



# Cop-in-a-Box



## — LEAAP Grant Application —

### LAW ENFORCEMENT AGENCY ASSISTANCE PROGRAM

Agency NAME \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: Name/Title: \_\_\_\_\_

Area Code & Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Agency Website: \_\_\_\_\_

Is your Agency currently affiliated with a USDoJ I.C.A.C. Unit? Circle one: Yes No

If you answered no, are you willing to become a member of ICAC and sign a Memorandum of Understanding with your nearest ICAC Task Force? Circle one: Yes No

To locate your nearest ICAC Task Force, visit: [www.icactraining.org](http://www.icactraining.org)

Please share with us how you heard about the Safe Surfin' Cop-in-a-Box Grant program:

IMPORTANT: Please attach additional sheet(s) providing a brief narrative expressing your need, interest, and commitment if granted to participate in the Safe Surfin' Cop-in-a-Box Grant Program.

**To be completed below by Sheriff or Chief only:**

Print Name and Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_



**Return your completed Application with Attachments to:**  
Safe Surfin' Foundation  
1195 Carter's Stable Road • Forest, Virginia 24551  
Or FAX it to: 434.616.2338