

CITY OF MARYSVILLE AGENDA BILL

EXECUTIVE SUMMARY FOR ACTION

CITY COUNCIL MEETING DATE: July 8, 2013

AGENDA ITEM: Target Grant Funds	
PREPARED BY: Chief Richard Smith	DIRECTOR APPROVAL: 
DEPARTMENT: Police	
ATTACHMENTS: Yes	
BUDGET CODE:	AMOUNT: \$500.00

SUMMARY:

Grant funds applied for and received.

Target offer funding once a year to law enforcement. This year we applied for funds that will be restricted to National Night Out expenses, per the grant's guidelines.

RECOMMENDED ACTION:

City Council approve the grant funding received from Target Blue to purchase National Night Out supplies, as specified by the grant requirements.

Charitable Contribution Receipt - Grant Amount

Grant Information

In order for Target to comply with Internal Revenue Service guidelines, we ask that you acknowledge receipt of any single charitable contribution of \$250 or more.

Payee Organization Legal Name
Marysville Police Department

Payee Contact
Ms. Margaret Vanderwalker

Project Title
National Night Out

Amount
500

Payment Date
06/13/2013

Check Number
1914246

Please select the most appropriate statement.

Target did not receive or will not receive any goods or services in exchange for this contribution.
Please check the box if this statement is true

No

Target has received or will receive the following tangible goods or services in exchange for this contribution. (i.e. tickets - total value = \$149.50)
Choose the one that is most applicable

<None>

Please enter the total value of Goods or Services received.

If other, please explain.

For questions regarding this form, please e-mail Community.Relations@Target.com

2013 - NNO - Public Agency

Organization Information

E-mail questions to publicsafetygrants@Target.com

To request a charitable contribution, your organization must be a federally tax-exempt, section 501(c) (3) charitable organization, a school, a library, or a public agency. Special Note: If your organization has a designated fiscal agent, that fiscal agent should meet the requirements listed above and be listed as the applicant in the grant application.

Organization Information			
Organization/Agency Name Marysville Police Department			
Payee Organization Name Please limit your response to 25 characters maximum. City of Marysville			
Precinct/Division and Department i.e., 1st Precinct, Bike Patrol Public Safety			
Street Address or P.O. Box Please include your primary mailing address in the first line. If applicable, put your Suite Number in the second line. Please limit your response on each line to 25 characters maximum. 1635 Grove Streett			
City	State	5-Digit ZIP Code	Extended 4 Digit ZIP Code
Marysville	WA	98270	(to find your extended code, please click here to open a window to USPS.com) 4001
County Snohomish			
Main Phone Number 10 digits only without punctuation (i.e., 6122334567) 3603638300		General E-mail Address mvanderwalker@marysvillewa.gov	
Website marysvillewa.gov			
Which best describes the organization? Police/Law Enforcement (OTHER)			
What is the organization's Mission Statement?			

The men and women of the Marysville Police Department are dedicated to providing safety and security to the public we serve, through teamwork, mutual respect, and in partnership with the community.

What year was the organization founded?

1891

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)?

yes

Is this donation being requested exclusively for public purposes?

yes

Tax Status

Please select from drop-down

Public Agencies(local/state/city govts, police dept, municipalities)

Contact Information

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

Prefix	First Name	Middle Initial	Last Name	Suffix
Chief	Richard	L	Smith	<None>

Title

Chief of Police

Street Address or P.O. Box

Please include your primary mailing address in the first line. If applicable, put your Suite Number in the second line. Please limit your response on each line to 25 characters maximum.

