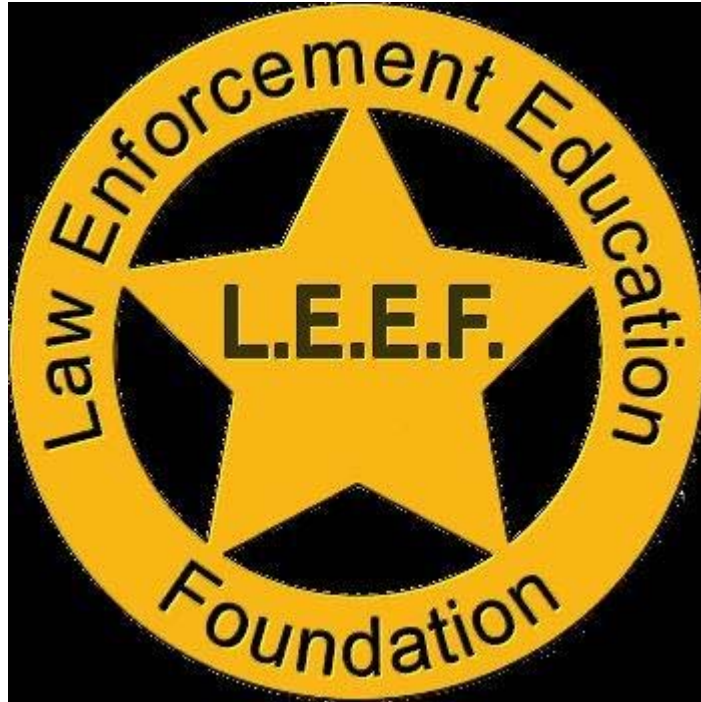


Law Enforcement Education Foundation Training Grant Application

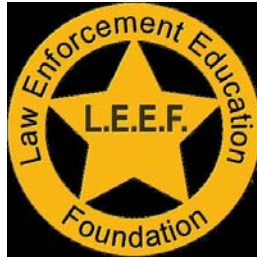


Grantee: _____

Date: _____

2120 Powers Ferry Road
Suite 125
Atlanta, GA 30339
<http://laweef.org>
770/836-1776
EIN # 45-5494053

(Revised 7/20)



Instructions for Completing an Application for a Law Enforcement Education Foundation Training Grant

Please provide the completed application for review by email to:

Jennifer Chambrin
Grant Applicant Coordinator
jennifer@laweef.org



Contact Information

1. Name and Address of Organization: _____

2. Contact Information:

a. Contact Name: _____

b. Contact Name Position: _____

c. Contact Email: _____

d. Contact Phone Number: _____

e. Contact Fax Number: _____

f. Contact Address: _____

g. Contact Website: _____

h. Organization's EIN: _____

3. Principal Officer or Director for this project.

a. Name: _____

b. Title / Position: _____

c. Email Address: _____

d. Phone: _____

4. Information about the Department

a. Size of Department _____

b. Number of Sworn Officers _____

c. Please attach an Organizational Chart.



Grant Information

1. Describe the type of training being requested (attach additional page if needed).

2. Is it anticipated or planned that matching funds will be available to supplement this grant request? If so, please describe the source and the amount.

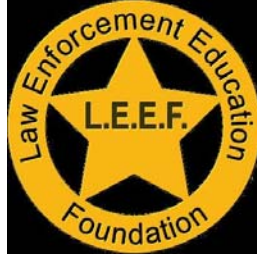
3. Has your department submitted an identical or similar grant request or application to any other government or non-government entity and if so, what is the status of such request(s)?

4. Who will be eligible for training? _____

5. How many trainees? _____

6. How will this training benefit your organization (attach additional page if needed)? _____

7. Please tell us how you found out about LawEEF Grants?



Authorization

I, _____, on behalf of _____, do attest that the Information in the above application to the Law Enforcement Education Foundation is true and correct and that any grant monies received shall be used solely for the purposes set forth in this grant application.

Name of Applicant

Signature of Applicant

Date of Application