



# Egrants

## Delaware Criminal Justice Council Egrants Agency Registration Request Form

**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 MUST be completed unless otherwise noted.**

<b>Complete Legal Agency Name</b>	
<b>Address Line 1</b>	
<b>Address Line 2</b>	
<b>City, State, Zip+4 (plus 4 required)</b>	
<b>Agency Phone Number</b>	
<b>Agency Fax Number</b>	
<b>Agency Fiscal Year End Date</b>	
<b>Federal ID Number</b>	
<b>DUNS Number</b>	
<b>*SAM CAGE Code</b>	
<b>Name of person completing this form</b>	
<b>Contact Phone Number</b>	
<b>Email Address</b>	

\*The System for Award Management (SAM) is an official website of the U.S. Government. There is no cost to use SAM and it required that your Agency be registered with SAM to do business with the U.S. Government. <https://www.sam.gov>

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](mailto:CJCEgrantsSupport@state.de.us) or calling the CJC at 302-577-5030.

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