

ALLOCAITON REQUEST FORM

Fiscal Year: _____ Fund Type: JJDP District: _____

AGENCY: _____ TITLE OF PROJECT: _____

PERSON COMPLETING FORM: _____ PHONE: _____

EMAIL: _____ AUTHORIZED OFFICIAL SIGNATURE: _____

NEW PROGRAM: _____ CONTINUATION: _____

Submit one paragraph in this section summarizing the goals/objectives of the project. If continuation, please provide statistical information summarizing the past year's activities.

BUDGET

1) **Personnel** New or existing: _____ (If overtime, please provide rate of pay & number of officers) \$ _____

2) **Employee Benefits** (Max of 30% of the Personnel amount – List each benefit) \$ _____

3) **Travel** (Including Training) \$ _____

4) **Equipment** (List item, quantity, unit price & total price) \$ _____

5) **Supplies & Operating Expenses** (List item, quantity, unit price & total price) \$ _____

Basic Office Supplies: \$ _____ (Not to exceed 4% of the federal amount of grant)

6) **Consultants** (List name and purpose) \$ _____

7) **Other** \$ _____

Federal (100%) \$ _____

Total \$ _____