



CRIMINAL JUSTICE COORDINATING COUNCIL

Contribution Request for Prevention Programming Application-FY-21

Name of Group _____

Address _____

Telephone number _____

E-mail address _____

Name of contact person _____

A. Describe the specific problem that affects your community:

B. Describe the program that you think will solve this problem:

C. List the steps your group will take to solve this problem:

D. Describe how the community will be improved after the program is completed:

E. What amount of funding is your group requesting for this program? _____

F. How will your group spend the contribution?

Telephone \$ _____

Printing \$ _____

Brochures \$ _____

Supplies, etc. \$ _____

Equipment \$ _____

Salaries \$ _____

Other \$ _____ (include a list of items being purchased; cameras, computers, and other large purchases require prior approval from the CJCC)

TOTAL \$ _____

ODCP Staff would like to participate in the funded programs. Please include the date(s), time(s), location(s), and description of all funded events on a separate sheet:

RETURN THIS APPLICATION AND A LETTER, ON ORGANIZATIONAL LETTERHEAD, CONFIRMING THAT ANYONE WHO WILL BE WORKING WITH CHILDREN WILL BE SUBJECT TO A FEDERAL BACKGROUND CHECK, TO:

**DEPARTMENT OF COMMUNITY SERVICES, OFFICE OF DRUG CONTROL POLICY
125 NORTH MAIN STREET, BEL AIR, MD. 21014**

OR

E-MAIL APPLICATION TO: ODCP@harfordcountymd.gov

BARRY GLASSMAN
Harford County Executive

AMBER SHRODES
Director, Dept. of Community Services

Office of Drug Control Policy
Harford County Department of Community Services
www.harfordcountymd.gov/services/drugcontrol
410.638.3333

