



Organization Registration Request Form

This form MUST be completed if your organization wishes to apply for funding through LCLE.

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

| | |
|---------------------------------------|----------------------------|
| Organization Legal Name | |
| Physical Address | |
| City, State, Zip +4 (plus 4 required) | |
| Mailing Address | |
| City, State, Zip+4 (plus 4 required) | |
| Parish | |
| Organization Phone Number | |
| Organization Fax Number | |
| US Congressional District | |
| Federal ID Number | |
| DUNS Number | |
| CCR/CAGE Number | |
| Preferred method of contact | Email Phone Mail |
| Agency Contact's Name | |
| Contact Phone Number | |
| Contact Email Address | |

Mail this original form directly to:
 LA Commission on Law Enforcement
 Attn: Egrants System
 PO Box 3133
 Baton Rouge, LA 70821-3133

I hereby request the above organization registration in Egrants thereby allowing access to electronically submit applications to LCLE via LCLE's Egrants System:

| | |
|---|--------------------------------|
| Printed Name of Authorized Official/Organization Head | Signature (in BLUE ink) |
| Title of Authorized Official/Organization Head | Date |

For LCLE use only:

| Date Received | Verification (if necessary) | Date Agency Registered | Agency Registered By |
|---------------|-----------------------------|------------------------|----------------------|
| | CCR DUNS ISIS LOC | | |