



**SAFE  
SURFIN'  
FOUNDATION**

# **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  
201 E Main St., Suite 9 • Floyd, Virginia 24091  
Questions - call (540)885-7432 or email: [info@safesurfin.org](mailto:info@safesurfin.org)