

## Program Information

**\*Request Owner:** Felicia Hutchins  
**Request Source:** External (Submitted 10/29/2020)  
**Proposal Type:** CR - Strategic

**Invitation code (where applicable):** CZZ3 (DICZZ3)

**Alert Text:**

**Organization Alert Text:** getAOValue (447634,489099,'request',{Request ID});

**Organization Tax ID:** getAOValue (512969,485347,'request',{Request ID});

**Program Title:** Auto Burglary and Auto Theft Holiday Public Awareness Campaign

**Program Area (Primary):** Safety – improving driver, passenger, vehicle, or roadway safety

**Program Start Date:** 11/01/2021

**Program End Date:** 11/30/2021

**Provide a program summary, including program objectives, program activities, and program benefits.:**

The month of November marks the beginning of the Holiday Shopping Season. The Public Awareness Campaign will reach all demographics in Corpus Christi and utilize media and social platforms to educate our community on the prevention of becoming a victim of auto burglary and auto theft.

**Provide the intended outcomes of your program.:**

The Auto Burglary and Auto Theft Holiday Public Awareness Campaign will assist vehicle owners to understand the magnitude of the auto crime problem and bring light to the increase of auto burglary and auto theft during the holiday season. Marketing must be directed toward the promotion of proactive behavior in the community that results in the reduction of auto burglary and auto theft.

**Date the program was originally established.:** 11/20/2018

**Is this is an established program?:** Yes

**List your demonstrated successes.:** Crime analyst data will be will used to maintain intelligence files and generate reports of repetitive patterns in comparison to prior year data.

## Program Budget and Funding

**Requested Grant Amount:** \$10,000.00

**Do you agree that no more than 30 percent of the funded amount from State Farm will be used towards salaries? :** Yes

**Please complete the program funding details provided in the template below.**

Expense Type	Total Cost of Expense	Requested Amount	Charitable Amount	Non-Charitable Amount
Graphics production, installation and maintenance of bus bench campaign.	10000	10000		
	10000	10000	0	0

**Has State Farm previously provided funding for this program?:** Yes

**How will this year's program build upon previous year's to warrant additional funding?:** New Campaign, new signage

**List other organizations that are financially supporting the program, along with the amounts committed.**

Organization Name	Funding Amount
	0

## Program Impact

**What one geographic area will benefit most from this program?:** Texas

Counties - Texas: Nueces

Identify the neighborhood, city, county or region that benefits from this program.: Corpus Christi, Texas and all surrounding coastal bend areas.

List any schools or school districts impacted by this grant. If none, please enter Not Applicable.: Corpus Christi Independent School District and all surrounding coastal bend areas.

Provide the number of participants that are directly impacted or benefit by this program as a result of State Farm's funding.:

Provide the percentage for each ethnicity served by the program. All percentages must add up to 100%:	American Indian \ Alaska Native:	1%
	Asian:	2%
	Black \ African American:	4%
	Hispanic \ Latino :	64%
	Native Hawaiian \ Other Pacific Islander:	1%
	White:	28%

Provide the percentage for each age group served by the program. All percentages must add up to 100%:	0-4 yrs Infants \ Toddlers:	7%
	5-12 yrs Children:	7%
	13-20 yrs Teens \ Young Adults:	25%
	21-29 yrs:	10%
	30-64 yrs:	36%
	65+ yrs Seniors:	15%

Does this program serve a majority of low-to-moderate-income population? : No

## Engagement Opportunities

Are any elected officials and/or community leaders involved with this program? :

List the names of the elected officials and their roles within the program or organization.

Title of Elected Official	First Name	Last Name	How do they serve within the program or organization?
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How can State Farm employees and agents be involved with your program or organization? :

Volunteer, attend press conference.

Provide the names of State Farm agents and employees who are connected and engaged with your program.

