

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: \$ _____

Source of Match: _____

Program contact: _____ **e-mail address:** _____
Phone: (____) _____ **fax:** (____) _____

Fiscal contact: _____ **e-mail address:** _____
Phone: (____) _____ **fax:** (____) _____

Administering agency Federal Tax Identification Number: _____

Authorized official for task force administering agency: _____
Signature of authorized official: _____

2nd Task force member agency: _____
Authorized official for task force member agency: _____
Signature of authorized official: _____

3rd Task force member agency: _____
Authorized official for task force member agency: _____
Signature of authorized official: _____

4th Task force member agency: _____
Authorized official for task force member agency: _____
Signature of authorized official: _____

5th Task force member agency: _____
Authorized official for task force member agency: _____
Signature of authorized official: _____

Please add an additional sheet for additional member agencies as needed.