

Project Safe Neighborhoods North (PSN) 2021

Organization: Cleveland Department of Public Safety

2021-PS-PSN-435

Version Date: 10/24/2022 17:42:16

Title Page

A. Program Area: ✓ PSN - Project Safe Neighborhood

B. Title of Project: Cleveland Homicide Review Commission

C. Project Period: 7/1/2022 to: 6/30/2023

D. Type of Application: New ✓ Continuation of Subgrant Number: 2020-PS-PSN-435

E. Focus of Application: ✓ City County Township Village State

F. Budget Summary: OCJS Funds: \$17,529.80

 Cash Match: \$0

 Inkind Match: \$0

Total Budget: \$17,529.80

See Directives for Eligibility

G. Project Director: **Prefix:** Ms. **First Name:** Dawn **M.I.:** **Last Name:** Heartsong **Suffix:**

Title: Grants Coordinator **Agency:** Dept of Public Safety

Address: 1300 Ontario St #828 **City:** Cleveland **Zip:** 44113 - 1603

Phone: 2166235126 Ext. **Fax:** 216-623-5853

Email: DHeartsong@Clevelandohio.gov **County:** Cuyahoga

H. Implementing **Prefix:** Mr. **First Name:** Dornat **M.I.:** **Last Name:** Drummond **Suffix:**

Title: Chief **Agency:** Cleveland Police

Address: 1300 Ontario St, 9th Floor **City:** Cleveland **Zip:** 44113 - 1603

Phone: 2166235005 Ext. **Fax:** 216-623-5853

Email: DDrummond@city.cleveland.oh.us **County:** Cuyahoga

Website:

I. Subgrantee: **Prefix:** Mr. **First Name:** Justin **M.I.:** M **Last Name:** Bibb **Suffix:**

Title: Mayor **Agency:** City of Cleveland

Address: 601 Lakeside Ave **City:** Cleveland **Zip:** 44114 - 1015

Phone: 216-664-3544 Ext. **Fax:** 216-623-5853 **Subgrantee**

Email: RPuente@clevelandohio.gov **County:** Cuyahoga **Tax I.D.:** 346000646

Vendor ID and Address code to be completed by OCJS:

OAKS Vendor ID OAKS Address Code

Vendor Location

Overage ()

Split Funding ()

Duns Number: 074303493

Primary Place of Performance:

City: Cleveland

State: Ohio

Zip: 44113 - 1603

Travel

A. Auto	No. Miles	Per Mile	Total
			\$0
			\$0
B. Commercial	Destination	Fare	Total
			\$0
			\$0
C. Per Diem: (Meal & Lodging Only)	No. of days	Rate	Total
			\$0
			\$0
D. Other: (Specify)	No. Items	Rate	Total
			\$0
			\$0
		Travel Total:	\$0

Provide justification for travel (Costs must relate to the project staff & objectives).

Other Costs

✓ If this page is not applicable, check this box and click **SAVE**.

Other Charges	Cost	Terms	Total
Rent-Facilities			\$0
Cost of Ownership			\$0
Telephone			\$0
Utilities			\$0
Bookkeeping/Audit			\$0
Maintenance			\$0
Clerical			\$0
Auto Lease/ST Rental			\$0
Equipment Lease/ST Rental			\$0
Photocopying			\$0
Printing			\$0
Other (Specify)			\$0
Other (Specify)			\$0
Other (Specify)			\$0
Other Costs Total:			\$0

Provide justification for other costs; provide allocation methods where appropriate.

Indirect Costs

✓ If this page is not applicable, check this box and click **SAVE**.

Amount of Direct Costs Less Equipment	Percent 0 to 10% %	Total
		\$0
	Indirect Cost Total:	\$0

Provide justification for Indirect Cost.

Click the Browse button to upload a copy of your federally approved plan, then click **SAVE** to attach to the application.

Budget Request By Resource & Cost Category

	1. Matching Funds		2. OCJS Funds	3. Total
	Cash	Inkind		
1. Personnel			\$3,825.29	\$3,825.29
2. Consultant/Contracts			\$13,000.00	\$13,000.00
3. Travel			\$0	\$0
4. Equipment			\$0	\$0
5. Supplies			\$704.51	\$704.51
6. Other Costs			\$0	\$0
7. Indirect Cost			\$0	\$0
8. Total Project Budget	\$0	\$0	\$17,529.80	\$17,529.80
OCJS decision				

	Amount	Percentage %
OCJS Funds Requested:	\$17,529.80	100.00%
Cash Match:	\$0	0.00%
In-Kind Match:	\$0	0.00%
Total Project Budget:	\$17,529.80	100.00%

Federal, State and Local Funding Sources-please provide information on funding that is received by your Agency that is relevant to this project applied for.

Include the source, amount received, and year funds were awarded.

FY18 PSN - \$37,000

FY19 PSN - \$20,375

FY20 PSN - \$22,077.55

Do you have other funding resources not identified above? Yes No