



REFERENCE DOCUMENT: FY 2024-25 BOOST Grant Program

Online SurveyMonkey Form Questions

APPLICATION OVERVIEW & INSTRUCTIONS

The Pennsylvania Commission on Crime and Delinquency (PCCD) recently announced the availability of \$11.5 million in state Violence Intervention and Prevention funding for a new Building Opportunities for Out-of-School Time (BOOST) Grant Program.

PLEASE READ THE BOOST FUNDING ANNOUNCEMENT PRIOR TO INITIATING THIS APPLICATION PROCESS:

[2024-25 BOOST Funding Announcement.pdf \(pa.gov\)](#)

Initial Request Process: Eligible applicants seeking FY24-25 BOOST Grant funding must complete an online application form in SurveyMonkey that includes an uploaded copy of the applicant's Proposal Narrative and Budget.

A written version of the SurveyMonkey online form questions along with a template of the required BOOST Proposal Narrative and other application resources are available on PCCD's website here:

<https://www.pccd.pa.gov/criminaljustice/GunViolence/Pages/Grants-and-Funding.aspx>

Please note: You don't need to complete this form in one sitting, but to continue your request, you must use the same computer/device and web browser where you started. To avoid losing work, it's strongly recommended to draft your responses using this document as a reference before entering them into the SurveyMonkey form. Be sure to click "Next" in each section to save your progress. Once you hit "Submit/Done," you cannot modify your request. You will not receive an automatic confirmation of submission or a copy of your submission from SurveyMonkey.

Any questions marked with an asterisk (*) are required.

Please refer to PCCD's [Gun Violence Grants and Funding webpage](#) for additional information regarding BOOST and other VIP funding. Questions regarding this initial request form can be sent to RA-CD-VIPGRANTS@pa.gov with "BOOST FA" in the subject line. Responses to all questions will be posted on PCCD's [Funding Announcement Q&A webpage](#). Due to the competitive nature of the BOOST solicitation, PCCD staff are unable to answer questions about specific proposals.

APPLICANT INFORMATION & BACKGROUND

1. ***Applicant Information.** Please provide information about your organization/entity using the fields below.

- a. Name of Organization/Entity: *[text field]*
- b. Street Address: *[text field]*
- c. City/Town: *[text field]*
- d. State ("PA"): *[text field]*
- e. ZIP Code ("XXXXX"): *[text field]*
- f. Website: *[text field]*
- g. Phone Number ("XXX-XXX-XXXX"): *[text field]*

2. ***Contact Information.** PCCD will use this contact information to reach out to applicants for additional information and to provide updates regarding the status of your funding request. Please make sure all information provided is typed accurately:

- a. Primary Contact Person's Name: *[text field]*
- b. Primary Contact Person's Email Address: *[text field]*
- c. Primary Contact Person's Preferred Phone Number: *[text field]*
- d. Primary Contact Role/Title: *[text field]*
- e. Secondary Contact Person's Name: *[text field]*
- f. Secondary Contact Person's Email Address: *[text field]*
- g. Secondary Contact Person's Preferred Phone Number: *[text field]*
- h. Secondary Contact Role/Title: *[text field]*

3. ***Prior/Potential Funding for Similar Project Activities:** Has your organization and/or proposed subrecipients previously received funding from, or recently made application to, PCCD, the PA Department of Education (PDE), or other local, state, or federal grant sources for similar project activities (e.g., afterschool/out-of-school time programming, other youth-serving programs)?

Please note that applicants receiving a prior award are still eligible to apply; however, a prior award may be taken into consideration during the review process and the applicant must clearly justify the need for additional resources within their funding request and Proposal Narrative. Per state law, BOOST Grant funds must be used to supplement, not supplant/replace, existing funding.

