

Law Enforcement Grants - Public Agency

Organization Information

When returning to a previous page of your application, don't use your browser's Back button. You could lose any unsaved information.

E-mail questions to Community.Relations@Target.com

Organization Name

Exact name of organization/agency that the check should be made payable to, in the event the request is approved
City of Portland

AKA Name

Street Address or P.O. Box

Please include your street address in the first line & if applicable, the PO Box or Suite Number in the second line

1120 SW Fifth Avenue
Room 1250

City

Portland

State

OR

ZIP Code

Please provide the full 9 digit ZIP code (www.usps.com is a helpful resource)

97204-1912

Main Phone Number

Please use this format (xxx) xxx-xxxx

503-823-4120

Main Fax Number

Please use this format (xxx) xxx-xxxx

503-823-3588

General E-mail Address

cityinfo@ci.portland.or.us

Website

www.portlandonline.com

Which best describes the organization?

OTHER-Government Agencies

Mission statement:

The mission of the Portland Police Bureau is to reduce crime and the fear of crime by working with all citizens to preserve life, maintain human rights, protect property and promote individual responsibility and community commitment.

What year was the organization founded?

1851

Is your organization a part of a State, the United States, or the District of Columbia (i.e., a public school, public agency, or public library)?

Please answer Yes or No

Yes

Is this donation being requested exclusively for public purposes

Please answer Yes or No

Yes

Tax Status

Please select Schools, Libraries, Hospitals, Churches, Govt units

Schools, Libraries, Hospitals, Churches, Govt units

Tax Status Date

Please select today's date.

May 15, 2008

Please provide any feedback your organization has received from members of the community about your organization and its programs.

Margaret Bain, now a crisis response volunteer, stated, "I am the mother of a murdered child. I have been sleepless, had to be the glue that kept my family together as we walked this cold road. So I know what it's like for these families as they journey from the crime scenes to the funeral homes. I've served food and held hands, and cried with them. The community really needs these special crisis response teams."

Have you ever received a Target Grant?

Please answer Yes or No

No

Please list any Target team members that currently serve on your organization's board.

Please provide only the first and last name of each Target team member (i.e., John Doe) separated by commas

Not applicable.

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Contact Information

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E-mail questions to Community.Relations@Target.com

Primary Contact for this Funding Request:

Prefix

Ms.

First Name

Eileen

Middle Initial

Last Name

Roe

Suffix

Title

Financial Analyst

Street Address or P.O. Box

Please include your street address in the first line & if applicable, the PO Box or Suite Number in the second line

1120 SW Fifth Avenue
Room 1250

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97204-1912

Direct Phone Number

Please use this format (xxx) xxx-xxxx

503-823-6819

Fax Number

Please use this format (xxx) xxx-xxxx

503-823-5877

E-mail Address

eroe@ci.portland.or.us

Organization Primary Contact:

(e.g., Chief, Executive Director, President)

Prefix

Mayor

First Name

Tom

Middle Initial

Last Name

Potter

Suffix

Title

Mayor, City of Portland

Street Address or P.O. Box

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Fax Number

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503-823-3588

E-mail Address

mayorpotter@ci.portland.or.us

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Proposal Information

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E-mail questions to Community.Relations@Target.com

Proposal General Information:

Target team member designated on invitation e-mail

Kerri Taylor

Request Amount

\$2,000

Project/Program Title or Item Description

Please limit your response to 25 words or less

Crisis Response Team Volunteer training at the Oregon State Victim's Assistance Academy. This is a certification program for those who provide direct victim service.

Project/Program Start Date

October 20, 2008

Project/Program End Date

October 24, 2008

Proposal Detail:

Which best describes the primary focus of the project/program?

VITAL COMMUNITY PARTNERSHIPS-LAW ENFORCEMENT-Training & Education

Please provide a summary of the project/program.

The mission of the Portland Police Bureau's Crisis Response Team is to intervene in traumatic situations that impact individuals, families and the community in the Portland Metropolitan area.

What year was this project/program implemented?

1994

Who else is involved in the support of this project/program?

Please list all other collaborators, funders, and amounts.

