

ALLOCATION REQUEST FORM

Fiscal Year: _____ Fund Type: JAG 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 years activities.

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%) \$ _____