



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF CRIMINAL JUSTICE PROGRAMS
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LARRY B. MARTIN
COMMISSIONER

Certification of Multi-Jurisdictional Task Force Funding Need

The Office of Criminal Justice Programs (OCJP) has two different types of grants available for application by Multi-Jurisdictional Drug and Violent Crime Task Forces.

The first grant is a **Support Grant** which is designed for task forces whose available fund balance is insufficient to fund their operation for an entire year. The purpose of this grant is to provide funds for items including but not limited to salaries, office supplies, rent, utilities, et cetera.

The second grant is a **Special Project Grant** which is designed for task forces whose available fund balance is sufficient to fund their operation for an entire year. The purpose of this grant is to provide funds for additional projects which are not covered by basic operations expenses including but not limited to equipment, training, and other projects.

As the number of available grants is limited, all grant applications are subject to be evaluated by a review team convened by OCJP whose purpose will be to assess the needs of applicant agencies in order to make funding decisions. Understand that as the process is competitive, agencies should only apply for the amount of funding needed to fulfill their project goals.

Please certify your funding need below:

Support Grant:

- I hereby certify that the _____ possesses a fund balance which is **less than** one-hundred percent (100%) of its minimum budgeted operating costs for the next fiscal year. Additional funding is therefore requested to fund basic operations for the entirety of the grant term.

or

Special Project Grant:

- I hereby certify that the _____ possesses a fund balance which is **in excess** of one-hundred percent (100%) of its minimum budgeted operating costs for the next fiscal year. Additional funding is therefore requested for projects not budgeted as operations expenses.

Authorized Official of the Applicant Agency

Date

Print Name and Title of Authorized Official