



This form must be completed and faxed to CJC if your agency has never applied for a grant via CJC's Egrants system.

Please type or print. All fields and questions MUST be completed unless otherwise noted.

Complete Legal Agency Name	
Address Line 1	
Address Line 2	
City, State, Zip+4 (plus 4 required)	
Federal ID Number	
Agency Fiscal Year End Date	
Agency Phone Number	
Agency Fax Number	
DUNS Number (if available)	
Name of person completing this form	
Contact Phone Number	
Email Address	

When fully completed, submit this form to **CJC Egrants Support** by FAX to (302) 577-3440.

If you have any questions regarding this form, please contact the **CJC Egrants Help Desk** by e-mail, CJCegrantsSupport@state.de.us.

I hereby request the above agency be registered in Egrants in order to submit a concept paper and/or application to CJC via CJC's Egrants system:

Printed Name of Authorized Official

Signature

Title of Authorized Official

Date

For CJC use only:

Date Received	Verification (if necessary)	Date Agency Registered	Agency Registered By