

**ALLOCATION REQUEST FORM**

**Fiscal Year:** \_\_\_\_\_ **Fund Type:** JAG **District:** \_\_\_\_\_

AGENCY: \_\_\_\_\_ TITLE OF PROJECT: \_\_\_\_\_

PERSON COMPLETING FORM \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_ AUTHORIZED OFFICIAL SIGNATURE: \_\_\_\_\_

NEW PROGRAM \_\_\_\_\_ CONTINUATION \_\_\_\_\_

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

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**BUDGET**

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

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

3) **Travel (Including Training)** (List) \$ \_\_\_\_\_

4) **Equipment** (List item, quantity, unit and total price) \$ \_\_\_\_\_

5) **Supplies & Operating Expenses** (List item, quantity, unit and total price. \$ \_\_\_\_\_  
Basic Office Supplies: \$ \_\_\_\_\_ (Not to exceed 4% of the total federal amount of grant)  
List Others Separately

6) **Consultants** (List Name and Purpose) \$ \_\_\_\_\_

7) **Confidential** (Provide Details) \$ \_\_\_\_\_

**Information:** \_\_\_\_\_

**Evidence:** \_\_\_\_\_

**Services:** \_\_\_\_\_

**TOTAL REQUEST** \$ \_\_\_\_\_

**FEDERAL (100%)** \$ \_\_\_\_\_