

TITLE OF PROJECT: (Please include a brief one-sentence description of your project)		
TOTAL COST OF PROJECT:	CAPITAL	REVENUE
		N/A
HOW MUCH COMMUNITY SAFETY GRANT ARE YOU APPLYING FOR?	CAPITAL	REVENUE
		N/A
OVER WHAT PERIOD OF TIME? (Please provide annual break-down)		
IF 100% FUNDING IS NOT REQUIRED, WHAT OTHER SOURCES ARE BEING USED?		
WHO WILL BE RESPONSIBLE FOR PROVIDING MONTHLY PERFORMANCE MONITORING INFORMATION FOR THE ON-LINE MONITORING TOOL, FUNDING PROJECT? (Please provide their name, job title, postal address, e-mail address and daytime contact number)		

PROBLEM-SOLVING	
WHAT CRIME AND ANTI SOCIAL BEHAVIOUR PROBLEM IS YOUR PROJECT AIMED AT REDUCING? (Please include detail of what scanning or information gathering you have carried out, what problem-analysis has been undertaken to indicate your project will be an appropriate response. Tables of data can be appended separately)	
PROJECT DESCRIPTION AND DETAILS	
DESCRIPTION OF PROJECT:	

GEOGRAPHIC AREA COVERED BY THE INITIATIVE:	
WHO HAS BEEN CONSULTED?	
HOW DOES THE PROJECT SUPPORT THE 2008 - 2011 CSP KEY PRIORITIES? (see attached schedule)	
PROJECT INPUTS: (e.g. purchase of home security devices)	
PROJECT OUTPUTS: (e.g. fitting of home security devices)	
WHAT WILL BE THE MEASURABLE OUTCOMES OF YOUR PROJECT? (Please include baselines and targets)	
PROJECT METHODS: (How will your project achieve the desired outcomes)	
HOW WILL YOU BE EVALUATING THE IMPACT OF YOUR PROJECT?	
PROJECT TIMETABLE: (Please include key milestones)	
HOW WILL YOU RESOURCE THE PROJECT WHEN THE FUNDING ENDS?	

PLEASE RETURN YOUR COMPLETED PROPOSAL FORM PREFERABLY ELECTRONICALLY TO ASSIST WITH THE PROCESS.

BY March 4th 2010.

TO: Community Safety Partnership & Operations Coordinator, 3rd Floor,
Derwen House, Court Road, Bridgend CF31 1BN.

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