



Calumet City FY25

Prepared by City of Calumet City
for Illinois Office of the Attorney General FY25 Organized Retail Crime Program

Primary Contact: William Siems



Opportunity Details

Opportunity Information

Title

FY25 Organized Retail Crime Program

Awarding Agency Name

Office of the Illinois Attorney General

Agency Contact Name

Sharon Dehn

Agency Contact Email

sharon.dehn@ilag.gov

Fund Activity Categories

Law, Justice and Legal Services

Category Explanation

The Organized Retail Crime funding is intended to help law enforcement combat organized retail criminal enterprises. Funding is available for:

- Equipment
- Overtime Pay
- Investigations
- Training

Announcement Type

Initial Announcement

Public Link

<https://www.gotomygrants.com/Public/Opportunities/Details/19d7c0ab-1e8a-48ba-9d39-524296b4d680>

Is Published

Yes

Funding Information

Funding Sources

State

Funding Restrictions

For agencies with a multi-year vendor contract in place, FY25 awarded funding will only cover one (1) year of the contract.

Award Information

Award Period

07/01/2024 - 06/30/2025

Award Type

Competitive

Capital Grant

No

Indirect Costs Allowed



No

Matching Requirement

No

Submission Information

Submission Window

05/31/2024 12:01 AM - 06/30/2024 11:59 PM

Submission Timeline Type

One Time

Submission Timeline Additional Information

Term of Grant: July 1, 2024 – June 30, 2025

Application Submission: May 31, 2024 - June 30, 2024

Question Submission Information

Question Submission Email Address

sharon.dehn@ifag.gov

Eligibility Information

Eligibility Type

Public

Eligible Applicants

- State Governments
- County Governments
- City or township governments
- Special District Governments

Additional Eligibility Information

Award Administration Information

Reporting

Quarterly Expenditure & Narrative Reports are due 15 days after the close of each quarter.

October 15

January 15

April 15

July 15



Project Information

Application Information

Application Name
Calumet City FY25

Award Requested
\$115,450.00

Total Award Budget
\$115,450.00

Primary Contact Information

Name
William Siems

Email Address
wsiems@calumetcity.org

Address
1200 Pulaski Road
Calumet City, IL 60409

Phone Number
(708) 868-2500 ext. 8455



Project Description

Applicant Organization Information

Important Notice

1. Agency Information

1.1 Agency Name

Calumet City Police Department

1.2 Physical Street Address

1200 Pulaski Road

1.3 City

Calumet City

1.4 Zip Code

60409

1.5 Telephone Number

7088682500

1.6 Fax Number

7088681219

1.7 E-mail Address

wsiems@calumetcity.org

1.8 Mailing Address (If different from address above)

1.9 City

1.10 Zip Code

2. Staff Information

2.1. Chief Executive Officer

2.1a. First Name-CEO

Thaddeus

2.1b. Last Name-CEO

Jones

2.1c. E-mail Address

mayorsoffice@calumetcity.org

2.2. Chief Financial Officer

2.2a. First Name-FO

Gerald

2.2b. Last Name-FO

Tarka

2.2c. E-mail Address

gtarka@calumetcity.org



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

2.3a. First Name

Bill

2.3b. Last Name

Siems

2.3c. Telephone Number

7088682500

2.3d. E-mail Address

wsiems@calumetcity.org

3. Organization Type

3.1 Program Type (Choose one)*

Law Enforcement Agency ▾

3.2. FEIN Number

36-6005813

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

6/17/24

Date

Bill Siems

Signer's Full Name

GRANT MANAGER



Signer's Title

Upload the signed FY25 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.



Training Narrative

Describe the type of training requested

Training

How many individuals will be trained?

Number Trained

When will the training be completed?

Timing

Upload a training brochure, if available

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.