



SACRAMENTO COUNTY SHERIFF'S OFFICE

State Asset Forfeiture (Burton Fund)

Application

Date		Amount Requested	
Name of Organization			
Organizational Representative		Representative Phone	
Mailing Address	Organization Phone		Website
	Previous Recipient? Yes <input type="checkbox"/> No <input type="checkbox"/>		Amount Received
Geographic Areas Served			
Program Mission Statement			
Identify any community partners involved in your proposed programming			
Identify how you will measure your program's success (percentage served, youth input, surveys)			
Sheriff's Office Review			
APPROVED <input type="checkbox"/>		NOT APPROVED <input type="checkbox"/>	AMOUNT <input type="text"/>
END OF YEAR REPORTING COMPLETE <input type="checkbox"/>			

Outline how your proposed program will specifically combat youth drug abuse and divert youth from participation in gang activity. Please describe in the space provided.

Name and Title of Authorized Submitter

Submitter Email Address

After completing the form, save a copy for your records and submit the application as an email attachment to **BurtonFund@sacsheriff.com**