

**THE OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION
 JUVENILE ACCOUNTABILITY BLOCK GRANT
 State of Nevada**

FFY _____ GRANT NUMBER: _____

Cover Page

Grantee	Fiscal Year reporting:
Name:	Amount awarded
Address:	per purpose area:
	PA1 PA1
	PA2 PA2
	PA3 PA3
	PA4 PA4
	PA5 PA5
Telephone Number:	PA6 PA6
	PA7 PA7
Fax Number:	PA8 PA8
	PA9 PA9
E-mail Address:	PA10 PA10
	PA11 PA11
	PA12 PA12
	PA13
	PA14
	PA15
	PA16
Contact person:	Did the grant end during the reporting period: _____ (Yes or No)
Signature:	Date:
Organization type (e.g., county government, non-profit organization):	
Grant	Start date:
	Expected end date:
	Total dollar amount: