

# OCCIA Grant Application

*Note: this form will not save your progress. You may want to draft your responses in a separate document before entering into the form below.*

## GENERAL INFORMATION

### 1.1 Applicant's Information

**Applicant's Name \***

**Applicant's Email Address \***

**Applicant's Phone Number \***

**Applicant's Title/Position in Agency \***

**Applicant/Agency Mailing Address \***

**Applicant's Supervisor Name \***

**Supervisor's Phone Number \***

**How did you hear about OCCIA?**

**Has your agency had a grant funded through OCCIA? \***

- Yes     No     Unsure
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### 1.2 Agency Resources

**Does the investigating agency have a dedicated cold case team? \***

- Yes     No

Does the investigating agency have a budget for DNA Testing related to cold case investigations? \*

Yes  No  Unsure

Does the investigating agency have allotted funds for testing in this case? \*

Yes  No

Has the local prosecuting authority been consulted on this case? \*

Yes  No

If no, have they been advised that the case is opened/re-opened, and/or notified that it is actively being worked?

Yes  No

Has the Oregon State Crime Lab and/or it's regional offices been informed that an outside vendor (Lab) is being considered for this investigation? \*

Yes  No  Not Applicable

Are original witnesses and investigators alive and available to contact/testify? \*

Yes  No

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### 1.3 Unit/Lead Investigator Information

Current Investigator's Name \*

Current Investigator's Phone Number \*

Current Investigator's Email Address \*

Agency/Department with Current Jurisdiction \*

Agency Case Number \*

Is this the original investigative agency? \*

Yes  No

**Has the agency/investigator applied any solvability rating system to the investigation/case? \***

If yes, please provide a copy of the matrix/rating system in the file upload area at the end of this form.

Yes  No

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## CASE INFORMATION

### 2.1 Victim Information

**Victim's Name \***

**Victim's Race/Ethnicity**

**Victim's Age at Time of Death \***

**Cause of Death \***

**Date of Incident \***

**Is a photograph of the victim available? \***

If yes, please upload photograph(s) in the upload area at the end of this form.

Yes  No

**Is this a DOE Case? \***

Yes  No

**Is this a Child DOE Case? \***

Yes  No

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### 2.2 Evidence

**Is there a person of interest in this case? \***

Select ▼

**Has unknown suspect DNA been discovered? \***

Select ▼

**If yes, has unknown suspect DNA been entered into CODIS? \***

Yes    No    Not Applicable

**Is there viable evidence that has not been tested for unknown suspect DNA? \***

Yes    No    Not Applicable

**Would this grant be used to retest evidence using new technology not available during the original investigation? \***

Select ▼

**Provide additional details on what evidence will be retested:**

**How do you believe this funding will help in this investigation? \***

**Explain what investigative tool(s) these funds will be used for (i.e. investigative services, lab testing, technology, ground penetrating radar, etc.): \***

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### 2.3 Case Summary

**Please provide sufficient information below to allow our Board to make an informed decision related to the investigation and the requested funds.**

*You do not need to release any confidential information unless it would help explain the need/urgency for funding.*

**Note: text is limited to 20 lines. You may upload the case summary to the upload field at the bottom of this form.**

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### Vendor/Quote Information

#### 3.1 Vendor Information

**Vendor/Company Name \***

**Vendor/Company Contact Person \***

**Vendor Contact Phone Number \***

▼ +1 (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Vendor Contact Email Address \***

**Has the investigating agency used this vendor in the past? \***

- Yes     No

**Has the vendor provided a quote? \***

If yes, please upload the quote/estimate in the file upload area at the end of this form.

- Yes     No

**Does the quote list all testing services expected to be funded by this grant? \***

- Yes     No     Not Applicable

**Does your agency anticipate requesting any additional funding related to the services and fees listed in the quote? \***

- Yes     No     Not Applicable

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**Please provide any additional information you believe might be helpful to our Board for grant consideration:**

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**File Upload**

Please upload (if available):

- Solvability Rubric/Matrix
- Victim Photo(s)
- Vendor Estimate/Quote
- Case Summary

Drag and drop files here or [browse files](#)

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To receive confirmation of your submission, and to receive a copy of your responses, you **MUST** select the checkbox requesting a copy of your responses.

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Send me a copy of my responses