

## JUSTICE ADMINISTRATIVE COMMISSION NEW PROJECT INFORMATION REQUEST FORM

**CIRCUIT:**

<b>CONTACT NAME:</b>	
<b>CONTACT PHONE:</b>	
<b>GRANT/PROJECT TYPE (check one):</b>	
<input type="checkbox"/> Direct award from federal government agency	
<input type="checkbox"/> Pass-Through federal award from another state agency or local government (Byrne, VOCA, VAWA, etc.)	
<input type="checkbox"/> Cost Reimbursable (county grant, contract or memorandum of agreement)	
<input type="checkbox"/> Other (briefly describe) _____	
<b>ARE THERE GOODS/SERVICES THAT MUST BE RENDERED FOR THE GRANTOR?</b>	
<input type="checkbox"/> Yes Goods/Services:	
<input type="checkbox"/> No	
<b>SOURCE OF REVENUE:</b>	
<b>GRANT &amp; DONATION TRUST FUND</b>	
<b>GRANT NUMBER:</b>	<b>AMOUNT: \$</b>
<b>START DATE:</b>	<b>END DATE:</b>
<b>GRANTOR NAME:</b>	
<b>CFDA# (Catalog of Federal Domestic Assistance):</b>	
<b>CSFA# (Catalog of State Financial Assistance):</b>	

**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