Appendix A FY 2006-2008 Justice Assistance Grant Program TASK FORCE PROGRAM COVER SHEET FORMAT

Task Force Program Title:
Task Force Program Administering Agency:
Address:
Federal grant funds requested: \$
Required minimum match: \$
Other match provided: \$
Total cost of the program: \$
Total cost of the program.
Source of Match:
Program contact: e-mail address:
Program contact: e-mail address: Phone: fax:
1 Hone: \
Fiscal contact:
Fiscal contact: e-mail address: Phone: () fax: ()
1 none. ()
Administering agency Federal Tax Identification Number:
Administering agency rederal rax identification Number.
Authorized official for took force administering agency
Authorized official for task force administering agency:
Signature of authorized official:
and —
2 nd Task force member agency:
Authorized official for task force member agency:
Signature of authorized official:
_
3 rd Task force member agency:
Authorized official for task force member agency:
Signature of authorized official:
4 th Task force member agency:
Authorized official for task force member agency:
Signature of authorized official:
5 th Task force member agency:
Authorized official for task force member agency:
Signature of authorized official:
orginatare or datiforized official.
Please add an additional sheet for additional member agencies as needed.
i loade and all additional sheet for additional member agencies as needed.