

**STATE OF ALASKA**  
**Department of Public Safety**  
**Division of Administrative Services**  
**Grant Administration Office**

**GRANT APPLICATION**

Application is hereby made to the Department of Public Safety for funding made available through the Edward Byrne Memorial Justice Assistance Grant (JAG) Program, CFDA #16.738.

<b>APPLICANT (CITY) NAME:</b>	
<b>PHYSICAL ADDRESS:</b>	<b>PHONE: (907)</b>
	<b>AGENCY EIN:</b>
	<b>AGENCY UEI: (REQUIRED)</b>
<b>MAILING ADDRESS:</b>	
<b>PROJECT CONTACT:</b>	<b>PHONE: (907)</b>
<b>NAME:</b>	<b>FAX: (907)</b>
<b>TITLE:</b>	<b>EMAIL:</b>
<b>PERFORMANCE PERIOD:</b>	<b>AMOUNT REQUESTED:</b>
<b>Start:</b> October 1 <sup>st</sup> , 2024 <b>End:</b> September 30th, 2025	<b>\$</b>

**AGENCY CONTACTS**

<b>AUTHORIZING OFFICIAL</b>	<b>Phone: (907)</b>
<b>Name:</b>	<b>FAX: (907)</b>
<b>Title:</b>	<b>Email:</b>
<b>FINANCIAL CONTACT</b>	<b>Phone: (907)</b>
<b>Name:</b>	<b>FAX: (907)</b>
<b>Title:</b>	<b>Email:</b>
<b>PROJECT DIRECTOR</b>	<b>Phone: (907)</b>
<b>Name:</b>	<b>FAX: (907)</b>
<b>Title:</b>	<b>Email:</b>

**CERTIFICATION**

The undersigned (authorized official signing for the applicant) certifies that the statements made in this application document and attached proposal are true, complete, and accurate to the best of their knowledge.	
<b>AUTHORIZED SIGNATURE:</b> _____	<b>DATE:</b> _____

## **PROJECT ABSTRACT**

**APPLICANT NAME:**

**AMOUNT REQUESTED:** \$

**PROGRAM:** FFY23 Edward Byrne Memorial Justice Assistance Grant (JAG) Program

**PROJECT TITLE:** Statewide Multi-Jurisdictional Task Force Program

**PERFORMANCE PERIOD:** October 1<sup>st</sup>, 2024 to September 30<sup>th</sup>, 2025

**PROJECT SUMMARY:** Please provide a brief summary of the project below:

## **PROJECT NARRATIVE**

**APPLICANT NAME:**

**AMOUNT REQUESTED:** \$

**PROGRAM:** FFY23 Edward Byrne Memorial Justice Assistance Grant (JAG) Program

**PROJECT TITLE:** Statewide Multi-Jurisdictional Task Force Program

**PERFORMANCE PERIOD:** October 1<sup>st</sup>, 2024 to September 30<sup>th</sup>, 2025

**PROJECT NARRATIVE:** Please provide responses to the bulleted list below. If additional space is required, attach a separate sheet:

**a. Project Overview:**

**b. Statement of Need**

**c. Project Activities**

**d. Performance Measure/Evaluation**

## **PROJECT REVIEW**

**This page is to be completed only by agencies that were awarded FFY22 JAG grants for the previous years from the Alaska Department of Public Safety.**

**APPLICANT NAME:**

**PROGRAM:** FFY22 Edward Byrne Memorial Justice Assistance Grant (JAG) Program

**PROJECT TITLE:** Statewide Multi-Jurisdictional Task Force Program

**PROJECT SUMMARY:** Please provide an overview of your accomplishments under the FFY22 JAG award.