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PRACTICES

# Interagency Threat Assessment and Coordination Group (ITACG) Federal Fellowship Application

## Applicant Information

Name:

Agency:

Address:

City:

State:

Zip Code:

E-mail:

Office Phone:

Cell Phone:

Do you have a clearance?  Yes  No

If yes, what is your clearance level?

Date of issuance?

Agency of issuance?

Have you submitted to a CI-scope polygraph?  Yes  No

Date of issuance?

Agency of issuance?

Is your agency's chief executive  
recommendation attached?

Yes  No

Please include an essay of 300 words or less,  
explaining why you would be a good candidate  
for this fellowship, and elaborate on your  
knowledge, skills, abilities, and experience.

Is your essay attached?

Yes  No

Is your resume attached?

Yes  No

**Submit application, letter of recommendation, and essay to:**

ITACG Nomination  
Post Office Box 12729  
Tallahassee, FL 32317

Phone: (850) 385-0600  
Fax: (850) 422-3529  
E-mail: itacg@iir.com