

Public Safety Grant Program - Public Agency or IRS letter attached

Organization Information

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

Organization/Agency Name

Saint Paul Police Department

Payee Organization Name

Please limit your response to 25 characters maximum.

City of Saint Paul

Precinct/Division and Department

i.e., 1st Precinct, Bike Patrol

Crime Prevention Unit

Street Address or P.O. Box

Please include your primary mailing address in the first line (street or P.O. Box). If applicable, put your Suite Number in the second line. Please limit your response on each line to 25 characters maximum.

367 Grove Street

City

Saint Paul

State

MN

ZIP Code

Please provide the full 9 digit ZIP code (to find your extended code, please [click here](#) to open a window to USPS.com)

55101-2416

County

Ramsey

Main Phone Number

Please type 10 digits only without punctuation (i.e., 6122334567)

651-291-1111

General E-mail Address

Website

www.stpaul.gov/police

Which best describes the organization?

OTHER-Government Agencies

Mission statement:

To promote safe and healthy neighborhoods through strong, professional partnerships with those we serve in our diverse community.

What year was the organization founded?

1854

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 from drop-down

Schools, Libraries, Hospitals, Churches, Govt units

Organization Tax ID

If your organization has a 501(c)3 Federal tax status, enter your EIN number below and attach a copy of your most recent IRS Designation Letter on page five (5) of the application, otherwise leave blank.

Have you ever received a Target Grant?

i.e., Yes, No, Unknown

YES

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Contact Information

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Organization Primary Contact:

Highest Ranking Official (i.e., Chief, Executive Director, President)

Prefix

Chief

First Name

Thomas

Middle Initial

Last Name

Smith

Suffix

Title

CHIEF OF POLICE

Street Address or P.O. Box

Please include your primary mailing address in the first line (street or P.O. Box). If applicable, put your Suite Number in the second line. Please limit your response on each line to 25 characters maximum.

367 Grove Street

City

Saint Paul

State

MN

ZIP Code

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55101-2416

Direct Phone Number

Please type 10 digits only without punctuation (i.e., 6122334567)

651-266-5588

E-mail Address

Tom.Smith@ci.stpaul.mn.us

Primary Contact for this Funding Request:

Same as Organization Primary Contact

No

Prefix

Ms.

First Name

Pamala

Middle Initial

Last Name

McCreary

Suffix

Title

Crime Prevention Coordinator

Street Address or P.O. Box

Please include your primary mailing address in the first line (street or P.O. Box). If applicable, put your Suite Number in the second line. Please limit your response on each line to 25 characters maximum.

367 Grove Street
Western District

City

Saint Paul

State

MN

ZIP Code

Please provide the full 9 digit ZIP code (to find your extended code, please [click here](#) to open a window to USPS.com)

55101-2416

Direct Phone Number

Please type 10 digits only without punctuation (i.e., 6122334567)

651-266-5455

E-mail Address

pam.mccreary@ci.stpaul.mn.us

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Proposal Information

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Proposal General Information:

Target team member who invited the organization to apply for a grant.

Christie Sullivan

Request Amount

\$2,500

Project/Program Title

Please limit your response to 30 characters maximum.

National Night Out 2011

Project/Program Start Date

02/01/2011

Project/Program End Date

12/31/2011

Proposal Detail:

Which best describes the project/program?

National Night Out (VITAL COMMUNITY PARTNERSHIPS-LAW ENFORCEMENT)

Please provide a description of the project/program.

Promote and encourage all residents in the city of Saint Paul to participate in NNO. This one day event has lasting affects throughout the year and helps to build partnerships between residents and with the Saint Paul Police Department. The purpose is to help build community among neighbors from block to block across the city.

What year was this project/program first implemented?

1983

What is the proposed project/program budget?

Please enter one whole number without any punctuation (i.e., no dollar signs or decimal points).

\$5,500

List the primary expenses for the project/program budget.

i.e., printing: \$200; equipment: \$800, etc.

printing \$300
community supplies \$3,800
event supplies \$1,200
post report supplies \$200

When answering the following two questions, please think about the mission and/or primary focus of your organization as well as the majority of people served by this project/program.

Please select the primary ethnicity served (50% or greater).

No Specific Ethnicity

Please select the primary population served (50% or greater).

General Population

Project/Program Zip Code

Please provide the 5-digit zip code for the location of your project/program

55101

Target Store Location

Please select the Target store closest to your project/program from the dropdown list below.

Store #2229 St Paul Midway, 1300 University Ave W, Saint Paul, MN 55104

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Measurement

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What are the anticipated outcomes of the project/program?

Building stronger neighborhoods, increasing the livability in Saint Paul, building stronger partnerships between neighborhoods and Saint Paul Police

What metrics do you plan on collecting to determine if the outcomes have been achieved?

Number of events hosted in the city, number of residents who participate, collection of promotional and post event materials from citywide events

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

Please enter one whole number only

25,000

In 2011 we will be asking grant recipients to complete a program evaluation.

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