



In-Service Grant Application

Updated: 7/2015

Peace Officer Standards and Training
1300 Broadway, 9th Floor
Denver, CO 80203
post@state.co.us
720-508-6721 FAX 866-858-7486

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)
Other (please explain below)

Training Equipment Requested: (submit detailed quote)

Product Name: _____
Model #: _____ Quantity: _____ Individual Item Cost: \$ _____
Total Cost: \$ _____
Product Name: _____
Model #: _____ Quantity: _____ Individual Item Cost: \$ _____
Total Cost: \$ _____

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

Provider : _____
Individual Officer Fee: \$ _____ Number of **Certified Officers** Employed by Agency: _____
Subscription Date (start and end): _____
Total Yearly Subscription Fee: \$ _____

Backfill Requested

Name of Officer(s) at Training: _____
Date of Training: _____ Total Backfill Hours: _____ Per Hour Cost: \$ _____
Total Backfill Cost: \$ _____

Training Requested: (hosting a class)

Course Title: _____ POST Course #: _____
Instructor Name: _____
Course Date(s) and Location: _____
Total Number of Hours: _____
Total Cost: \$ _____ *****All classes must be approved by POST and given a POST course number prior to hosting the class.

Scholarship Funds Requested: (submit training announcement)

Tuition Fee per Officer: \$ _____ Number of Officers Attending Class: _____ Total Tuition Cost: \$ _____
Hotel Name: _____ Total Rooms: _____ Cost Per Night (per officer): \$ _____
Total Hotel Cost: \$ _____ Airfare Total: \$ _____ Rental Car Total: \$ _____
Number of Officers Getting Per Diem: _____ Total Per Diem Days: _____ Per Diem Total: \$ _____
Total Miles: _____ Mileage Cost (miles X current state rate): \$ _____
Total Scholarship Funds Requested (this is the total of all officers combined): \$ _____

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 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).**

******For questions concerning this grant please contact:**
Robert Baker (In-Service Training Manager)
Email: robert.a.baker@state.co.us
(720) 508-6719

POST USE ONLY

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