

Appendix A
FY 2006-2008 Byrne Methamphetamine Reduction Grant Program
COVER SHEET FORMAT

Program title: _____

Administering agency: _____

Total cost of program: \$ _____

Federal funds requested: \$ _____

Required minimum match: \$ _____

Other sources of funding: \$ _____

Total: \$ _____

Do you also intend to apply for funding from the Drug Court Implementation and Enhancement Grant Program? Yes No

If yes, will you be requesting funds to fulfill the federal match requirement of the Byrne Methamphetamine Reduction Grant Program? Yes No

Program agency (if not Administering agency): _____

Address: _____

Program Director: _____ e-mail address: _____
phone: (____) _____ fax: (____) _____

Program contact: _____ e-mail address: _____
phone: (____) _____ fax: (____) _____

Fiscal contact: _____ e-mail address: _____
phone: (____) _____ fax: (____) _____

Administering Agency Federal Tax Identification Number: _____

Grant start date: July 1, 2006 Grant end date: June 30, 2007

Authorized official for the applicant: _____

Signature of authorized official: _____