

ALCOHOL POLICING PARTNERSHIP (APP) PROGRAM

GRANT PROPOSAL FORMS

Due by: April 1, 2024



Includes:

PROPOSAL COVER SHEET

SCOPE OF WORK

BUDGET DETAIL WORKSHEET

OTHER FUNDING SOURCES

For further instructions and detailed information,
please refer to the [RFP Guidelines](#).



STATE OF CALIFORNIA

Department of Alcoholic Beverage Control

Alcohol Policing Partnership Program

PROPOSAL COVER SHEET

(TO BE COMPLETED BY APPLICANT AGENCY)

1. Name of Applicant Agency:	
2. Description of Applicant Agency: <i>Provide your city or county jurisdiction, and include population data, relevant demographic, and socio-economic characteristics of the community.</i>	
3. Number of licenses in Project Area:	4. Tax ID:
5. Funds Requested:	6. Project Period: July 1, 2024 – June 30, 2025
7. Acceptance of Conditions: <i>By submitting this proposal, the applicant signifies acceptance of the responsibility to comply with all requirements stated in the Request for Proposals. The applicant understands that ABC is not obligated to fund the project until the applicant submits correctly completed documents required for the contract.</i>	
A. Project Director <i>Person Having Day-To-Day Responsibility for the Project</i>	B. Chief of Police or Sheriff <i>Authorizing Official</i>
Name: Address: Phone: Email Address: Title:	Name: Address: Phone: Email Address: Title:
Signature:	Signature:
C. Fiscal or Accounting Official	D. ABC USE ONLY
Name: Address: Phone: Email Address: Title:	
Signature:	

SCOPE OF WORK

Summary (Please be brief)

Project Personnel

SCOPE OF WORK

Problem Statement (Please state only problems in the area)

SCOPE OF WORK

Project Description *section 1 of 2*

SCOPE OF WORK

Project Description *section 2 of 2*

SCOPE OF WORK

Additional Information

BUDGET DETAIL WORKSHEET

A. Personnel Services

Salaries

1	Classification/Positions	Computation	Total Cost
1			
2			
3			

SUBTOTAL

Overtime

1	Classification/Positions	Computation	Total Cost
1			
2			
3			
4			
5			
6			

SUBTOTAL

Benefits

1	Classification/Positions	Computation	Total Cost
1			
2			
3			
4			
5			

SUBTOTAL

B. Operating Expenses and Equipment

Operating Expenses*

1	Description	Computation	Total Cost
1			
2			
	*maximum of \$2,500.00		

SUBTOTAL

Equipment *

1	Description	Computation	Total Cost
1			
2			
3			
	*maximum of \$2,500.00		

SUBTOTAL

C. Travel Expenses *

1	Description	Computation	Total Cost
1			
2			
3			
4			

*APP Conference only. All travel cannot exceed current state rates.

SUBTOTAL

GRANT TOTAL

OTHER FUNDING SOURCES

Complete the following to report the total funds available to support the activities related to accomplishing the goals and objectives of the contract. In the "Grant Funds" column, report the ABC funds requested by category. In the "Other Funds" column, report all other funds available to support the project by category (if none, leave blank). Then calculate the totals by category in the "Program Total" column. Total each column down to arrive at the total program funds available.

Note: Round all budget amounts to the nearest dollar—no cents.

Budget Category	Grant Funds	Other Funds	Program Total
A. Personnel Services			
B. Operating Expense			
C. Travel/Registration Fees			
D. Equipment			
TOTALS			

*This form does not become part of the contract but is **required** in the Request for Proposal package.*

**Disclaimer – Please complete only if your department will contribute funds.*