

**APPLICATION FOR**

		2. DATE SUBMITTED 06/15/2015	APPLICATION IDENTIFIER
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name Cherry Hill Police Department		Organizational Unit	
Address (city, state, and zip code) 820 Mercer Street Cherry Hill, New Jersey 08034-0358		Name and telephone number of the person to be contacted on matters involving this application  William Kushina (856) 432-8854	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 21-6000058		7. TYPE OF APPLICANT Township	
8. TYPE OF APPLICATION New		9. NAME OF FEDERAL AGENCY Bureau of Justice Assistance	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE Number: 16.738 CFDA Title: Edward Byrne Memorial Justice Assistance Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT We are preparing to expand our current long standing In-Car video program by introducing Body-Cameras to our operations personnel.	
12. AREAS AFFECTED BY PROJECT			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICT(S) OF	
Start Date: 01/01/2016	Ending Date: 12/31/2018	a. Applicant NJ01	b. Project NJ01
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$82,525	Program is not covered by E.O. 12372	
b. Applicant	\$143,645		
c. State	\$0		
d. Local	\$0		
e. Other	\$0		
f. Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. Total	\$226,170	N	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.			
a. Typed Name of Authorized Representative William Monaghan		b. Title Chief of Police	c. Telephone number (856) 432-8854
d. Signature of Authorized Representative		e. Date Signed	