- Yes
- No
- Unsure

If "Yes" is selected above, applicants will be prompted to identify any and all funding source(s) using multiple choice/checklist questions:

4. PCCD funding:

- Community Violence Prevention/Reduction Grants
- State Opioid Response (SOR) funds
- Substance Abuse Education, Awareness and Demand Reduction (SAEDR)
- Violence and Delinquency Prevention Programs (VDPP)
- Violence Intervention and Prevention (VIP)
- Other PCCD funds (please specify): *[text field]*

5. PDE funding:

- 21st Century Community Learning Centers
- Other PDE funds (please specify): *[text field]*

6. **Other funding sources** (please specify): *[text field]*

7. **Additional information.** For any grant(s) identified above, please describe the amount of funding, purpose of funds, and when funds were received to will/may be received. For PCCD grants, please provide the specific Grant ID numbers for each awarded project. *[text field]*

8. ***BOOST Grants Application ‘Track’.** Eligible applicants can submit a funding request under one of two BOOST application tracks. Please select which track you are applying for funding under:

- Track 1:** Local BOOST Projects
- Track 2:** Statewide BOOST Projects

****NOTE: Applicants may not submit more than one funding request for BOOST (e.g., you can’t submit an application under the Local BOOST track and the Statewide BOOST track). In addition, organizations that are included as proposed subrecipients under a Statewide BOOST Project application may not submit an application under the Local BOOST track. Depending on which ‘track’ is selected, applicants will be prompted to complete different sections of the SurveyMonkey online request form through skip logic features. All applicants should utilize the same BOOST Proposal Narrative & Budget Template [LINK], which must be uploaded using the designated fields at the end of this online survey form.**

TRACK 1: LOCAL BOOST PROJECTS

This section of the initial request form will be prompted for applicants who selected “Track 1.”

Section 1: Applicant & Project Overview

9. ***Eligible Track 1 Applicant Type.** Please select the eligible applicant category for Track 1 (Local BOOST Projects) applications that best describes your organization.

- School district
- Area career and technical school
- Library
- Community-based nonprofit with active 501(c)(3) status

10. If you selected ‘Community-based nonprofit with active 501(c)(3) status’ in the prior question, please upload documentation confirming 501(c)(3) status (e.g., IRS determination letter).

a. Attachment Upload 1 – 501(c)(3) status: *[file upload field, up to 16MB limit]*

11. You can also provide a link to your nonprofit organization’s notation in GuideStar (Candid), the IRS’ Charity Search, or another similar nonprofit search engine:

b. Documentation Link 1 – 501(c)(3) status: *[text field]*

12. ***Executive Summary.** Using the following script/template, please provide a short, high-level summary of your project, the need for funding, and how funds requested from PCCD will expand out-of-school time (OST) structured programming opportunities for at-risk school-age youth.

Note: This section is limited to 2,000 characters or less. PCCD will utilize language provided by applicants in this section for public-facing grant project summaries if funding is recommended.

“The [applicant organization name] is requesting \$[insert total funding request amount here] to [provide 1-2 sentences of what you are seeking to implement with grant funding]. Funds will support [provide a brief summary of what funds will be used for and specific types of expenses grant funding will support]. By funding this project, [describe the anticipated impact or outcomes that will result from your proposed project].”

13. ***Eligible Activity Category.** Please select the eligible BOOST grant activity from the list below that is ***most relevant*** to your proposed project’s out-of-school time programming for at-risk school-age youth:
- Improve social, emotional, academic or career readiness
 - Prevent and reduce teenage pregnancies
 - Reduce negative behaviors
 - Provide safe out-of-school environments
 - Engage in career exploration or formal/informal work-based learning
 - OTHER activity (please describe): *[text field]*
14. ***Type(s) of OST Programming.** Please select the type(s) of OST programming that will be offered through your proposed project: *(Check all that apply)*
- Before school
 - After school
 - Summer
 - Year-round
15. ***Age groups/grades.** Please select the age groups/grade spans that will be served by proposed programming: *(Check all that apply)*
- i. **Grade 1:** 6-7 years old
 - ii. **Grade 2:** 7-8 years old
 - iii. **Grade 3:** 8-9 years old
 - iv. **Grade 4:** 9-10 years old
 - v. **Grade 5:** 10-11 years old
 - vi. **Grade 6:** 11-12 years old
 - vii. **Grade 7:** 12-13 years old
 - viii. **Grade 8:** 13-14 years old
 - ix. **Grade 9:** 14-15 years old
 - x. **Grade 10:** 15-16 years old
 - xi. **Grade 11:** 16-17 years old
 - xii. **Grade 12:** 17-18 years old
 - xiii. Other (please specify): *[text field]*
16. ***Additional populations.** Please select any additional student populations meeting BOOST solicitation definition of “at-risk youth” who will be served by proposed programming (check all that apply):
- i. Limited English proficiency
 - ii. Economic Disadvantage/Poverty
 - iii. Homelessness/Housing instability
 - iv. Foster care
 - v. Academic difficulties
 - vi. None of the above

