

**Office of Behavioral Health
LAW ENFORCEMENT ASSISTANCE FUNDS (LEAF)
COVER/SIGNATURE PAGE (ATTACHMENT A)**

APPLICANT AGENCY INFORMATION (Signature Authority)

Agency Name			
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Address			
	City:	State:	Zip:
	County:		

Agency Phone			
Agency Website			

Contact Name		Title:	
Contact Phone			
Contact Email			
Signature			

FINANCIAL CONTACT INFORMATION

Financial/Fiscal Contact Name		Title:	
Contact Phone			
Contact Email			

IMPLEMENTING AGENCY INFORMATION

Implementing Agency Name			
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Agency Phone			
Agency Website			

Program Contact Name		Title:	
Contact Phone			
Contact Email			