

## Private Protective Services Grant Application

Organization Name: \_\_\_\_\_  
Organization Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Organization Mailing Address: \_\_\_\_\_

Please provide a project summary. This should detail what you would like to do with these funds, who the intended target audience is for the training(s), how this will help advance the private protective service industry, and anything else of interest we should know. (Use additional pages as needed.)

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NCGS 74C-30 emphasizes that these funds are for “the advancement of the private protective services field in North Carolina.” Will your training course(s) be open to all people in the private protective services field and not only to members of your organization? \_\_\_\_\_

How will you notify people to the available training(s)? \_\_\_\_\_  
\_\_\_\_\_

How many people are expected to attend the training(s)? \_\_\_\_\_

Please provide a breakdown of expenses for this grant. (Be as specific as possible.)

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When does your fiscal year end? \_\_\_\_\_

This grant will be administered to nonprofit organizations or entities working with a state school or community college. Please provide a copy of your 501(c)(3) certification or a correspondence indicating that a state school or community college is willing to work with you in this endeavor.

## Certifications:

1) Before compensation is released, the entity receiving the grant award (herein known as the grantee) agrees to complete all sections of the Office of State Budget and Management (OSBM) OSBM Payment Request Form, which will be included in your grant award notice.

A. This form shall be signed by the board chair or president of the organization, notarized, and shall include the following documentation:

- a. Articles of Incorporation and by-laws, trust indenture, partnership agreement, etc.
- b. List of Board of Directors/Trustees.
- c. Letters of tax exempt status from the Internal Revenue Service.
- d. Notarized Policy addressing conflicts of interest.
- e. Sworn Statement of no overdue tax debts.

B. The grantee shall comply with all rules and reporting requirements established by the requirements of 9 N.C.A.C. Subchapter 3M.0205. **The grantees fiscal year end occurs on \_\_\_\_\_.** The grantee agrees that it will file and submit the following documentation, in a format that complies with Office of State Auditor requirements, to the North Carolina Office of State Budget and Management ([www.ncgrants.org](http://www.ncgrants.org)) no later than **6 months after the fiscal year end.**

2) The grantee certifies that neither the grant applicant nor any of its officers, directors, or consultants are presently debarred, proposed for debarment, suspended, declared ineligible, or voluntarily excluded from receiving state funds. [If the director cannot make this certification, an explanation must be attached. If this certification cannot be provided, the applicant will not necessarily be denied participation in this program. The certification or explanation will be considered in connection with the determination by the Private Protective Services Board as to whether or not to approve the application. However, if neither the certification nor an explanation is provided, the application will be rejected.]

3) The grantee agrees that any material or significant changes to the noted deliverables on the grant may be described and proposed and submitted by the grantee to the Private Protective Services Board, and are subject to approval prior to payment.

4) The grantee understands and agrees that this will be a reimbursement based grant and the Board reserves the right to deny any unallowable cost, such as alcohol or bar charges, golf or recreation, gift shop, mini-bar, limousine services, meals that are valued in excess of state employee reimbursement rates, expenses related to lobbying or political advocacy, and related expenses that give the appearance of extravagance.

I, \_\_\_\_\_, authorizing official for this grant agree to adhere to the above listed terms and conditions, as well as NCGS 74-C, and understand that violation of these may result in the withholding of grant reimbursements or the termination of the grant and may hinder my ability to obtain future grant funds from any agency in the state of North Carolina.

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Signature of Board Chair or President

Date