17. ***Geographic Location (County).** What county would proposed grant-funded program activities primarily take place in? *[dropdown menu with PA counties listed]*
18. ***Geographic Area(s).** Where will OST programming primary occur? Please be as specific as possible, including naming any school entities, community-based locations, etc. You should provide the city, neighborhood and/or street address for each location. *(Note: If you have more than 5 proposed programming locations, please utilize the "Attachments" fields at the end of the SurveyMonkey form to upload a summary of additional geographic areas that would be served/reached through your proposed statewide project.)*
- Location 1: *[text field]*
 - Location 2: *[text field]*
 - Location 3: *[text field]*
 - Location 4: *[text field]*
 - Location 5: *[text field]*
19. ***Estimated Program Reach.** Over the life of the project, how many at-risk school-age youth will be served by grant-funded programming in total? If an estimated number is not available for specific student/youth population subtotals, please provide estimates on the percentage of youth to be served by the program meeting that criteria. **Please enter NUMBERS ONLY in the fields below (do not include words like "students" or "youth").**
- Total Youth Served (Estimate): *[text field]*
 - Subtotal – At-risk school-age youth: *[text field – number or percentage]*
 - Subtotal – Students experiencing homelessness: *[text field – number or percentage]*
 - Subtotal – Foster care youth: *[text field – number or percentage]*
 - Subtotal – Students with a disability: *[text field – number or percentage]*

Section 2 – Local BOOST Project Budget Summary

*This section asks applicants to provide information about their organization's annual operating expenditures to determine the maximum award amount they can receive for a Local BOOST Grant project. The maximum amount an applicant can request is up to \$250,000 total for the entire duration of the proposed grant project. **Note:** Applicants should provide more detailed Budget information and narrative/justification within their completed BOOST Proposal Narrative & Budget document.*

19. ***Applicant Organization's Annual Operating Budget.** Please provide the total amount of expenditures (NOT INCOME OR REVENUE) for your organization/agency in the most recent state fiscal year (July 1, 2023 – June 30, 2024). *[Text field – numeric values (\$) only]*
20. ***Total Amount of BOOST Grant Funding Requested.** *(Note: Organizations can only request up to 50% of their total annual operating expenditures or \$250,000, whichever is less. Please ensure this amount meets this criteria, and that the number entered matches the total amount requested in your BOOST Proposal Narrative and Budget template.) [Text field – numeric values (\$) only]*
21. ***Applicant Organization Operating Budget Documentation.** Please upload documentation confirming your organization's operating expenditures. Examples of acceptable documentation include Statement of Activity or a Profit and Loss Statement, Form 990, or an audited financial statement. If documentation is not available, please use the comment field below to provide an explanation.

[file upload field, up to 16MB limit]

22. Comment Field:

[text field]

TRACK 2: STATEWIDE BOOST PROJECTS

This section of the initial request form will be prompted for applicants who selected “Track 2.”

Note: Statewide BOOST applicants will be responsible for the performance of all sub-grantees for the duration of the project period, including ensuring compliance with all program and fiscal reporting, monitoring, and other requirements.

23. ***Confirming Eligibility for Track 2 (Statewide BOOST Projects).** Please confirm that your organization is a statewide youth-serving nonprofit organization, defined as a statewide association that is qualified for exemption under 26 U.S.C. § 501(c)(4); serves community-based nonprofit organizations; is affiliated and in good standing with a nationally-recognized nonprofit; and provides facility-based out-of-school time programming designed for recreational, educational and character-building purposes for school-age youth.
- Yes, my organization meets this definition/eligibility criteria.
 - No, my organization does not meet this definition/eligibility criteria.

****Note:** Applicants who do not meet this definition/eligibility criteria will not be able to move forward in the initial request form.**

Documentation of Eligibility for Track 2 Applicants

Please upload or provide links to documentation confirming 501(c)(4) status and affiliation with a nationally recognized nonprofit organization using the appropriate fields below.

