STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY DIVISION OF ALCOHOLIC BEVERAGE CONTROL FEDERAL FISCAL YEAR 2025 GRANT # AL-25-07-02-01

APPLICANT INFORMATION

County: APPLICATION FOR: Summer Shore Initiative 2025 Amount of Grant: (leave blank) 1. General Information Police Department Address: Chief of Police: Email Address: Email Address: Email Address: Email Address: Secondary Project Contact: Email Address: Email Address	Munic	pality:		
APPLICATION FOR: Summer Shore Initiative 2025 Amount of Grant: (leave blank) 1. General Information Police Department Address: Chief of Police:	Police Department:			
Summer Shore Initiative 2025 Amount of Grant:	Count	71	-	
Amount of Grant:	APPL	ICATION FOR:		
1. General Information Police Department Address: Chief of Police: Telephone Number: Email Address: Primary Project Contact: Telephone Number: Email Address: Secondary Project Contact:		Summer Shore Initiative 2025		
Police Department Address: Chief of Police: Telephone Number: Email Address: Primary Project Contact: Telephone Number: Email Address: Secondary Project Contact:	Amou	nt of Grant: (leave blank)		
Chief of Police: Telephone Number: Email Address: Primary Project Contact: Telephone Number: Email Address: Secondary Project Contact:	1.	General Information		
Chief of Police: Telephone Number: Email Address: Primary Project Contact: Telephone Number: Email Address: Secondary Project Contact:	Police	Department Address:		
Telephone Number: Email Address: Primary Project Contact: Telephone Number: Email Address: Secondary Project Contact:				
Email Address: Primary Project Contact: Telephone Number: Email Address: Secondary Project Contact:				
Primary Project Contact:				
Email Address:Secondary Project Contact:	Prima			
Email Address:Secondary Project Contact:		Telephone Number:		
Secondary Project Contact:				
	Secon			
Talanhana Number	SCCOIL	Telephone Number:		
Email Address:		•		

2.	Billing Information (Municipality)	
Billing	g Address:	
	yer Identification No. (EIN):	
	umber (MANDATORY):	
	Officer:	
	Telephone Number:	
	Email Address:	
APPL	ICATION CHECKLIST	
	Qualifying Letter Requesting Funding	
	Applicant Information	
	Application Authorization	
	Retail Licensed Establishments' Letters of Intent	
	Debarment, Suspension, Lobbying and Drug-Free Workplace Certification	
	L&PS Debarment and Suspension Certification (SAM.gov)	
	New Jersey Single Audit Requirements and Certification	
	Federal Single Audit Requirements and Certification	
AFTER ACCEPTANCE INTO THE PROGRAM		
	Subaward Form	
	Grant Conditions	
	Municipal Resolution & Certification Checklist	
	Reporting Documents (Certification of Hours form, Summary of Arrests Form and	
	Arrest/Citation Form)	