

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>	<b>2. DATE SUBMITTED</b>	Applicant Identifier
<b>1. TYPE OF SUBMISSION</b>  Application Non-Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>		
Legal Name  City of Powell		Organizational Unit  Police Department
Address  250 N Clark St Powell, Wyoming 82435-1950		Name and telephone number of the person to be contacted on matters involving this application  Feathers, Timothy (307) 754-2212
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b>  83-6000085		<b>7. TYPE OF APPLICANT</b>  Municipal
<b>8. TYPE OF APPLICATION</b>  New		<b>9. NAME OF FEDERAL AGENCY</b>  Bureau of Justice Assistance
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b>  NUMBER: 16.804 CFDA 16.804 - Recovery Act - Justice Assistance TITLE: Grants - Localities		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT</b>  Supplmental training for all sworn officers in critical incident response procedures and overtime for this training and to continue overtime for policing activities that has been reduced due to budget projections.
<b>12. AREAS AFFECTED BY PROJECT</b>  City of Powell		
<b>13. PROPOSED PROJECT</b> Start Date: March 01, 2009 End Date: February 28, 2013		<b>14. CONGRESSIONAL DISTRICTS OF</b>  a. Applicant b. Project WY00
<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  Program has not been selected by state
Federal	\$20,480	
Applicant	\$0	
State	\$0	

Local	\$0	for review
Other	\$0	
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	\$20,480	N
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.		

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