24. Attachment Upload 1 – 501(c)(4) status: *[file upload field, up to 16MB limit]*
25. Attachment Upload 2 – Affiliation with Nationally Recognized Nonprofit: *[file upload field, up to 16MB limit]*
26. Documentation Link 1 – 501(c)(4) status: *[text field]*
27. Documentation Link 2 – Affiliation with Nationally Recognized Nonprofit: *[text field]*

28. ***Proposed Subrecipients.** The BOOST Grants funding announcement requires that Statewide BOOST Track applicants request funding to support a minimum of three (3) local sub-awardees (e.g., community-based member nonprofit organizations) providing out-of-school time programming serving at-risk youth. Please use the fields below to identify all proposed subrecipient organizations meeting this criteria. *(Note: If you have more than 5 proposed subrecipients, please utilize the “Attachments” fields at the end of the SurveyMonkey form to upload a summary of additional entities who would receive grant funding through your proposed statewide project.)*
- a. Subrecipient Organization 1: *[text field]*
 - b. Subrecipient Organization 2: *[text field]*
 - c. Subrecipient Organization 3: *[text field]*
 - d. Subrecipient Organization 4: *[text field]*
 - e. Subrecipient Organization 5: *[text field]*

29. ***Affiliation of Subrecipient Organizations.** Are all proposed subrecipients identified above members of your statewide organization?

- Yes
- No

If you selected 'No' above, please provide additional information using the field below.
[text field]

30. ***Executive Summary.** Using the following script/template, please provide a short, high-level summary of your project, the need for funding, and how funds requested from PCCD will expand out-of-school time (OST) structured programming opportunities for at-risk school-age youth.

Note: This section is limited to 2,000 characters or less. PCCD will utilize language provided by applicants in this section for public-facing grant project summaries if funding is recommended.

"The [applicant organization name] is requesting \$[insert total funding request amount here] on behalf of [proposed subrecipient organizations] to [provide 1-2 sentences of what you are seeking to implement with grant funding]. Funds will support [provide a brief summary of what funds will be used for and specific types of expenses grant funding will support]. By funding this project, [describe the anticipated impact or outcomes that will result from your proposed statewide project]."

31. ***Eligible Activity Category.** Please select the eligible BOOST grant activity/ies from the list below that is/are **most relevant** to your proposed project's out-of-school time programming for at-risk school-age youth:

- Improve social, emotional, academic or career readiness
- Prevent and reduce teenage pregnancies
- Reduce negative behaviors
- Provide safe out-of-school environments
- Engage in career exploration or formal/informal work-based learning
- OTHER activity (please describe): *[text field]*

32. ***Type(s) of OST Programming.** Please select the type(s) of OST programming that will be offered through your proposed project: *(Check all that apply)*

- Before school
- After school
- Summer
- Year-round

33. ***Age groups/grades.** Please select the age groups/grade spans that will be served by proposed programming: *(Check all that apply)*

- i. **Grade 1:** 6-7 years old
- ii. **Grade 2:** 7-8 years old
- iii. **Grade 3:** 8-9 years old
- iv. **Grade 4:** 9-10 years old
- v. **Grade 5:** 10-11 years old
- vi. **Grade 6:** 11-12 years old
- vii. **Grade 7:** 12-13 years old

- viii. **Grade 8:** 13-14 years old
- ix. **Grade 9:** 14-15 years old
- x. **Grade 10:** 15-16 years old
- xi. **Grade 11:** 16-17 years old
- xii. **Grade 12:** 17-18 years old
- xiii. Other (please specify): *[text field]*

34. ***Additional populations.** Please select any additional student populations meeting BOOST solicitation definition of “at-risk youth” who will be served by proposed programming (check all that apply):

- i. Limited English proficiency
- ii. Economic Disadvantage/Poverty
- iii. Homelessness/Housing instability
- iv. Foster care
- v. Academic difficulties
- vi. None of the above

35. ***Geographic Area(s).** Where will OST programming primary occur? Please clearly identify the proposed subrecipients connected to each program location and be as specific as possible, including naming any school entities, community-based locations, etc. You should provide the city, neighborhood and/or street address for each location. *(Note: If you have more than 10 proposed programming locations, please utilize the “Attachments” fields at the end of the SurveyMonkey form to upload a summary of additional geographic areas that would be served/reached through your proposed statewide project.)*

- a. Location 1: *[text field]*
- b. Location 2: *[text field]*
- c. Location 3: *[text field]*
- d. Location 4: *[text field]*
- e. Location 5: *[text field]*
- f. Location 6: *[text field]*
- g. Location 7: *[text field]*
- h. Location 8: *[text field]*
- i. Location 9: *[text field]*
- j. Location 10: *[text field]*

