



Peace Officer
Standards and Training

In-Service Continuing Ed Grant Application

Updated: 1/2016

Total Amount Requested

\$ _____

*Submit completed applications to
postgrants@coag.gov*

Applicant Information

Agency Name: _____ Federal ID #: _____

Chief Executive Name: _____ Phone #: (____) _____-_____

Agency Mailing Address: _____

Physical Address if different: _____

Contact Person For This Grant: _____

Contact Phone #: (____) _____-_____

Contact Email: _____

Type of Grant Requested (more than one box can be checked)

Equipment On-line subscription Training Fee (hosting a class) Backfill

Scholarship (to include: tuition, hotel, per diem, airfare, gas, rental car)

****Prioritize your requests, with 1 being the highest priority****

Training Equipment Requested: (submit detailed quote)

Priority #: _____

Product Name: _____

Model #: _____ Quantity: _____ Individual Item Cost: \$ _____

Total Cost: \$ _____

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Total Cost: \$ _____

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Model #: _____ Quantity: _____ Individual Item Cost: \$ _____

Total Cost: \$ _____

Priority #: _____

Product Name: _____

Model #: _____ Quantity: _____ Individual Item Cost: \$ _____

Total Cost: \$ _____

Priority #: _____

Product Name: _____

Model #: _____ Quantity: _____ Individual Item Cost: \$ _____

Total Cost: \$ _____

Total Cost of ALL Equipment: \$ _____

On-Line Training Subscription Requested: (submit detailed quote)

Priority #: _____

Provider : _____

Individual Officer Fee: \$ _____ Number of **Certified Officers** Employed by Agency: _____

Subscription Date (start and end): _____

Total Yearly Subscription Fee: \$ _____

Priority #: _____

Provider : _____

Individual Officer Fee: \$ _____ Number of **Certified Officers** Employed by Agency: _____

Subscription Date (start and end): _____

Total Yearly Subscription Fee: \$ _____

Total Cost of ALL Subscriptions: \$ _____

Training Requested: (hosting a class)

Priority #: _____

Course Title: _____ POST Course #: _____

Instructor Name: _____

Course Date(s) and Location: _____

Total Number of Hours: _____

Total Cost: \$ _____

Scholarship Funds Requested: (submit training announcement)

Priority #: _____

Tuition Fee per Officer: \$ _____ Number of Officers Attending Class: _____ Total Tuition Cost: \$ _____

Hotel Name: _____ Rooms: _____ Cost Per Night: \$ _____

Total Hotel Cost: \$ _____ Airfare Total: \$ _____ Rental Car Total: \$ _____

Per Diem Rate: \$ _____ Number of Officers: _____ # of Days: _____ Per Diem Total: \$ _____

Number of Miles: _____ Rate Per Mile: _____ Total: \$ _____

Total Scholarship Funds Requested (this is the total of all officers combined): \$ _____

Priority #: _____

Tuition Fee per Officer: \$ _____ Number of Officers Attending Class: _____ Total Tuition Cost: \$ _____

Hotel Name: _____ Rooms: _____ Cost Per Night: \$ _____

Total Hotel Cost: \$ _____ Airfare Total: \$ _____ Rental Car Total: \$ _____

Per Diem Rate: \$ _____ Number of Officers: _____ # of Days: _____ Per Diem Total: \$ _____

Number of Miles: _____ Rate Per Mile: _____ Total: \$ _____

Total Scholarship Funds Requested (this is the total of all officers combined): \$ _____

Priority #: _____

Tuition Fee per Officer: \$ _____ Number of Officers Attending Class: _____ Total Tuition Cost: \$ _____

Hotel Name: _____ Rooms: _____ Cost Per Night: \$ _____

Total Hotel Cost: \$ _____ Airfare Total: \$ _____ Rental Car Total: \$ _____

Per Diem Rate: \$ _____ Number of Officers: _____ # of Days: _____ Per Diem Total: \$ _____

Number of Miles: _____ Rate Per Mile: _____ Total: \$ _____

Total Scholarship Funds Requested (this is the total of all officers combined): \$ _____

Total Cost of ALL Scholarships: \$ _____

Backfill Requested

(used for officer attending training or for officer filling in for another officer at training)

Priority #: _____

Name of Officer(s) at Training: _____

Date of Training: _____ Total Backfill Hours: _____ Per Hour Cost: \$ _____

Total Backfill Cost: \$ _____

Priority #: _____

Name of Officer(s) at Training: _____

Date of Training: _____ Total Backfill Hours: _____ Per Hour Cost: \$ _____

Total Backfill Cost: \$ _____

Total Cost of ALL Backfill: \$ _____

A Detailed Explanation Why In-Service Training Funds Are Being Requested:

If requesting a class for an individual(s); POST needs a statement below from the Chief Executive that the training will be used to fulfill the officer's in-service training hour's requirement. Please include the officer(s) name in the statement that will be going to the training.

(Chief Executive *signature*)

(Date)

I certify that the training equipment / online subscription described in this application and purchased with POST grant funds will be used for law enforcement training purposes. This equipment will be maintained and under the control of

(Agency Name)

(Chief Executive *signature*)

(Date)

******All required documents must be submitted at the same time to be considered for approval. Incomplete applications will not be reviewed. Application must be scanned and emailed to POST with the signature of the Chief Executive in the above box(s). Please submit completed applications to: postgrants@coag.gov.**

******For questions concerning this grant please contact:**

Robert Baker (In-Service Training Manager)

Email: robert.baker@coag.gov

(720) 508-6719

POST USE ONLY

Approved By: _____ Date: _____

Total Amount Approved: _____ Date Applicant Contacted and How: _____