

**APPLICATION FOR**

		2. DATE SUBMITTED 06/16/2015	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 City of West Allis		Organizational Unit West Allis Police Department		
Address (city, state, and zip code) 11301 W. Lincoln Av. West Allis, Wisconsin 53227-1037		Name and telephone number of the person to be contacted on matters involving this application  Steven Beyer (414) 302-8018		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 39-6005651		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 Implementation of Body-Worn Cameras at West Allis Police Department.		
12. AREAS AFFECTED BY PROJECT				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICT(S) OF		
Start Date: 10/01/2015	Ending Date: 09/30/2017	a. Applicant WI05	b. Project WI05	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$75,000	Program is not covered by E.O. 12372		
b. Applicant	\$94,683			
c. State	\$0			
d. Local	\$0			
e. Other	\$0			
f. Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. Total	\$169,683	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 Dan Devine		b. Title Mayor		c. Telephone number (414) 302-8018
d. Signature of Authorized Representative			e. Date Signed	