Title Page

A. Program Are B. Title of Proje C. Project Perie D. Continuation Number:	ect: od:		-	nce reduction plan			
E. Focus of Application: (✓) Ci		(🗸) City	() County	() Township	() Village	() State	
		OCJS Funds:	· · · · · · · · · · · · · · · · · · ·				
		Cash Match:		\$0			
		Inkind Match:		\$0			
		Total Budget:		\$0			
See Directives	for Eligibility						
G. Project Director:	Prefix: Mrs.	First Name:	Donna	M.I.:	Last Name:	Holden	Suffix:
	Title:	Captain		Agency:	Euclid Police D	epartment	
	Address:	545 east 222nd	l street	City:	Euclid	Zip:	44123 - 3321
	Phone:	2162898440 Ex	kt.	Fax:	216-289-8543		
	Email:	dholden@eucli	dpd.org	County:	Cuyahoga		
H. Implementing Agency:	Prefix: Mr.	First Name:	Scott	M.I.:	Last Name:	Meyer	Suffix:
	Title:	Chief of Police		Agency: Eucl		e Department	
Address: Phone: Email:		545 east 222nd street		City:	Euclid	Zip:	44123 - 3321
		216-289-8463 Ext.		Fax:	216-289-8543		
		smeyer@cityofeuclid.com		County:	Cuyahoga		
	Website:	bsite: www.euclidpd.o					
I. Subgrantee	Prefix: Mr.	First Name:	Scott	M.I.:	Last Name:	Meyer	Suffix:
	Title:	Chief of Police		Agency:	City of Euclid-P	olice Department	
	Address:	545 E 222nd Street		City:	Euclid	Zip:	44123 -
	Phone:	216-289-8463 I	Ext.	Fax:	216-289-8543	Subgrantee	
	Email:	smeyer@cityof	eiclid.com	County:	Cuyahoga	Tax I.D.:	346000965
Vendor ID and	Address code to	be completed by	OCJS:			Duns Number:	
Non-State Agency OAKS Vendor ID			OAKS Address Code Primary Place of Performance Primary Place Primary Place of Performance Primary Place Place Primary Place Pl			mance:	
			001			City:	Euclid
State Agency OAKS Vendor ID			Vendor Location			State:	Ohio
			CHK			Zip:	44123 - 3321
Overage ()							
	· •						

Split Funding ()