

# FY2023 Organized Retail Crime Grant Program



## Applicant Organization Information

[Download](#)   [Save](#)   [Save & Continue](#)

1 of 6

### Important Notice

#### 1. Agency Information

1.1 Agency Name \*

Burbank Police Department

1.2 Physical Street Address \*

5650 W 75th Pl

1.3 City \*

Burbank

1.4 Zip Code \*

60459

1.5 Telephone Number \*

708-924-7300

1.6 Fax Number

708-728-0412

1.7 E-mail Address \*

rthielen@burbankil.gov

1.8 Mailing Address (If different from address above)

5650 W 75th Pl

1.9 City

Burbank

1.10 Zip Code

60459

#### 2. Staff Information

2.1. Chief Executive Officer

2.1a. First Name-CEO \*

Jack

2.1b. Last Name-CEO \*

Garcia

2.1c. E-mail Address \*

jgarcia@burbankil.gov

2.2. Chief Financial Officer

2.2a. First Name-FO \*

William

2.2b. Last Name-FO \*

Casey

2.2c. E-mail Address \*

wcasey@burbankil.gov

2.3. Grant Contact Person (Person who has primary responsibility for grant management)

2.3a. First Name \*

Richard

2.3b. Last Name \*

Thielen

2.3c. Telephone Number \*

708-924-7300

2.3d. E-mail Address \*

rthielen@burbankil.gov

### 3. Organization Type

3.1 Program Type (Choose one)\* \*

Law Enforcement Agency



3.2. FEIN Number \*

36-2698031

3.3. Describe your service area (Mark all that apply) \*

- Urban
- Suburban
- Rural

3.4. Counties Served - (Mark only the county of the primary office) \*

Cook County



### 4. Applicant Certification

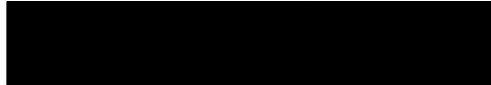
Form can be printed by clicking the 'Print' icon located in the same row of the form on the Application Form Page.

**\*\*Please click SAVE before printing.**

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and that any false, fictitious or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

Authorized Signature

3/20/2023  
Date



Signer's Full Name

COMMANDER

Signer's Title

**Upload the signed FY23 Applicant Organization Information Certified page here.**

*You will not be able to Mark this Page as Complete or submit the application without first uploading this document.*

Please upload the signed and completed Applicant Organization Information page. \*

**When you're finished answering the questions on this page, click [Mark as Complete](#). An application cannot be submitted until all pages are marked as complete.**

Not finished with this page yet? Click [Save](#) or [Save & Continue](#) to fill out the missing information at a later time.

---

[Save](#)

[Mark as Complete](#)

[Save & Continue](#)