# JUSTICE ADMINISTRATIVE COMMISSION
## NEW PROJECT INFORMATION REQUEST FORM

<table>
<thead>
<tr>
<th>CIRCUIT:</th>
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<tr>
<td>CONTACT NAME:</td>
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<td>CONTACT PHONE:</td>
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**GRANT/PROJECT TYPE (check one):**

- [ ] Direct award from federal government agency
- [ ] Pass-Through federal award from another state agency or local government (Byrne, VOCA, VAWA, etc.)
- [ ] Cost Reimbursable (county grant, contract or memorandum of agreement)
- [ ] Other (briefly describe) __________

**ARE THERE GOODS/SERVICES THAT MUST BE RENDERED FOR THE GRANTOR?**

- [ ] Yes  Goods/Services: __________________________
- [ ] No

**SOURCE OF REVENUE:**

- GRANT & DONATION TRUST FUND
  - GRANT NUMBER: __________________________ AMOUNT: $__________
  - START DATE: __________ END DATE: __________
  - GRANTOR NAME: __________________________
  - CFDA# (Catalog of Federal Domestic Assistance): __________
  - CSFA# (Catalog of State Financial Assistance): __________

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**FOR INTERNAL USE ONLY:**

- Org Code Established: __________________________ EO: _______ Object: _______
- Revenue Fund: __________________________ Category: ____________ GLC: __________
- JAC Coding Approved By: [ ] Budget  [ ] Revenue Accounting  [ ] Circuit Accounting  
  [ ] Human Resources  [ ] Special Accounting

Revised 11/17/2010