1635 Grove Streett

City	State	5 Digit ZIP Code
Marysville	WA	98270

Direct Phone Number

10 digits only without punctuation (i.e., 6122334567)
3603638308

E-mail Address

mvanderwalker@marysvillewa.gov

Primary Contact for this Funding Request:

Primary Contact for this Funding Request:

Same as Organization Primary Contact

No

Prefix	First Name	Middle Initial	Last Name	Suffix
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Miss	Margaret	Vanderwalker	<None>
Title Administrative Assistant to the Chief			
Street Address or P.O. Box Please include your primary mailing address in the first line. . If applicable, put your Suite Number in the second line. Please limit your response on each line to 25 characters maximum. 1635 Grove Streett			
City	State	5 Digit ZIP Code	
Marysville	WA	98270	
Direct Phone Number 10 digits only without punctuation (i.e., 6122334567) 3603638308		E-mail Address mvanderwalker@marysvillewa.gov	

Proposal Information

Proposal General Information	
Region Enter the Target Region specified in the invitation e-mail. (e.g. R100, R200, etc.) R100 (Asset Protection)	
Request Amount 900.00	
Program Title Please limit your response to 30 characters maximum. National Night Out	
Program Start Date 06/01/2013	Program End Date 08/06/2013

Proposal Detail
Provide a description of the program. Crime Prevention. Marysville Police Department will host National Night Out on August 6, 2013. We have more than 20,000 people attend throughout the city at hosted events.
What year was this program first implemented? 1861
What is the proposed program budget? Please enter one whole number without any punctuation (i.e., no dollar signs or decimal points). 5000

List the primary expenses for the program budget.
 i.e., printing: \$200; equipment: \$800, etc.
 Paper:\$200; Postage:\$500; Supplies: \$200

Target Store

Program Zip Code
 Please provide the 5-digit zip code for the location of your program
 98270

Target Store Location
 Please select the Target store closest to your program from the dropdown list below.

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

Ethnicity

Indicate your best estimate of the percentage of those served by this program for each of the Ethnic Groups below.
 You may make more than one selection, but only select those that apply. Your selections must total 100%

- White or Caucasian (75%)
- Latino or Hispanic (11%)
- American Indian or Alaskan Native (4%)
- Black or African American (2%)
- Asian (6%)
- Other Race/Multiracial (2%)

Gender

Which best describes the gender served by this project/program?
 You may make more than one selection, but only select those that apply. Your selections must total 100%.

- Female (50%)
- Male (50%)

Age Group

Indicate your best estimate of the percentage of those served by this program for each of the Age Groups listed below.
 You may make more than one selection, but only select those that apply. Your selections must total 100%

- Elementary Students - Grades K-5 (5-10 years old) (25%)
- Middle School Students - Grades 6-8 (11-14 years old) (10%)
- Adults (26-64 years old) (30%)
- Senior Citizens (65 years old and over) (25%)
- High School Students - Grades 9-12 (15-18 years old) (10%)

Population Served

Indicate your best estimate of the percentage of those served by this program for each Population listed below. You may make more than one selection, but only select those that apply. While some individuals may fit more than one population, please only count in one category. Your selections must total 100%

Active Duty Military Personnel or Veteran (5%)
General Population (95%)

Measurement

Measurement

What are the anticipated outcomes of the program?

An increased confidence in the safety and neighborhood livability with decreased fear of crime. An expanded awareness of what services the local law enforcement can provide.

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

None

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

Please enter one whole number only

20000

In 2014 we will be asking grant recipients to complete a program evaluation.

E-mail questions to publicsafetygrants@Target.com

Margaret Vanderwalker

From: target.notification@target.com
Sent: Friday, June 14, 2013 2:14 PM
To: Margaret Vanderwalker
Subject: Charitable Contribution Receipt for your Target Grant

Marysville Police Department
2012-2013 Program: National Night Out
Amount: \$500
Check Date: 6/13/2013
Check Number: 1914246

Dear Ms. Vanderwalker:

In order for Target to comply with Internal Revenue Service guidelines, we ask that you acknowledge receipt of any single charitable contribution of \$250 or more. Once you have received your grant check please follow the instructions below to submit your charitable contribution receipt electronically.

