



Indiana Criminal Justice Institute  
**Egrants Agency Registration Request Form**

**This form must be completed and sent to ICJI if your agency has never applied for a grant via ICJI's Egrants system.**

\*Designates a Required Field

<b>Complete Legal Agency Name**</b>	
<b>Address Line 1**</b>	
<b>Address Line 2</b>	
<b>City, State, Zip+4 (plus 4 required)**</b>	
<b>Federal ID Number**</b>	
<b>Agency Fiscal Year End Date**</b>	
<b>Agency Phone Number**</b>	
<b>Agency Fax Number</b>	
<b>US Congressional District (Ex. IN09)**</b>	
<a href="http://www.house.gov/representatives/find/">http://www.house.gov/representatives/find/</a>	
<b>Name of person completing this form**</b>	
<b>Contact Phone Number</b>	
<b>Email Address</b>	
<b>DUNS Number**</b>	
<b>Faith Based Agency (Yes/No)?**</b>	

When completed, click on the **Submit** button to send via e-mail or you can print this form and fax it to **ICJI Egrants Support** at (317) 232-4979.

If you have any questions regarding this form, please contact the **ICJI Egrants Help Desk** by calling (317) 232-1233.

I hereby request the above agency be registered in Egrants in order to submit a concept paper and/or application to ICJI via ICJI's Egrants system:

<b>Name</b>	<b>Title</b>
<b>Date</b>	

For ICJI use only:

Date Received	Verification (if necessary)	Date Agency Registered	Agency Registered By