

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/01/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: JUSTICE COALITION FOR ALL		Organizational Unit: RURAL SERVICES DEPARTMENT	
Address (give city, county, State, and zip code): 1235 VICTIM ASSISTANCE ROAD, SUITE 200 JUSTICE CITY, NEW YORK 12356-7840		Name and telephone number of person to be contacted on matters involving this application (give area code) MR. JAMES Q. PUBLIC, DIRECTOR (212) 456-9876	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1 2 — 3 4 5 6 7 8 9		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; line-height: 20px;">N</div> <ul style="list-style-type: none"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) NON-PROFIT ORG 	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: OFFICE FOR VICTIMS OF CRIME	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Crime Victim Assistance/ TITLE: Discretionary Grant Program 1 6 — 5 8 2		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RURAL LAW ENFORCEMENT PROJECT <i>Name of Audit designated Cognizant Federal Agency</i> Examples: DOJ, HHS, DOL, HUD, DOT, DOI, OR DOA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): NATIONAL		13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/02 Ending Date: 09/30/03	a. Applicant: NATIONAL		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	200,000 ^{.00}	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 2,500 ^{.00}	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 1,000 ^{.00}	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$.00 ^{.00}		
e. Other	\$.00 ^{.00}		
f. Program Income	\$.00 ^{.00}	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 203,500 ^{.00}		
a. Type Name of Authorized Representative SUSAN B. FUNDS	b. Title EXECUTIVE DIRECTOR	c. Telephone Number (202) 456-2345	
d. Signature of Authorized Representative 		e. Date Signed 07-01-02	