



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.

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

*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** at CJCegrantsSupport@delaware.gov.

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