

# LOCAL LAW ENFORCEMENT BLOCK GRANT APPLICATION FORM

Local unit of government (city or county name): \_\_\_\_\_

City or county mailing address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

City or county administrator (name): Mr./Ms. \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Administrator address if different: \_\_\_\_\_

## **Program Contact**

Name: Mr./Ms. \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Agency: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## **Fiscal Contact**

Name: Mr./Ms. \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Federal funds allocated: \$ \_\_\_\_\_ Match funds: \$ \_\_\_\_\_

Indicate award amount per Purpose Area (refer to pages 7-8):

PA 1: \$ \_\_\_\_\_ PA 2: \$ \_\_\_\_\_ PA 3: \$ \_\_\_\_\_ PA 4: \$ \_\_\_\_\_

PA 5: \$ \_\_\_\_\_ PA 6: \$ \_\_\_\_\_ PA 7: \$ \_\_\_\_\_

Administering agency federal tax identification number: \_\_\_\_\_

Authorized city or county official for the applicant agency: \_\_\_\_\_

Signature of authorized city or county official: \_\_\_\_\_