4000 Jackson Avenue

Austin, Texas 78731

(800) Car Watch (227-9282) - 512-465-1485

Website: [www.txwatchyourcar.com](http://www.txwatchyourcar.com)

*[Email this completed expandable Application in MSWord and PDF with executed Resolution to* *grantsMVCPA@TxDMV.gov**]*

|  |
| --- |
| **Applicant Information** |
| **Applicant Organization Name** |  | Organization Type |  |
| Applicant Address |  | **Program Director Name****(PD-serves as primary contact)** |  |
| Organization Phone |  | PD Phone  |  |
| Organization e-mail |  | PD email  |  |
| Organization website |  | **Financial Officer (FO) Name** |  |
| Other Organization Information Contact Information |  | FO Title  |  |
| **Authorized Official Name** |  | FO Phone |  |
| Authorized Official Phone |  | FO email |  |
| Authorized Official Email |  |  |  |
| State Payee Identification Number  |  |
| Other Agencies Participating in this application |  |

|  |
| --- |
| **Program Information** |
| **Application Type:** | New |
| **Grant Period:** | Upon contract execution (est. July 15, 2022) through August 31, 2023 |
| **Area of Project Activities:** | All State of Texas |
|  |  |

|  |
| --- |
| **Application Summary and Certification** |
| Please enter whole dollars only | Amount Requested / Provided |
| **Total State (MVCPA) Grant Funds Requested**  |  |
| Cash Match Provided  |  |
| **PROGRAM TOTAL**  |  |
| Total In-Kind Match Provided  |  |
| By submitting this application, I certify that I have been designated by my organization as the authorized official to accept the terms and conditions of the grant. The statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.By submitting this application, I certify that my organization agrees to comply with all terms and conditions if the grant is awarded and accepted. I further certify that my organization will comply with all applicable state and federal laws, rules and regulations in the application, acceptance, administration, and operation of this grant. |
| Type/Print name of Authorized Official  | Title | Telephone Number/Email |
|  Signature of Authorized Official  | Date Signed |

**APPLICATION ELIGIBILTY SUMMARY**

**REQUIRED NARRATIVE: Briefly describe the applicant organization and how this organization meets the three eligibility requirements posted in the RFA: 1) government or nonprofit organization; 2) established prior to date of issuance of this RFA; and 3) Five years of experience in statewide program related to MVCPA.**

|  |
| --- |
|  |

**APPLICATION BUDGET SUMMARY**

|  |  |  |
| --- | --- | --- |
| **Budget Categories** | **Direct Cost of Program** | In-Kind Match |
| **Personnel (Direct Salaries)** |  |  |
| **Fringe Benefits** |  |  |
| **Overtime** |  |  |
| **Professional and Contractual Services** |  |  |
| **Travel** |  |  |
| **Equipment** |  |  |
| **Supplies and Direct Operating Exp.** |  |  |
| **TOTAL** |  |  |

|  |
| --- |
| **Sources of Match**Provide Sources of Match. |
|  |  | **CASH MATCH AMOUNT** | **CASH MATCH PERCENT** |
| **Source** | **Amount** |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL CASH MATCH** |  |
|  |  |
| **IN-KIND MATCH** | **TOTAL** |
| **Source** | **Amount** |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL IN-KIND MATCH** |  |

**Budget Detail**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel** |  |  |  |
| **Title or Position**  | **% of****Time in Grant** | **Program Total** | In-Kind**Match** |
|  |  |  |  |
|  |  |  |  |
| **TOTAL Direct Salaries** |  |  |  |
| **Fringe Benefits** |  |
|  | **% or $ Rate** | **Program Total** | In-Kind**Match** |
| **FICA** | **@** |  |  |
| **Retirement** | **@** |  |  |
| **Insurance** | **@** |  |  |
| **Other (Explain)** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL Fringe Benefits** |  |  |  |
| **Overtime** |  |  |  |
|  | **% or $ Rate** | **Program Total** | In-Kind**Match** |
|  |  |  |  |
|  |  |  |  |
| **TOTAL Overtime** |  |  |  |

**PERSONNEL NARRATIVE**

**Provide a description of the duties and responsibilities of each position listed in the budget. Describe the benefits provided and how overtime will be used and approved.**

**PROFESSIONAL AND CONTRACTUAL SERVICES**

|  |  |  |
| --- | --- | --- |
| **Description of Contract Positions or Service** | **Program Total** | In-Kind**Match** |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL PROFESSIONAL AND CONTRACTUAL SERVICES** |  |  |

**PROFESSIONAL AND CONTRACTUAL SERVICES NARRATIVE**

**REQUIRED NARRATIVE: Briefly describe any proposed contractual arrangements and work products expected. Describe the basis of costs for each line item. Professional services (such as consultants, trainers, counselors, evaluators, etc.) should be described by type of service, number of hours, rate per hour, and travel costs, if any. [Note: separate itemized travel costs for professional contractual services may be subject to state travel rules.]**

|  |
| --- |
|  |

**Travel**

|  |  |  |
| --- | --- | --- |
| **Travel** | **Program Total** | In-Kind**Match** |
|  |  |  |
|  |  |  |
| **Out of State listed separate** |  |  |
|  |  |  |
|  |  |  |
| **TOTAL TRAVEL** |  |  |

**TRAVEL NARRATIVE**

**REQUIRED NARRATIVE: Briefly describe any proposed travel expected to operate this program. Describe basis for arriving at the cost of each line item. Please use the federal and state guidelines for costs unless justification is provided. Please remember that itemized travel costs may be subject to state travel rules.**

|  |
| --- |
|  |

**Equipment**

|  |  |  |
| --- | --- | --- |
| **Description of Equipment**  | **Program Total** | In-Kind Match |
|  |  |  |
|  |  |  |
| **TOTAL EQUIPMENT**  |  |  |

**EQUIPMENT NARRATIVE**

**REQUIRED NARRATIVE: Briefly describe any proposed equipment needed to operate the program. Describe basis for arriving at the cost of each line item. Equipment is defined as a useful life of more than one year and a cost of $5,000 or more. There are some items designated by the Texas Comptroller of Public Accounts that may be below the value of $5,000.**

|  |
| --- |
|  |

**Supplies and Direct Operating Expenses**

|  |  |  |
| --- | --- | --- |
| **Description of Supplies And Direct Operating Expenses**  | **Program Total** | In-Kind**Match** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL Supplies And Direct Operating Expenses**  |  |  |

**SUPPLIES AND DIRECT OPERATING EXPENSES NARRATIVE**

**REQUIRED NARRATIVE: Briefly describe any proposed Supplies and Direct Operating Expenses equipment needed to operate the program.**

|  |
| --- |
|  |

**PROGRAM NARRATIVE –Public Education Functions of Program**

**REQUIRED NARRATIVE: Briefly describe Public Education functions that will be performed under the program.**

|  |
| --- |
|  |

**REQUIRED NARRATIVE: Briefly describe Public Awareness functions that will be performed under the program.**

|  |
| --- |
|  |

**PROGRAM NARRATIVE – Activity Reporting and Performance Evaluation**

**REQUIRED NARRATIVE: Describe Activity Reporting plan (showing progress toward functions) and Performance Evaluation (showing success and impact) that will be used. The grantee must report progress and expenditures quarterly showing that the program is performing the work and operating the grant. Grantees must also provide a plan showing how they will measure the impact their program has on combating motor vehicle theft, burglary from a motor vehicle and fraud-related motor vehicle crime.**

|  |
| --- |
|  |