36. ***Estimated Project Reach.** Over the life of the project, how many at-risk school-age youth will be served by grant-funded programming in total (e.g., across all proposed subrecipient sites)? If an estimated number is not available for specific student/youth population subtotals, please provide estimates on the percentage of youth to be served by the program meeting that criteria. **Please enter NUMBERS ONLY in the fields below (do not include words like “students” or “youth”).**

- a. Total Youth Served (Estimate): *[text field]*
- b. Subtotal – At-risk school-age youth: *[text field – number or percentage]*
- c. Subtotal – Students experiencing homelessness: *[text field – number or percentage]*
- d. Subtotal – Foster care youth: *[text field – number or percentage]*
- e. Subtotal – Students with a disability: *[text field – number or percentage]*

37. ***Local/Subrecipient Programs’ Reach.** Use the text field/comment box below to provide a brief description of how proposed subrecipients will factor into these estimated reach totals (e.g., how many of the total youth served will be served at each specific subrecipient’s program,

whether subrecipient organizations have different school-age youth populations they will focus on serving, etc.) [text field]

Section 2 – Statewide BOOST Project Budget Summary

This section asks applicants to provide information about their organization’s annual operating expenditures to determine the maximum award amount they can receive for a Statewide BOOST Grant project. The maximum amount an applicant can request is up to \$1,500,000 total for the entire duration of the proposed grant project. The BOOST Grants funding announcement requires that Statewide BOOST Track applicants request funding to support a minimum of three (3) local sub-awardees (e.g., community-based member nonprofit organizations) providing out-of-school time programming serving at-risk youth. Each proposed sub-recipient organization’s budget may not exceed 50% of that organization’s annual operating expenditures or \$250,000, whichever is less. **Note:** Applicants should provide more detailed Budget information and narrative/justification within their completed BOOST Proposal Narrative & Budget document.

38. ***Applicant Organization’s Annual Operating Budget.** Please provide the total amount of expenditures (NOT INCOME OR REVENUE) for your organization/agency in the most recent state fiscal year (July 1, 2023 – June 30, 2024). [Text field – numeric values (\$) only]
39. ***Proposed Subrecipients’ Annual Operating Budgets.** Please use the fields below to identify all proposed subrecipient organizations meeting this criteria. (Note: If you have more than 5 proposed subrecipients, please utilize the “Attachments” fields at the end of the SurveyMonkey form to upload requested information related to subrecipients’ annual operating budgets.)
- a. Subrecipient Organization 1 Annual Operating Budget: [text field – numeric value (\$)]
 - b. Subrecipient Organization 2 Annual Operating Budget: [text field – numeric value (\$)]
 - c. Subrecipient Organization 3 Annual Operating Budget: [text field – numeric value (\$)]
 - d. Subrecipient Organization 4 Annual Operating Budget: [text field – numeric value (\$)]
 - e. Subrecipient Organization 5 Annual Operating Budget: [text field – numeric value (\$)]
40. ***Total Amount of BOOST Grant Funding Requested.** (Note: Organizations can only request up to 50% of their total annual operating expenditures or \$1,500,000, whichever is less. Please ensure this amount meets this criteria, and that the number entered matches the total amount requested in your BOOST Proposal Narrative and Budget template.) [Text field – numeric values (\$) only]
41. ***Applicant Organization Operating Budget Documentation.** Please upload documentation confirming your organization’s operating expenditures. Examples of acceptable documentation include Statement of Activity or a Profit and Loss Statement, Form 990, or an audited financial statement. If documentation is not available, please use the comment field below to provide an explanation.

[file upload field, up to 16MB limit]

42. Comment Field:
[comment box]

***Proposed Subrecipients’ Annual Operating Budgets Documentation.** Please upload documentation confirming each subrecipient organization’s operating expenditures. Examples of acceptable documentation include Statement of Activity or a Profit and Loss Statement, Form 990, or an audited financial statement. If documentation is not available, please use the

comment field below to provide an explanation. (Note: If you have more than 5 proposed subrecipients, please utilize the "Attachments" fields at the end of the SurveyMonkey form to upload requested information related to subrecipients' annual operating budgets.)

