



Asset Forfeiture Community Funds

PUBLIC SERVICE APPLICATION

- ✓ **Submit one Original (DO NOT hole punch or staple Original Application)**
- ✓ **Submit 6 Copies of application (two-sided, 3-hole punched and paper clipped)**
- ✓ **APPLICATION MUST NOT exceed 10 pages excluding the required attachments**
- ✓ **Submit a separate application for funding for each program to:**

**Assistant Chief Eric S. Sonstegard
Oxnard Police Department
251 S. C Street
Oxnard, CA 93030**

- ✓ **Applicants receiving awards are expected to report back on their program's status at the conclusion of the grant period**

Contact:

Eric S. Sonstegard • 805-385-7801 • eric.sonstegard@oxnard.org

11489 (2)(A)(i) H&S states:

"This fund shall be used for the sole purpose of funding programs designed to combat drug abuse and divert gang activity, and shall wherever possible involve educators, parents, community-based organizations and local businesses, and uniformed law enforcement officers. Those programs that have been evaluated as successful shall be given priority. These funds shall not be used to supplant any state or local funds that would, in the absence of this clause, otherwise be made available to the programs. It is the intent of the Legislature to cause the development and continuation of positive intervention programs for high-risk elementary and secondary school age students. Local law enforcement should work in partnership with state and local agencies and the private sector in administering these programs."

PROPOSED PROGRAM INFORMATION

Full Name of Applicant: _____

Mailing Address: _____

City, State, ZIP Code: _____

Agency Official Contact: _____ Title: _____
(i.e. Executive Director who will sign the agreement)

Telephone: () _____ Fax: () _____

E-mail Address: _____

Local Contact: _____ Title: _____
(i.e. Program Director)

Telephone: () _____ Fax: () _____

E-mail Address: _____

1. Name of proposed program:

2. Location (street address, if applicable) of proposed program: _____

3. Amount of funds requested from the City of Oxnard: _____
(Enter total amount-Maximum \$10,000)

4. Geographical area served/impacted by proposed program:

5. Target Population:

Check box or boxes of population category to be served by the proposed program:

Elementary school age students

Secondary School age students

A. Describe the target population the proposed program will benefit or serve.

B. Include how the program will benefit the target population and the geographical area that will be served by the program

C. Include the percentage of the participants that are at-risk and define the method used to determine who is at risk.

6. What is the total number of unduplicated persons to be served by the proposed program?

7. Proposed Program Description: Please describe in detail what resources will be used in the program (e.g. *educators, parents, community-based organizations, local businesses, uniformed law enforcement officers*), how the program will assist in combatting drug abuse and diverting gang activity, and how the requested funds will be utilized.

8. Outcomes: Please describe your short- and long-term goals and performance targets.

A. Describe the intended outcomes for the program participants/beneficiaries.

(Definition: Outcomes are defined as changes [as in participants' lives due to a program or service] and are usually given as a percentage rather than a number [a number would probably be an output, rather than an outcome.]

B. What measures, tools and/or indicators will be used to demonstrate the outcomes?

(Outcome measures are the methods used to track the changes.)

9. Family Involvement: Does the proposed program require parental participation or family involvement? If so, please describe.

PART D.

CERTIFICATION OF APPLICATION

The undersigned applicant hereby certifies that:

The information in this application is true and accurate to the best of my ability and knowledge;

City staff may call or visit my current or proposed place of business or proposed project site at any time during the funding process to verify the information presented in this application;

The agency understands that the awarded amount may be different from the requested amount; and

Sufficient funds will be available to complete the project if the agency accepts the awarded amount.

Date of Application

By: _____
Signature of Applicant Representative

Title

Name of Agency (if applicable)

DO NOT WRITE OR TYPE BELOW THIS LINE

Date of Receipt

By: _____
Staff Member