

### Organization Registration Request Form

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

Type inside the fields below. **DO NOT** print. All fields and questions **MUST** be completed unless otherwise indicated.

|   |       |       |          |
|---|-------|-------|----------|
| Organization Legal Name                 |       |       |          |
| <b>Physical Address</b>                 |       |       |          |
| City, State, Zip +4 (plus 4 required)   |       |       | Zip + 4: |
| <b>Mailing Address</b>                  |       |       |          |
| City, State, Zip+4 (plus 4 required)    |       |       | Zip + 4: |
| Parish                                  |       |       |          |
| Organization Phone Number               |       |       |          |
| Organization Fax Number                 |       |       |          |
| US Congressional District               |       |       |          |
| Federal ID Number                       |       |       |          |
| Unique Entity Identifier (UEI)          |       |       |          |
| CCR/CAGE Number                         |       |       |          |
| Fiscal Year End                         |       |       |          |
| Preferred Method of Contact             | Email | Phone | Mail     |
| Agency Contact's Name                   |       |       |          |
| Contact Phone Number (Ext. is optional) |       |       | Ext.     |
| Contact Email Address                   |       |       |          |

**Mail this original form directly to:**  
 LA Commission on Law Enforcement  
 Attn: Egrants System  
 P.O. 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 |
|---------------|-----------------------------|------------------------|----------------------|
|               | SAM   UEI   LaGov   LLA     |                        |                      |