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 ☐ No ☐	**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 ☐ NOT APPROVED ☐ AMOUNT ☐

END OF YEAR REPORTING COMPLETE ☐

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**