

# Project Abstract



## Part 1: Please identify the applicant point of contact (POC)

OMB No. 1121-0329  
Approval Expires 07/31/2016

Applicant POC	
Organization Name	
POC Name	
Phone Number	
Email Address	
Mailing Address	

## Part 2: Please identify the application

Application Information	
Solicitation Name	
Project Title	
Proposed Start Date	
Proposed End Date	
Funding Amount Requested	

## Part 3: Please identify the project location and applicant type

Project Location and Applicant Type	
Project Location (City, State)	
Applicant Type (Tribal Nation, State, County, City, Nonprofit, Other)	



#### Part 4: Please provide a project abstract

Enter additional project abstract information. Unless otherwise specified in the solicitation, this information includes:

- Brief description of the problem to be addressed and target area and population
- Project goals and objectives
- Brief statement of project strategy or overall program
- Description of any significant partnerships
- Anticipated outcomes and major deliverables

Text should be single spaced; do not exceed 400 words.

#### Project Abstract



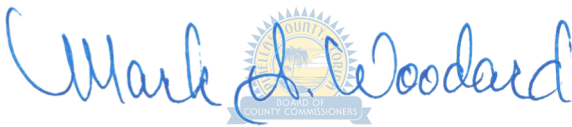

## Part 5: Please indicate whether OJP has permission to share the project abstract

If the applicant is willing for the Office of Justice Programs (OJP), in its discretion, to make the information in the project abstract above publicly available, please complete the consent section below. Please note, the applicant's decision whether to grant OJP permission to publicly release this information will not affect OJP's funding decisions. Also, if the application is not funded, granting permission will not guarantee that information will be shared, nor will it guarantee funding from any other source.

### Permission not granted

### Permission granted (Fill in authorized official consent below.)

On behalf of the applicant named above, I consent to the information in the project abstract above (including contact information) being made public, at the discretion of OJP consistent with applicable policies. I understand that this consent is only necessary to the extent that my application is unfunded; information submitted in an application that is funded (including this abstract) is always releasable to the public consistent with FOIA rules. I certify that I have the authority to provide this consent.

Authorized Official (AO) Consent	
Signature  	Date  4/18/2016
AO Name	
Title	
Organization Name	
Phone Number	
Email Address	

**Note:** This document is to be submitted as a separate attachment with a file name that contains the words **"Project Abstract."**

