



## 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	
<b>Physical Address</b>	
City, State, Zip +4 (plus 4 required)	
<b>Mailing Address</b>	
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 <b>BLUE</b> 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		