refer youth to the program. (475 characters) *Note: Letters or emails must be uploaded from all referring agencies.*

5. Helping to Reduce Violence: Explain how the program will help to reduce gun and other violence among youth and/or young adults. (1200 characters)

D. PERFORMANCE MEASURES

In this section, we need to understand the specific performance measures that will be achieved if the proposed program is awarded funding and successfully implemented. **Performance measures are outcome-based statements with quantifiable/measurable goals.**

1. **Participation and Performance Tracking:** Agencies approved for funding must have the capacity to collect, track and share program and participant information, achievements and outcomes. Please acknowledge the ability to meet this requirement. *(Note: This may include reporting into a shared data system.)*   **Yes, my agency will meet this requirement.**

	% Achieving Outcome
2. **Total Persons Served:** What is the total number of <u>unduplicated</u> persons who will participate in this program during the contract period?	
3. **Performance Outcomes:** Enter 3 to 5 outcomes participants will achieve. (250 characters)	

E. DOCUMENT UPLOADS: Identify all documents being uploaded with this application.

    Articles of Incorporation   501c3 Tax exemption status issued by Internal Revenue Service

    Letters from partner organizations   Letter(s) of agreement for use of facilities

Continue to next page to complete Program Budget Worksheet.

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F. PROGRAM BUDGET WORKSHEET

1. In **Column A**, Enter a Program Expense Category (e.g. SUPPLIES or RENTALS). In "Cost Detail", detail the types of purchases you plan to make in that program expense category. Include: what will be purchased, where it will be purchased, and at what cost. An example of the Cost Detail for a "RENTALS" category is: A/V equipment from ABC Sound Store ($300), Rehearsal Hall rental from Jackson Co. Theater ($200 x 10 evenings=$2,000).
2. In **Column B**, enter the total planned cost for the Program Expense Category in Column A.
3. In **Column C**, enter the portion of the total cost in Column B that you request City funds to cover, if approved.
4. In the **Last Row** of the table, add all costs listed in Column B and Column C and enter in the bottom row.
5. **Ensure the total in Column C (City Portion) matches the total amount of funds requested in this application.**

ITEMIZED PROGRAM EXPENSES (Column A)	TOTAL COST (Column B)	CITY PORTION (Column C)
1.	$	$
Cost Detail (400 characters):		
2.	$	$
Cost Detail (400 characters):		
3.	$	$
Cost Detail (400 characters):		
4.	$	$
Cost Detail (400 characters):		

5.	$	$
Cost Detail (400 characters):		
6.	$	$
Cost Detail (400 characters):		
7.	$	$
Cost Detail (400 characters):		
8.	$	$
Cost Detail (400 characters):		
TOTAL PROPOSED FUNDS	$	$

AUTHORIZED SIGNATURE: I attest the information provided in this grant application is true and correct and all funds received from the City of Savannah will be expended as outlined for the purposes and eligible uses as described herein and approved by the City of Savannah.

I am authorized to submit this request on behalf of (organization) _____

Printed Name _____ Position/Title _____

Authorized Signature: _____ Date _____