

# 2005 Juvenile Accountability Block Grants Program Application Cover Sheet

Name of JABG Program: \_\_\_\_\_

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: \_\_\_\_\_

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

If applicant has had previous Juvenile Accountability Block Grants, list grant numbers:

\_\_\_\_\_

## ***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: \_\_\_\_\_

# **2005 Juvenile Accountability Block Grants Program Application Cover Sheet (Continued)**

Federal funds requested: \$ \_\_\_\_\_ Match funds: \$ \_\_\_\_\_

Other Match Funds: \$ \_\_\_\_\_

Indicate award amount per purpose area (refer to pages 3-4):

PA 1: \$ \_\_\_\_\_ PA 2: \$ \_\_\_\_\_ PA 3: \$ \_\_\_\_\_ PA 4: \$ \_\_\_\_\_ PA 5: \$ \_\_\_\_\_

PA 6: \$ \_\_\_\_\_ PA 7: \$ \_\_\_\_\_ PA 8: \$ \_\_\_\_\_ PA 9: \$ \_\_\_\_\_ PA 10: \$ \_\_\_\_\_

PA 11: \$ \_\_\_\_\_ PA 12: \$ \_\_\_\_\_ PA 13: \$ \_\_\_\_\_ PA 14: \$ \_\_\_\_\_ PA 15: \$ \_\_\_\_\_

PA 16: \$ \_\_\_\_\_

Source of match funds  
(general fund, fees, etc.): \_\_\_\_\_

Collaborative agencies: \_\_\_\_\_

Local Public Safety Coordinating Council (LPSCC) or Advisory Board:

Please enter the NUMBER of participants in each area

Police: \_\_\_\_\_ Sheriff: \_\_\_\_\_

Prosecutor: \_\_\_\_\_ State/Local Probation Services: \_\_\_\_\_

Juvenile Court: \_\_\_\_\_ Education: \_\_\_\_\_

Business: \_\_\_\_\_ Prevention Organizations\*: \_\_\_\_\_

Other-Social Services: \_\_\_\_\_ Other-Law Enforcement: \_\_\_\_\_

\*Religious affiliated, fraternal, non profit or social service organizations involved in crime prevention

Name/title of authorized city or county official for the applicant agency:  
(please print) \_\_\_\_\_

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

Signature of authorized city or county official:  
(Not police, sheriff, CCF, or juvenile departments) \_\_\_\_\_