



GRANT TRACKING REQUEST FORM

Contact Information

Name: _____	Address: _____
Title: _____	City: _____
Organization: _____	State, Zip: _____
Phone: _____	Email: _____

Grant Assistance Service Requested

<input type="checkbox"/> Grant Advisory Bulletin	<input type="checkbox"/> Grant Project Assistance
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Areas of Interest

<input type="checkbox"/> Computer Aided Dispatch	<input type="checkbox"/> Mobile CAD Client
<input type="checkbox"/> Mobile Field Reporting	<input type="checkbox"/> Records Management
<input type="checkbox"/> Livescan / PalmScan	<input type="checkbox"/> Biometric Fingerprint Archive
<input type="checkbox"/> Fingerprint Identification	<input type="checkbox"/> Mugshot Imaging & Lineups
<input type="checkbox"/> Jail Management	<input type="checkbox"/> IJIS Regional Sharing
<input type="checkbox"/> Mobile Command Vehicle CAD	<input type="checkbox"/>(Other)

<input type="checkbox"/> RF Data Radios	<input type="checkbox"/> LAN/WAN
<input type="checkbox"/> Wi-Fi	<input type="checkbox"/> Broadband
<input type="checkbox"/> Satellite	<input type="checkbox"/> Seamless Roaming between Protocols

<input type="checkbox"/> Integrated Mapping	<input type="checkbox"/> Mobile AVL / GPS
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<input type="checkbox"/> Servers	<input type="checkbox"/> PC's
<input type="checkbox"/> Laptops	<input type="checkbox"/> Semi-Rugged Laptops
<input type="checkbox"/> Rugged Laptops	