

Subgrant Number (CJCC Use Only)	Receipt Date

<b>A. Program Area</b>					
<b>B. Project Title</b>	<i>(maximum 35 characters and spaces)</i>				
<b>C. Project Period</b>	to				
<b>D. Application Type</b>	<input type="checkbox"/> New <input type="checkbox"/> Continuation of Subgrant Number:				
<b>E. Application Focus</b>	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Township <input type="checkbox"/> Village <input type="checkbox"/> Statewide				
<b>F. Budget Summary</b>	Federal Funds: \$ Cash Match: \$ In-kind Match: \$ Total Budget: \$				
<b>G. Project Director</b> <i>List main contact for project. The Project Director is the individual CJCC communicates with on a regular basis.</i>	Prefix	First Name	MI	Last Name	Suffix
	Title		Agency		
	Address		City	Zip	
	Phone		Fax		
	Email		County		
<b>H. Implementing Agency</b> <i>List agency implementing the project. The representative must be the chief executive officer for the agency.</i>	Prefix	First Name	MI	Last Name	Suffix
	Title		Agency		
	Address		City	Zip	
	Phone		Fax		
	Email		County		
<b>I. Subgrantee</b> <i>List agency serving as the fiduciary agent for the project. The representative must be the chief executive officer for the agency.</i>	Prefix	First Name	MI	Last Name	Suffix
	Title		Agency		
	Address		City	Zip	
	Phone		Fax		
	Email		County	Subgrantee Tax I.D.	
<b>J. Subgrantee Signature:</b>					
<b>K. Application Prepared by:</b>					
<b>L. Budget Pages Prepared by:</b>					
<b>M. Quarterly Financial Reports will be Prepared by:</b>					
<b>N. Quarterly Performance Reports will be Prepared by:</b>					