

FOR OFFICE USE ONLY: Version # _____ APP # _____
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Agency Information

(Carefully read the instructions before completing this form)

1. Agency Information

- a. Agency Name Calaveras County Sheriff's Department
- b. Organizational Unit 03
- c. Address 891 Mountain Ranch Rd

- e. City San Andreas State CA Zip 95249
- f. Federal Id Number 20-7546500 DUNS Number 4000000005-00
- g. Agency fiscal year (begining month and June-01 day)
- h. Agency Type (Please check one)

<input type="radio"/> City	<input checked="" type="radio"/> County	<input type="radio"/> U.S. Forest Service
<input type="radio"/> U.S. Forest Service - Patrol District	<input type="radio"/> U.S. Bureau of Land Management	<input type="radio"/> Other Federal Agency
<input type="radio"/> Federally Recognized Native American Tribe	<input type="radio"/> Educational Institution	<input type="radio"/> Nonprofit Organization - 501(c)(3) status only
<input type="radio"/> State Agency	<input type="radio"/> District	

2. Project Information

- a. Project Name General Application Requirements
- b. Is implementing agency same as Agency (Please select Yes or No) Yes No
- c. Implementing Agency Name
- d. Amount of Funds Requested Project Cost

Project Request(s) Summary

#	Project Type	Project Title	Grant Request	Match	Total Project Cost
1	G09-03-03-L01	Law Enforcement-Upper Interface	133,000	44,000	177,000
2	G09-03-03-L02	Law Enforcement-Lower Interface	136,000	45,000	181,000
3		TOTAL	269,000	89,000	358,000

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3. Contact

a. Project Administrator

Name	Chris Hewitt				
Title	Grants Manager				
Mailing Address	891 Mountain Ranch Road				
City	San Andreas	State	CA	Zip	95249
Telephone	(209) 754-6500			Fax	(209) 754-6581
E-mail Address	chewitt@co.calaveras.ca.us				

b. Authorized Representative

Name	Michael Walker				
Title	Sheriff				
Mailing Address	891 Mountain Ranch Rd				
City	San Andreas	State	CA	Zip	95249
Telephone	(209) 754-6500			Fax	(209) 754-6581
E-mail Address	mwalker@co.calaveras.ca.us				