Please visit https://www.grantrequest.com/SID_491?SA=AM and complete the following steps:

1. Log into your account using the same login information you created to submit your grant application.
2. Once in your account, click on the "Requirement" tab at the top of the page.
3. Select "In Progress Requirements" from the Show drop-down on the upper right side of the page.
4. Click to open the receipt record and complete the form and click on "Submit".
5. After you submit your Charitable Contribution Receipt it will move to the "Submitted Requirement" section of this page.

You will receive a confirmation email confirming you have successfully submitted your contribution receipt. If you have any questions, please email Community.Relations@Target.com.

Sincerely,

Target Community Relations

The Mailbox which generated this email does not receive messages. It is a box for grant notifications only.

**REQUISITION/PURCHASE ORDER
POLICE DEPARTMENT**

DATE: 6/17/2013

CITY OF MARYSVILLE
1635 GROVE STREET
MARYSVILLE, WA 98270
(360)651-5050

DATE NEEDED: _____

VENDOR NUMBER: 646

P.O. NO. Pol11 2130

Vendor Foremost Promotions			Department Police
Address 1270 Glen Avenue			Initiator Crime Prevention
City Moorestown	State NJ	Zip Code 08057	Ship To: (If other than above)
Contact ()	Vendor Phone No. (800)378-6376	Vendor FAX No. (800)528-4366	

ACCOUNT CODE	DESCRIPTION	INVOICE	QUANTITY	TOTAL COST
	National Night Out Supplies	217254		\$1,302.36
	National Night Out, paid by grant money	217254		\$500.00
REMARKS NATIONAL NIGHT OUT		Additional Page Subtotal		
		Grand Total		\$1,802.36

*target
Grant \$*

*NESTLE 3/1**

47 SIGNIFICANT 76

APPROVED BY	DATE
CITY ADMINISTRATOR	
DEPARTMENT DIRECTOR	
SUPERVISOR	06/17/2013
FINANCE DIRECTOR	

I do hereby certify under penalty of perjury that the material furnished, the services rendered or the labor performed as described above is a just, due and unpaid obligation(s) against the City of Marysville and that I am authorized to authenticate and certify this purchase.

Account Number		Invoice Date		Invoice #	
MA5055		6/12/2013		217254	
Bill To:			Ship To		
Marysville Police Dept. Diana Vanderschel 1635 Grove Street Marysville, WA 98270			Marysville Police Dept. Margaret Vanderwalker 1635 Grove Street Marysville, WA 98270		
Sales Order #	Purchase Order #	Sales Representative		Terms	
726998	(None)	Lauren Mack		Net 30	
Project			Title		
			Custom Items 6/28		

Products Shipped

SKU	Product	Quantity	Price	Tax	Total
PCL104	Pricebuster Pencil, Police Officers are our Friends (2013)	2500	0.17	No	\$425.00

SKU	Product	Quantity	Price	Tax	Total
JPB500---SIL	Junior Officer Badge, Stick On, Custom---SIL	5000	0.11	No	\$550.00

SKU	Product	Quantity	Price	Tax	Total
NT9005	Full Color Grab Bag, 7-1/2" x 9" (2013)	2500	0.29	No	\$725.00

Account #: MA5055	Invoice #: 217254	Products Shipped Subtotal:	\$1,700.00
Remit to:		Shipping Charge:	\$102.36
Foremost Promotions		Tax:	\$0.00
Attn: Accounts Receivable Dept		Total for Products Shipped:	\$1,802.36
1270 Glen Avenue		Amount Due:	\$1,802.36
Moorestown, NJ 08057			
USA			

TARGET CORPORATION

VENDOR NAME: MARYSVILLE POLICE DEPT			VENDOR NO: 36717		
VENDOR DOC#	SAP DOC#	DOC DATE	GROSS	DEDUCTIONS	NET AMOUNT
216749_VANDERWALKER 9382408_NATIONAL NIGHT OUT	1914918693	06/03/2013	500.00	0.00	500.00
GROSS AMOUNT	DEDUCTIONS	NET AMOUNT	CHECK DATE	CHECK #	
500.00	0.00	500.00	06/13/2013	1914246	
PLEASE PROVIDE CHECK #, VENDOR #, AND SAP DOCUMENT # WHEN WRITING OR CALL TARGET (763) 440-1002				* Withholding Tax Amount	

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS RED AND BLACK ARE PRESENT.

