

Appendix A
FY 2006-2008 Justice Assistance Grant Program
Offender Alcohol and Drug Treatment Programs
COVER SHEET FORMAT

Program title: _____

Administering agency: _____

Total cost of program: \$ _____

Federal funds requested: \$ _____

Required minimum match: \$ _____

Other sources of funding: \$ _____

Total: \$ _____

Program agency (if not administering agency): _____

Address: _____

Program contact: _____

e-mail address: _____

phone: (____) _____ fax: (____) _____

Fiscal contact: _____

e-mail address: _____

phone: (____) _____ fax: (____) _____

Administering agency Federal Tax Identification Number: _____

Grant start date: July 1, 2006 ----- Grant end date: June 30, 2007

Authorized official for the applicant: _____

Signature of authorized official: _____