43. Subrecipient Organization 1 Annual Operating Budget:

[file upload field, up to 16MB limit]

44. Subrecipient Organization 2 Annual Operating Budget:

[file upload field, up to 16MB limit]

45. Subrecipient Organization 3 Annual Operating Budget:

[file upload field, up to 16MB limit]

46. Subrecipient Organization 4 Annual Operating Budget:

[file upload field, up to 16MB limit]

47. Subrecipient Organization 5 Annual Operating Budget:

[file upload field, up to 16MB limit]

48. Comment Field:

[text field – comment box]

*PROPOSAL NARRATIVE & BUDGET UPLOAD

Applicants should use the designated field to upload a copy of their Proposal Narrative and Budget Table(s)/Narrative(s) as a **single document (PDF, DOC/DOCX file)**. Note: This must use the budget template for the proposed project and subrecipients provided by PCCD, not the organization's budget. Proposal Narrative & Budget document should comply with formatting requirements outlined in the BOOST funding announcement.

49. Please upload a copy of your completed BOOST Proposal Narrative and Budget(s).

[file upload field, up to 16MB limit]

LETTERS OF SUPPORT

Applicants must provide letters of support (LOS) or other mechanisms demonstrating commitment of all named partners/subrecipients to the proposed BOOST project using the fields below. Applicants can also use this section to provide additional letters of support from other individuals/groups that can vouch for the organization and its work.

- a. LOS/Reference – Attachment 1: *[file upload field, up to 16MB limit]*
- b. LOS/Reference – Attachment 2: *[file upload field, up to 16MB limit]*
- c. LOS/Reference – Attachment 3: *[file upload field, up to 16MB limit]*
- d. LOS/Reference – Attachment 4: *[file upload field, up to 16MB limit]*
- e. LOS/Reference – Attachment 5: *[file upload field, up to 16MB limit]*

ADDITIONAL ATTACHMENTS

Applicants may submit additional attachments and supplemental materials (e.g., a short 2-3 minute video, photos, brochures, annual reports, etc.) within their SurveyMonkey form using the fields below.

- a. (Optional) Video URL Link (YouTube, Vimeo, etc.): *[text field]*
- b. (Optional) Attachment 1: *[file upload field, up to 16MB limit]*
- c. (Optional) Attachment 2: *[file upload field, up to 16MB limit]*
- d. (Optional) Attachment 3: *[file upload field, up to 16MB limit]*

- e. (Optional) Attachment 4: *[file upload field, up to 16MB limit]*

***AFFIRMATIONS & SUBMITTAL**

1. *Thank you for participating in the initial request for BOOST Grant funding. Please read through and check the following boxes to confirm you understand the following, and sign the final attestation below:
 - Once you click the “Submit/Done” button, your initial request form will be submitted to PCCD and you will not be able to make any other edits to your request. SurveyMonkey will not provide you with an acknowledgment that your initial request was received, but please be assured that PCCD has received your request. Please do not contact PCCD staff to request a copy of your initial request.
 - In the event you accidentally submit an incomplete request, or if you want to add more information to a request, you are able to resubmit a request in SurveyMonkey at any time during the open request period. If an organization submits multiple duplicate surveys/forms, PCCD will use the last submitted request in the review process and will not consider earlier submittals.
 - If you are selected to move forward in the award process, you will receive an email from PCCD staff outlining the next steps in submitting a formal application in PCCD’s Egrants system sometime between December 2024 or January 2025 (TBD).

2. ***Final Acknowledgment.** By signing below, I acknowledge that, should this initial request be accepted for an award by the School Safety and Security Committee, my organization is responsible for working with PCCD staff to meet all further programmatic and fiscal requirements related to the award. If approved for the next phase of the application process, I acknowledge that I will be required to complete a final application via PCCD’s Egrants system. If ultimately awarded funding, I understand that my organization will be required to comply with all reporting, data collection and evaluation requirements as prescribed by PCCD; and may be required to participate in webinars, calls and/or virtual meetings as part of the application process and/or award (if applicable). *Note: By submitting this final acknowledgment, you agree that your initial request will be submitted to PCCD for consideration and acknowledge that the submission will be considered a record according to the provisions of the Pennsylvania Right-to-Know Law.*

Signed *[name of person filling out/submitting application]* *[text field]*

Date *[text field]*

Please note, by clicking “Done” your initial request will be complete. SurveyMonkey will not generate a confirmation of your submission. Thank you.