



Department of Public Safety Standards and Training (DPSST)

Grant Application – Form 126a

Return Completed Application to DPSST.Grants@DPSST.oregon.gov

1. Program Type

Law Enforcement

Mental Health/Crisis Intervention

Corrections

Fire

Telecommunications

Other Public Safety:

2. Applicant Information

Organization Name

Organization Legal Name (if different)

Mailing Address

City

State

Zip

Contact Name

Email

Contact Telephone

Individual Authorized to Sign Contracts on Behalf of Organization (Name, Title)

Public or Government Agency

Domestic Nonprofit

Corporation - Type:

Project Name

Amount Requested

Please describe project, to include:

- The goal of the project;
- Applicable Dates;
- How it supports the mission of DPSST;
- Who will receiving goods the goods or services resulting from the project; and,
- The intended beneficiaries of the project.

(Attach additional pages as necessary.)

4. Applicant Statement

1. I understand that submission of this application does not guarantee that funds will be awarded.
2. I understand that DPSST approval is for grant purposes only. DPSST does not guarantee or in any way ensure the performance of any equipment, the quality of any training, or the direct payment of any subcontractor.
3. I understand that if I give false information about the goods or services the application will be denied, and I will not receive a grant.
4. I understand that the application is a public record and that DPSST may be required by law to disclose information in the application to the public on request. I have marked any information that I request be kept confidential. I understand that marking information does not guarantee that it will be kept confidential, and that the director will make any decisions regarding public disclosure of information contained in this application in accordance with Oregon Public Records Law.
5. I hereby:
 - a. release the State of Oregon and its commissions, agencies, officers, employees, contractors and agents, and agree to defend and indemnify the foregoing from and against any claims, demands or costs (including attorney and expert witness fees at trial and on appeal) arising from or in any way related to claims made by applicant or any parent or subsidiary of applicant and which are related in any way to the DPSST's issuance or failure to issue any certification to an applicant for a grant, or the inability to obtain a grant; and
 - b. agree to reimburse the State of Oregon for any damages, costs and expenses, including, but not limited to attorney fees and reasonable expenses for agency staff and legal counsel incurred as a result of, or arising from or in any way related to the applicant obtaining certification for a grant by fraud or misrepresentation or failing to construct or operate the system in compliance with the plans, specifications and procedures in any certification to applicant for a grant. Agreement to the terms of this paragraph by applicants that are agencies of the State of Oregon is subject to the limitations of Article XI, section 7 of the Oregon Constitution and the Oregon Tort Claim Act (ORS 30.260 through 30.300).
6. I verify that the applicant does not restrict membership, sales, or services on the basis of race, color, creed, religion, national origin, sexual preference, gender, or other protected class.
7. I agree that the goods and/or services will comply with all local, state, and federal requirements. I will obtain all necessary permits.
8. I understand that the if grant funds are used to provide training, attendees will not be charged a fee to offset the cost for which the grant is provided; however, fees for administrative and conference costs associated with the training may be charged if allowed in the Grant Award Agreement.
9. I certify that I am the authorized agent.
10. I understand that grant recipients are not eligible to receive additional grants if they are not in compliance with the terms of any previous grants.
11. I understand that this application must comply with ORS 181A.410 and that if there are any changes to the statute or rules this application will be subject to the law effective at the time.

By signing this statement, I acknowledge that I have read and agree with the terms and conditions of the opportunity announcement, the application, and the statement above. I have not altered any part of the statement or the application.

Signature:

Date:

Print Name:

Title:

DPSST USE ONLY

Refer to DPSST Policy 126

PCA	Index	Agency Object	Project #
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Payment Type	Funds Distribution Upon Execution Award, No Deliverables Required Reimbursement Based Grant, Required Supporting Documentation:
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Deliverables	Copies of receipts or other verification that payment has been made for goods and/or services. Attendance Roster(s) Course Evaluation(s)
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Date Reviewed by DPSST Leadership Committee

DPSST Leadership Committee Decision	Award	Do Not Award	Date Applicant Notified of No Award
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Approval Signature

Date

Print Name, Title