Rosanne M. Sizer, Chief of Police, PPB; Assistant Chiefs Bret Smith and Lynnae Berg; Commander Jim Ferraris, NE Precinct, PPB; Officer Marcianne Jackson, Crisis Response Team Coordinator, PPB; U.S. Department of Justice Office for Victims of Crime and Oregon Department of Justice

Describe the primary audience for this project/program.

Victims (including secondary victims) of violent crime.

Please list recognition opportunities for Target.

i.e., production/show alignments, newsletters, website, etc.

The Crisis Response Team newsletter

What community volunteer opportunities are available?

The Crisis Response Team Unit (CRT) consists of screened and trained volunteers who provide support to victims and co-victims of traumatic events. Currently, there are 50 volunteers who each donate over three hours per week.

Please indicate your best estimate of the percentage of those served by this project/program for each of the Ethnic Groups listed below.

Please input whole numbers only (no decimals), do not input percentage signs, and ensure that your allocations total 100%

Asian or Pacific Islander

9

Bi/Multi Racial

1

Black or African American

55

Latino or Hispanic

12

Native American

1

White or Caucasian

22

Other Ethnic Group not specified above

0

Please indicate your best estimate of the percentage of those served by this project/program for each Gender listed below.

Please input whole numbers only (no decimals), do not input percentage signs, and ensure that your allocations total 100%

Female

27

Male

73

Please indicate your best estimate of the percentage of those served by this project/program for each of the Age Groups listed below.

Please input whole numbers only (no decimals), do not input percentage signs, and ensure that your allocations total 100%

Babies/Toddlers (under 5 years old)

1

Children (5-14 years old)

7

Youth (15-19 years old)

19

Young Adult (20-25 years old)

23

Adults (26-64 years old)

45

Senior Citizens (65 years old and over)

5

Please indicate your best estimate of the percentage of those served by this project/program for each of the Diverse Populations listed below.

Please input whole numbers only (no decimals), do not input percentage signs.

Disabled

6

Economically Disadvantaged

85

Gays/Lesbians (GLBT)

3

Veterans

6

Other Proposal Attributes:

Which best describes the geographical area served by this project/program?

Local

Target Store Location

Please select the Target store closest to your organization from the dropdown list below

Store #1433 Portland NW, 1400 N Hayden Island Dr, Portland, OR 97217

Target Division to fund grant request

Please select Target

Target

Type of Support Requested

Please select Grant

Grant

Type of Grant Request

Please select Project Support

Project Support

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Measurement

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How many people do you anticipate will be served by this project/program?

Please enter one whole number only

4

What are the anticipated outcomes of the project/program?

How will this program benefit the people served?

The certification program provides attendees with professional development and continuing education thus enhancing the Police Bureau's Crisis Response Team members and volunteers with needed victim service knowledge This educational opportunity, in turn, benefits all members of the City of Portland in need of victim services.

In 2008/2009 we will be asking all grant recipients to complete a program evaluation form.

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Attachments

Title	File Name
Project/Program Budget	StoresAndCampusGrantsProjectBudget.html.html



BUDGETS

Instructions: Please complete the budget templates below. Please enter both your total organization budget and the detailed project/program budget. These templates must be completed exactly as they appear. Please click the Save button below the template to upload this document to your application. Only applications with complete budget information will be considered. If you would like to return to your application and complete this attachment at a later time, please click the Cancel button below the template. **Do NOT click the X button, the browser's Back button, or type in a new URL as you could lose any unsaved information in both the attachment and your application.**

ORGANIZATION BUDGET

	Current Fiscal Year (\$)
Total Organization Budget	156,447.00

PROJECT/PROGRAM BUDGET

Income Sources	Current Fiscal Year (\$)
Support	
Corporations/Foundations	0.00
Memberships	
Ticket Revenue (If applicable)	
City of Portland	116,447.00
USDOJ Victims of Crime Act Gra	40,000.00
	0.00
	0.00
	0.00
	0.00
TOTALS	156,447.00

Expenses	Current Fiscal Year (\$)
Staff Positions & Related Costs	126,662.00
Consultant & Professional Fees	0.00

Supplies	19,233.00
800 MHZ access	399.00
Police radio equipment	253.00
Telecommunications	9,900.00
TOTALS	156,447.00