 Target Corporation
PO Box 1296
Minneapolis, MN 55440-1296

Wells Fargo Bank NA
Van Wert, OH

DATE 06/13/2013 56-382 / 412 CHECK NO. 1914246

9600138673

PAY FIVE HUNDRED AND 00/100-----

NET AMOUNT
*\$500.00

TO THE ORDER OF MARYSVILLE POLICE DEPT
1635 GROVE ST
MARYSVILLE, WA 98270-4301

THIS CHECK IS VOID IF NOT CASHED WITHIN 150 DAYS.

Handwritten signature



G

- Organization Information
- 2 Contact Information
- 3 Proposal Information
- 4 Measurement
- 5 Review My Appli**

There was a problem processing your request.

- Organization Primary Contact Direct Phone Number is a required field.
- Organization Primary Contact E-mail Address is a required field.
- Request Primary Contact Prefix is a required field.

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save & Finish Later.

Organization Information

Printer Friendly

- Required before final submission

E-mail questions to publicsafetgrants@Target.com

To request a charitable contribution, your organization must be a federally tax-exempt, section 501(c)(3) charitable organization, a school, a library, or a public agency. Special Note: If your organization has a designated fiscal agent, that fiscal agent should meet the requirements listed above and be listed as the applicant in the grant application.

Organization Information

- Organization/Agency Name
Marysville Police Department
- Payee Organization Name
Please limit your response to 25 characters maximum.
City of Marysville
- Precinct/Division and Department
i.e., 1st Precinct, Bike Patrol
Public Safety
- Street Address or P.O. Box
Please include your primary mailing address in the first line. If applicable, put your Suite Number in the second line. Please limit your response on each line to 25 characters maximum.
1635 Grove Streett
- City
Marysville
- State
WA
- 5-Digit ZIP Code
98270
- Extended 4 Digit ZIP Code
(to find your extended code, please click here to open a window to USPS.com)
4001
- County
Snohomish
- Main Phone Number
10 digits only without punctuation (i.e., 6122334567)
3603638300
- General E-mail Address
mvanderwalker@marysvillewa.gov
- Verify General E-mail Address
mvanderwalker@marysvillewa.gov
- Website
marysvillewa.gov
- Which best describes the organization?
Police/Law Enforcement (OTHER)
- What is the organization's Mission Statement?
The men and women of the Marysville Police Department are dedicated to providing safety and security to the public we serve, through teamwork, mutual respect, and in partnership with the community. ✓
- What year was the organization founded?
1891
- 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)?
yes

● Is this donation being requested exclusively for public purposes?
yes

● Tax Status
Please select from drop-down
Public Agencies(local/state/city govts, police dept, municipalities)

Contact Information

● Required before final submission

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

● Prefix: Chief ● First Name: Richard Middle Initial: L ● Last Name: Smith Suffix: <None>

● Title
Chief of Police

Same Address as Org

● Street Address or P.O. Box
Please include your primary mailing address in the first line. If applicable, put your Suite Number in the second line. Please limit your response on each line to 25 characters maximum
1635 Grove Streett

● City: Marysville ● State: WA ● 5 Digit ZIP Code: 98270

● Direct Phone Number: 10 digits only without punctuation (i.e., 6122334567)
⚠ This is a required field.
360363830E

● E-mail Address: ⚠ This is a required field.
mvanderwalker@marysvillewa.gov
Verify E-mail Address
mvanderwalker@marysvillewa.gov

Primary Contact for this Funding Request:

Primary Contact for this Funding Request:

