



Peace Officer
Standards and Training

In-Service Continuing Ed Grant Application

Updated: 1/2016

Submit Completed Applications to:
postgrants@coag.gov

Total Funds Requested
\$ _____

Applicant Information

Agency Name: _____ Federal ID #: _____
Chief Executive Name: _____
Agency Mailing Address: _____
Phone #: (____) _____ - _____
Physical Address (if different): _____
Contact Person For This Grant: _____ Contact Phone #: (____) _____ - _____
Contact Email: _____

Type of Grant Funds Requested (select ALL that apply)

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 Request: (attach detailed quote)

Priority #: _____

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

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Total Cost: \$ _____

Total Cost of ALL Equipment: \$ _____

Training Request: (hosting a class-attach vendor quote)

Course Title: _____ POST Course #: _____
Instructor Name(s): _____
Course Date(s) and Location: _____
Total Number of Hours: _____
\$ _____

Online Training Subscription Request: (attach detailed quote)

Priority #: _____

Provider : _____

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

Subscription Period (start and end): _____

Total Yearly Subscription Fee: \$ _____

Priority #: _____

Provider : _____

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

Subscription Period (start and end): _____

Total Yearly Subscription Fee: \$ _____

Total Cost of ALL Online Subscriptions: \$ _____

Scholarship Funds Request: (attach training announcement)

Priority #: _____

Class Title: _____

Class Date(s): _____ Class Location (City & State): _____

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

Hotel Name: _____ # of Rooms: _____ Cost Per Night: \$ _____ # of Nights: _____

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

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

Total Number of Miles: _____ Rate per Mile(not to exceed \$.49): \$ _____ Total Mileage: \$ _____

Total Funds Requested for this Class (All officers combined): \$ _____

Priority #: _____

Class Title: _____

Class Date(s): _____ Class Location (City & State): _____

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

Hotel Name: _____ # of Rooms: _____ Cost Per Night: \$ _____ # of Nights: _____

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

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Class Date(s): _____ Class Location (City & State): _____

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Total Number of Miles: _____ Rate per Mile(not to exceed \$.49): \$ _____ Total Mileage: \$ _____

Total Funds Requested for this Class (All officers combined): \$ _____

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

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

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

Total Number of Miles: _____ Rate per Mile(not to exceed \$.49): \$ _____ Total Mileage: \$ _____

Total Funds Requested for this Class (All officers combined): \$ _____

Total Cost of ALL Scholarship(s): \$ _____

Backfill Request:

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

Priority #: _____

Name of Officer(s) at Training: _____

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

Total Backfill Cost: \$ _____

Priority #: _____

Name of Officer(s) at Training: _____

Date(s) 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 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).**

Questions? Please contact:
Robert Baker (In-Service Training Manager)
Email: robert.a.baker@coag.gov
(720) 508-6719

POST USE ONLY

Approved By: _____ Date: _____

Total Amount Approved: _____ Notification Sent to Grantee: _____ Date: _____ Via: _____