

2026

Columbus Office of Crime Prevention

**Crime Prevention Grant Program
Application Guidance Kit**

Deadline March 31, 2026

Office of Crime Prevention
1111 First Avenue
3rd Floor, City Hall
Columbus, Georgia 31902
(706) 225-4615

Mayor B.H. "Skip" Henderson III
Seth Brown, Director Office of Crime Prevention

Thank you for applying for the **Crime Prevention Grant (CPG)** from the **Columbus Office of Crime Prevention (COCP)**. COCP has established CPG to help agencies and not for profit organizations to fight and prevent crime within our communities. We invite agencies and not for profit organizations to submit innovative applications that target specific areas of need. Your completed application should illustrate your plan in meeting the mission of COCP – to make Columbus the safest city in America.

I hope our office becomes a valuable resource for your organization as we strive to deliver our services in a customer friendly fashion. If you need application assistance, contact Seth Brown at (706)-225-4615.

We look forward to working with you.

Sincerely,

Seth Brown
Director
Office of Crime Prevention

PURPOSE

The purpose of the Columbus Office of Crime Prevention (COCP) grant is to provide “seed money” for community or government based organizations to initiate or continue grassroots crime prevention programs. COCP seeks applicants with innovative ideas that enhance or improve public safety and/or reduce or prevent crime in Muscogee County.

FUNDING PRIORITIES

Highest priority will be given to request that are comprehensive in scope, employ best practices, pursue long-term positive results, and have tangible results capable of being benchmarked.

- 1) Programs that enhance crime prevention activities in geographic areas known to have a higher incidence of crime than other parts of the county.
- 2) Programs that provide a direct crime prevention service to Muscogee County.
- 3) Programs that are aimed at reducing the juvenile crime rate or the juvenile recidivism rate.
- 4) Programs that are aimed at reducing the recidivism rate of former incarcerated individuals.
- 5) Programs that offer meaningful intervention services as a method of reducing crime.

**PLEASE READ THE CHECKLIST BELOW
CAREFULLY. IF YOU ARE MISSING ANY PART, IT
WILL BE RETURNED. IF YOU HAVE QUESTIONS
PLEASE CONTACT OUR OFFICE.**

MANDATORY APPLICANT CRITERIA

- 1) The organization, (units of local government, public education institutions, civic organizations or religious organizations), must be organized to serve within the Muscogee County borders.
- 2) The organization must have its Board of Directors or voting membership vote on and approve the grant application before submission.
- 3) The organization must show that it has the capacity and planning skills to complete the project successfully.
- 4) All grant recipients must provide at least 10% of project cost.
- 5) The organization must have a committee of volunteers and/or staff in place to carry out the project.
- 6) The grant application must include a detailed budget for the project.
- 7) Every organization involved must have a 501c3 status and submit a copy of the IRS letter or be a government agency of the CCG.
- 8) Every organization involved must submit a copy of their W-9 and current 990. They must also supply a Business License if they have one.
- 9) Application must be typed and not written.
- 10) **You must turn in 1 original and all supporting documentation placed in 3 ring binder.**
- 11) With your application include a separate precisely detailed budget of your program.
- 12) All applications become the property of the Office of Crime Prevention and will not be returned.

WHAT ACTIVITIES ARE NOT ELLIGIBLE FOR FUNDING?

- 1) Support for fund-raising events.
- 2) Debt or deficit reduction.
- 3) Political campaigns.
- 4) Memorials or religious activities (faith-based organizations are encouraged to apply for funding for projects that extend crime prevention services into the community).
- 5) Grants to individuals.
- 6) Trips outside of Muscogee County.
- 7) Rent or Mortgage

Application for Columbus Office of Crime Prevention Grant

A. Applicant

Name of Organization: _____

Address: _____

CEO/Executive Director: _____

Contact Person/ Title: _____

Telephone and email: _____ Email Address: _____

Has the applicant organization ever received a grant from COCP? ____ Yes ____ No

If yes, when was the grant made? _____ Was a final report submitted?
____ Yes ____ No

B. Project

Project period (full life of project) _____

Where, specifically, will it occur? _____

Approximately how many people will benefit from the project? _____

How did you arrive at the above numbers? _____

When will funds be needed? _____

Grant amount requested (must be no more than 90% of total project expense) _____

Total project revenue and support (from line 3, pg. 6) _____

Total project expenses (from line 12, pg. 7) _____

C. Project Budget

Project Revenue and Support

1. Revenue

Admission/Ticket income _____

Other Revenue _____

2. Support (indicate with * if already committed) _____

Corporate support _____

Foundation support _____

Other private support _____

Government support

Federal _____

State _____

Other County agency _____

Organizations cash applied to project _____

3. TOTAL PROJECT REVENUE AND SUPPORT _____

Project expenses

4. Personnel (give as much detail as possible) _____

Subtotal, Personnel _____

5. Consultants and professional fees _____

Subtotal, Consultants and professional fees _____

6. Supplies and equipment _____

Subtotal, Supplies and equipment _____

7. Travel (Itemize) _____

Subtotal, Travel _____

8. Printing and copying _____

Subtotal, Printing and copying _____

9. Marketing and publicity _____

10. Mailing/postage _____

11. Telephone/fax _____
Subtotal, Other _____

12. TOTAL PROJECT EXPENSE _____

D. PROJECT SUMMARY/NARRATIVE

1. **Organization:** Briefly state the primary purpose of the organization
2. **Background of the organization:** Briefly describe when the organization was started, number of members and any other helpful information.
3. **Project description and objectives:** Clearly state the project and objectives.
4. **Target group:** Identify target groups for the project and how they will be selected.
5. **Expected outcome:** List and explain the expected outcome of the project or program.
6. **Success:** How will you assess the success of your program?
7. **Participants:** Are the participants required to do anything specific, (for example, attend religious services/training or pay a fee), to participate? If so, describe.
8. **Significance:** Why is your program significant to the community?
9. **Administered:** How will your project be administered? How is your organization qualified and/or qualified to carry out this project?
10. **References:** Please include any reference letters or documents that you feel would support your application for the grant.

E. CHECKLIST

Include one original signed copy of the application and all supplementary materials. In addition include ten photocopies of the application and supplementary material. Staple each copy packet together.

- ____ IRS letter certifying tax-exempt status,(exempt if a government agency of the CCG)
- ____ W-9 and 990 document
- ____ Name and qualifications of people administering and/or participating in the project
- ____ Board list, showing officers, professional titles and telephone numbers
- ____ Annual Report if available
- ____ Audited financials if available
- ____ Letters of agreement from collaborating organizations
- ____ Notification of any other approved or applied for funding for same program
- ____ Any other desired support material

AUTHORIZATION

All organizations receiving Columbus Funds will be required:

- To provide background checks at the expense of the applicant for those in contact with juveniles.
- Provide reports on the progress of the program before the 15th of every quarter and a final report by July 1 of the following year of the award date. The only exception to this will be if the program is seasonal and then a schedule will be worked out to determine effectiveness of the program.

By signing this application, we understand and agree to the terms included on the application and certify that the information in the application is true and accurate and that the undersigned is authorized to apply on behalf of the applicant.

Signature of Authorizing Official

Date

Name and Title of Authorizing Official (print/type)_____

Daytime Telephone ()_____

Signature of Board President/Chair

Date

Name and Title of Board President/Chair (print/type)_____

Daytime Telephone ()_____