Alaska Training and Technical Assistance – Victims of Crime
Cover Page

This should serve as the first page of the application. The contact information listed on this sheet will serve as the primary contact for confirmation of receipt of the application and awardee information.

Agency/Organization Name _____

Contact Information for Application Communication

Name _____

Title _____

Mailing Address _____

_____

City, State, Zip _____

Email Address _____

Phone Number _____

Organization's DUNs Number _____

Is your DUNS active? (Yes/No) _____

Total Funds Requested _____

Authorizing Official Contacts (Authorizing Official means a person appointed by the Board, government entity, or Tribe to sign and authorize documents on the agency's behalf):

Authorizing Official (Name) _____

Position Title _____

Phone Number _____

Email Address _____

Signature of Authorizing Official _____

Date _____