

**2017 - 2018 PROGRAM REQUEST FORM
(2 pages Max.)**

TITLE of Program: _____ Contact Person: _____
Agency: _____
Email : _____

Funding Stream(s)

___ Community Aid ___ Enhancement ___ Juvenile Justice Prevention
___ Title II ___ Juvenile Services

Grant Request: \$ _____ Match: \$ _____ Total Cost of Project: \$ _____

Match Sources (specify in-kind or cash):

_____	\$ _____	Pending _____	Confirmed _____
_____	\$ _____	Pending _____	Confirmed _____
_____	\$ _____	Pending _____	Confirmed _____

Amount of County Match Requested: \$ _____

What year is this funding for: (Circle) 1 2 3 4 5 6 7
(1 = New Grant / 2 = Year 2 of Funding, etc.)

If a continuation grant:

What was accomplished & how many youth were served each year during the last 3 yrs (2014, 2015, 2016)?

Summary of Program

(Include # served, objectives, if it impacts DMC, the priority addressed in the Juvenile Justice Comprehensive Plan)

* Attach 1 page budget summary of program