

## Review Your Application

Please review your proposal information. If you are not ready to submit your proposal at this time, click the "Save Only" button. The proposal will then be available to edit from the Welcome page. Clicking the Submit button will immediately send the application to State Farm and you will then be unable to perform further editing.

### Contact Information

**Position/Role** Crime Prevention Advisor  
**\* First Name** Melissa  
**\* Last Name** Castro  
**\* Telephone** 13618862768  
**Extension** 2768  
**\* E-mail Address** melissama@cctexas.com

### Organization Information

**\* Organization Name** City of Corpus Christi  
**\* Street Address** PO Box 9277  
**\* City** Corpus Christi  
**\* State** Texas  
**\* Zip Code** 78469-9277

**\* Tax ID (9-digit number)** 746000574  
**\* Phone Number** 361-826-3648  
**\* E-mail Address** heatherc@cctexas.com  
**Website Address** www.cctexas.com

**Social Media Website Addresses (URL links)**  
<https://.facebook.com/CorpusChristiPD/>  
<https://www.instagram.com/corpuschristipd/>  
<https://twitter.com/CorpusChristiPD>  
<https://ccpdblotter.com>  
<https://www.youtube.com/user/CorpusChristiPD>

**\* Is your organization or an affiliate of your organization a Community Development Financial Institution (CDFI)?** No

### Program Information

**\* Program Title** Crime Reduction Unit-Neighborhood on Watch  
**\* Program Start Date** 11/01/2022  
**\* Program End Date** 12/21/2022

**\* Provide a program summary, including program objectives, program activities, and program benefits.** The purpose of the Neighborhood on Watch is to unite law enforcement agencies, private organizations and individual citizens in a city-wide effort to reduce crime and improve the quality of life in their communities. The Neighborhood on Watch groups will reach all demographics in Corpus Christi and utilize in person presentations, media and social platforms to educate our community on crime prevention, train to recognize suspicious activity and share that activity with each other and report to police when needed.

Program objectives will be encouraging citizen participation and assist residential groups with organizing and maintaining active Neighborhood on Watch programs. Crime Reduction Unit will continually emphasize that Neighborhood on Watch is not citizens armed patrol and does not guarantee crime will not occur in a neighborhood. Neighborhood on Watch is a group of neighbors willing to communicate with each other about crime, community issues and improving the overall quality of life of their neighborhoods.

With the assistance of this grant the Crime Reduction Unit will purchase supplies used in promotion of Neighborhood on Watch groups throughout Corpus Christi and the surrounding coastal bend communities. The criteria for a Neighborhood on Watch group to remain active and maintain Neighborhood on Watch signage, the watch group shall conduct a minimum of three neighborhood meetings per year, participate in the annual meeting of Block Captains and post Neighborhood on Watch signs. Annual participation in National Night Out campaign will enhance the relationship between neighbors and law enforcement while bringing back a true sense of community. The best way to build a safer community is to know your neighbors and your surroundings. Neighborhood on Watch enhances communication within our neighborhoods and allows us to enhance our own communities.

\* Provide the intended outcomes of your program. The Neighborhood on Watch group campaign will assist citizens to understand they are the "first boots on the ground" in their neighborhoods and with effective training in crime prevention and positive communication with law enforcement both proactive behavior in their communities that results in the reduction of crime.

\* Date the program was originally established. 01/01/2014

\* Is this is an established program? Yes

List your demonstrated successes. Crime analyst data will be used to maintain intelligence files and generate reports of repetitive patterns in comparison to prior year data with established Neighborhood on Watch programs.

**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 (?)	Charitable Amount requested from State Farm. (?)	Non-Charitable Amount (?)
Supplies	\$10,000.00	\$10,000.00	
	10,000.00	10,000.00	

\* Has State Farm previously provided funding for this program? No

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

Organization Name	Funding Amount
NA	\$0.00
	0.00

**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 area.

\* List any schools or school districts impacted by this grant. If none, please enter Not Applicable. Corpus Christi Independent School District and surrounding school districts.

\* Provide the number of participants that 327144

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%.

- 1% American Indian \ Alaska Native
- 2% Asian
- 4% Black \ African American
- 64% Hispanic \ Latino
- 1% Native Hawaiian \ Other Pacific Islander
- 28% White

\* Provide the percentage for each age group served by the program. All percentages must add up to 100%.

- 7% 0-4 yrs Infants \ Toddlers
- 7% 5-12 yrs Children
- 25% 13-20 yrs Teens \ Young Adults
- 10% 21-29 yrs
- 36% 30-64 yrs
- 15% 65+ yrs Seniors

\* Does this program serve a majority of low-to-moderate-income population? Yes

What is the percentage of low-to-moderate income population? 44

Engagement Opportunities

\* Are any elected officials and/or community leaders involved with this program? Yes

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?
			istration and compliance of all police grants and expenditures of a \$85 million dollar budget.

\* How can State Farm employees and agents be involved with your program or organization? State Farm employees and agents have the opportunity to engage in all media opportunities, presentations associated with Neighborhood on Watch, National Night Out and public awareness events hosted and organized by the Crime Reduction Unit.

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

Communication and Recognition

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

- Community media (nonprofits, business partners, community leaders, elected officials)
- 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. The State Farm logo will be placed on all marketing associated with Neighborhood on Watch program and National Night Out.

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

\* If funded, does State Farm have Yes

permission to use the organization's logo for recognition? If so, click Save and Proceed and attach the logo on the next page.

**Attachments**

**Attachments**

- W-9 FY2021 - City of Corpus Christi.pdf (627.9 K), uploaded by Melissa Castro on 10/29/2021

**Payment Details**

**\* Payee Name1** City of Corpus Christi

**Payee Address1** PO Box 9277

**City** Corpus Christi

**State** Texas

**Zip** 78469-9277

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

**Bank Name**

**Bank Country**

**Bank Account Type**

**Checking/Routing Number Image**

**Bank Account Number**

**Bank Routing Number**

**ACH Contact Name**

**ACH Contact Email Address** heatherc@cctexas.com

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