

# Applicant Information Form

**Agency Name**

**Authorized Official**

**UEI Number**

**CAGE/CCR Number**

**CAGE/CCR Expiration**

Month Day Year

---

**Primary Contact**

**Phone Number**

**Email**

---

## Project Information

**Project Title**

**If a continuation, provide the number of cases and arrests that were a result of the program between 7/1/22 and 6/30/23.**

**Short Project Description**

**Cases:**

**Arrests:**

**List results from the previous grant program. (Include statistics and operations: UC, CI, interdiction, surveillance, K-9, K&T, criminal patrol etc.)**

**List any participating agencies**

**List any priorities in the budget**