Same as Organization Primary Contact

● Prefix: ⚠ This is a required field.
Miss ● First Name: Margaret Middle Initial: ● Last Name: Vanderwalker Suffix: <None>

● Title
Administrative Assistant to the Chief

Same Address as Org

● Street Address or P.O. Box
Please include your primary mailing address in the first line. . If applicable, put your Suite Number in the second line. Please limit your response on each line to 25 characters maximum.
1635 Grove Streett

● City: Marysville ● State: WA ● 5 Digit ZIP Code: 98270

● Direct Phone Number: 10 digits only without punctuation (i.e., 6122334567)
360363830E

● E-mail Address: mvanderwalker@marysvillewa.gov
Verify E-mail Address
mvanderwalker@marysvillewa.gov

Proposal Information

● Required before final submission

Proposal General Information

● Region
Enter the Target Region specified in the invitation e-mail. (e.g. R100, R200, etc.)

R100 (Asset Protection)

- Request Amount
900.00
- Program Title
Please limit your response to 30 characters maximum.
National Night Out
- Program Start Date ● Program End Date
06/01/2013 08/06/2013

Proposal Detail

- Provide a description of the program.
Crime Prevention. Marysville Police Department will host National Night Out on August 6, 2013. We have more than 20,000 people attend throughout the city at hosted events. ✓
- What year was this program first implemented?
1861
- What is the proposed program budget?
Please enter one whole number without any punctuation (i.e., no dollar signs or decimal points).
5000
- List the primary expenses for the program budget.
i.e., printing: \$200; equipment: \$800, etc.
Paper: \$200;
Postage: \$500;
Supplies: \$200

Target Store

- Program Zip Code
Please provide the 5-digit zip code for the location of your program
98270
- Target Store Location
Please select the Target store closest to your program from the dropdown list below.
Store #2192 Marysville, 16818 Twin Lakes Ave, Marysville, WA 98271

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

Ethnicity

- Indicate your best estimate of the percentage of those served by this program for each of the Ethnic Groups below. You may make more than one selection, but only select those that apply. Your selections must total 100%

White or Caucasian	75 %
Latino or Hispanic	11 %
American Indian or Alaskan Native	4 %
Black or African American	2 %
Asian	6 %
Other Race/Multiracial	2 %
<Select One>	%
<Select One>	%

Gender

- Which best describes the gender served by this project/program? You may make more than one selection, but only select those that apply. Your selections must total 100%.

Female	50 %
Male	50 %

Age Group

● Indicate your best estimate of the percentage of those served by this program for each of the Age Groups listed below. You may make more than one selection, but only select those that apply. Your selections must total 100%

Elementary Students - Grades K-5 (5-10 years old)	-	25 %
Middle School Students - Grades 6-8 (11-14 years old)		10 %
Adults (26-64 years old)		30 %
Senior Citizens (65 years old and over)	→	25 %
High School Students - Grades 9-12 (15-18 years old)	→	10 %
<Select One>	→	%
<Select One>		%

Population Served

● Indicate your best estimate of the percentage of those served by this program for each Population listed below. You may make more than one selection, but only select those that apply. While some individuals may fit more than one population, please only count in one category. Your selections must total 100%

Active Duty Military Personnel or Veteran		5 %
General Population		95 %
<Select One>	→	%
<Select One>		%
<Select One>		%
<Select One>	→	%
<Select One>	→	%
<Select One>		%
<Select One>		%
<Select One>	→	%

Measurement

● Required before final submission

Measurement

● What are the anticipated outcomes of the program? ✓
 An increased confidence in the safety and neighborhood livability with decreased fear of crime. An expanded awareness of what services the local law enforcement can provide.

● What metrics do you plan on collecting to determine if the outcomes have been achieved? ✓
 None

● How many people do you anticipate will be served by this program?
 Please enter one whole number only
 20000

In 2014 we will be asking grant recipients to complete a program evaluation.

E-mail questions to publicsafetygrants@Target.com

[Save & Finish Later](#) | [Update](#)