



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

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