

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 City of Orlando		Organizational Unit Police Department		
Address (city, state, and zip code) 400 S. Orange Avenue Orlando, Florida 32802-4990		Name and telephone number of the person to be contacted on matters involving this application Lilian Draisin (407) 246-2504		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 59-6000396		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 2015 Body Worn Camera Program		
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 FL05	b. Project FL05	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$497,480	This preapplication/application was made available to the state executive order 12372 process for review on 05/21/2015		
b. Applicant	\$497,480			
c. State	\$0			
d. Local	\$0			
e. Other	\$0			
f. Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. Total	\$994,960	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 Buddy Dyer		b. Title Mayor	c. Telephone number (407) 246-2221	
d. Signature of Authorized Representative			e. Date Signed	