

Grant Program: _____ Community Corrections: _____ New _____ Cont. - Grant No. _____
 _____ Pretrial Services: _____ New _____ Cont. - Grant No. _____
 _____ Public Inebriate Center: _____ New _____ Cont. - Grant No. _____

Application Jurisdiction (Fiscal Agent): _____

Jurisdiction(s) Served: _____

LOCAL COMMUNITY-BASED PROBATION
 PROJECT DIRECTOR

PRETRIAL SERVICES
 PROJECT DIRECTOR

Name _____
 Title _____
 Address _____

 Phone _____ fax _____
 E-Mail _____

Name _____
 Title _____
 Address _____

 Phone _____ fax _____
 E-Mail _____

PROJECT ADMINISTRATOR

FINANCE OFFICER

Name _____
 Title _____
 Address _____

 Phone _____ fax _____
 E-Mail _____

Name _____
 Title _____
 Address _____

 Phone _____ fax _____
 E-Mail _____

APPLICANT AGENCY FEDERAL ID #:

 Signature of Project Administrator

Project Budget Summary:	Local Probation DCJS funds	Pretrial Services DCJS funds	PIC & Options DCJS funds	Total DCJS funds
Personnel	\$ _____	\$ _____	\$ _____	\$ _____
Consultants	_____	_____	_____	_____
Travel and Subsistence	_____	_____	_____	_____
Equipment	_____	_____	_____	_____
Indirect Costs	_____	_____	_____	_____
Supplies & Other	_____	_____	_____	_____
Operating Expenses	_____	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____	\$ _____
Local Funds:	\$ _____	\$ _____	\$ _____	\$ _____
Fees:	\$ _____	\$ _____	\$ _____	\$ _____