First Name	Last Name	Role within your Organization
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## Communication and Recognition

How do you plan to publicly communicate the program? (Hold CTRL key and click to select all that apply):

- Public Relations Media – Broadcast
- Public Relations Media - Print
- Social Media

How will State Farm be recognized if a grant is provided? (Hold CTRL key and click to select all that apply):

- Mention in media releases
- Social Media
- Branding/logo opportunities
- Signage

Please provide details on how State Farm branding/logo will be used.: include on press release as well as bench signage

Do you agree to provide State Farm semi-annual and/or final results of this program? : Yes

If funded, does State Farm have permission to use the organization's logo for recognition? If so, click Save and Proceed and attach the logo on the next page. : Yes

## Attachments

Attachments: 2020 W-9\_ 1201 Leopard Street.pdf

Attachments (Internal State Farm Associate View Only):

## Request Owner Review

I have read the grant application and confirm all State Farm activity will be charitable in nature and not include any of the following business benefits::

\* State Farm® product marketing opportunities (i.e., brochures, business cards, collecting leads at events):

\* State Farm HR or Agency recruiting opportunities:

\* State Farm Bank® branded program inclusion (i.e., Slice of Life, Financial Foundation):

\* State Farm Marketing program inclusion (i.e., Steer Clear):

\* State Farm associate involvement directed to marketing/recruiting activities:

\* State Farm ads that are product/recruiting in nature (ads should be image only):

\*I confirm: Yes

\*Signature: Felicia Hutchins

\*Signature Date: 11/10/2020

## Corporate Review

Auto Safety: Yes

COVID-19: No

LMI: No

Market Area: South Central

## Payment

Payment #67316381

\*Payee Name1: City of Corpus Christi

Payee Name2:

Payee Address1: 1201 Leopard Street

**Payee Address2:**

**City:** Corpus Christi

**State:** Texas

**Zip:** 78401

**Country:** United States

**\*Do you authorize us to send your payment disbursements via ACH?:** Y

**\*Payment ID:** 67316381

**\*Payment Type:** ACH

**\*Payment Status:** Paid

**\*Budget:** 2021 - CORPORATE RESPONSIBILITY/MUTUAL/MARKET AREA/SOUTH CENTRAL/SOUTH CENTRAL\STRATEGIC

**\*Requested Payment Date:** 02/01/2021

**\*Payment Amount:** \$10,000.00

**Payment Date:** 02/26/2021

**Check Number:** ACH\_2472659

**Fund Donor ID:**

**GL Account ID:**

**Donating Department:**

**Peoplesoft Voucher Number:**

**Receipt Form Received?:** N

## Scan

No matches were found

## Approval

**Requested Amount:** \$10,000.00

**\*Grant Amount:** \$10,000.00

**Prior Approved Grants:** •2020 - Auto Burglary and Auto Theft Holiday Public Awareness Campaign - \$10,000.00

**Request Status:** Approved

**Approval Step 1:** Strategic Focus - Request Owner

**Performed By:** Felicia Hutchins / Analyst-Corp Responsibility

**Completed:** 11/10/2020

**Result:** Approved

**\*Review Notes:** We have been a part of this campaign since inception. It directly assists in bringing about awareness of increased auto burglary in form of break-ins as well as theft.

**Approval Step 2:** David Coakes - Review

**Performed By:** David Coakes / Manager-Corp Responsibility

**Completed:** 11/10/2020

**Result:** Approved

**\*Review Notes:** Approved!

**Approval Step 3:** Cyra Buttell - Review

**Performed By:** Crystal Butler / Analyst-Corp Responsibility

**Completed:** 02/01/2021

**Result:** Approved

**\*Review Notes:** Approved 10,000 for S Central strategic funding

Verified no marketing or recruiting

Verified manually as gov entity

**Approval Step 4:** Budget Review - Cyra Buttell

**Performed By:** Crystal Butler / Analyst-Corp Responsibility

**Completed:** 02/01/2021

**Result:** Approved

**\*Review Notes:** Verified all data correct

## Contact

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**Contact Type:**

**Salutation:**

**Prefix:** Ms.

**Position/Role:** Police Management Service Director

**\*First Name:** Pat

**Middle Name:**

**\*Last Name:** Eldridge

**Street Address:** 1201 Leopard Street

**Address 2:**

**City:** Corpus Christi

**State:** Texas

**State or Province:**

**Postal Code:** 78401

**Telephone:** 361-886-2696

**Extension:**

**Fax:**

**E-mail Address:** Pat@cctexas.com

**Last Saved By:** 1000000011278971

**Last Saved Date:** 23-OCT-20 12.17.01.363207 PM

**Created By:** 1000000011278971

**Creation Date:** 10/23/2020

**\*Internal Use Only?:** N