GRANT APPLICATION

Grant Number: FOSPF-2020(office use only)
Date:
Amount Requested: \$
Contact Name(s):
Division/Unit:
Mailing Address:
Phone Number:
E-mail Address:
Name of Program/Equipment requesting funding for:
Provide a brief description and the need for the program/equipment (use additional paper if needed):
Has this program/equipment previously been requested through the City budget? □YES □ NO If yes, please list the most recent date of submission and the result: If no, please explain the reason why it was not submitted:
What objectives will be accomplished if the funding is granted?
How can the foundation evaluate success if the funding is granted? (# of people served, objectives reached, surveys, etc.)
Please list and attach an itemized list for expenses or a quote from equipment manufacturer on vendor's letterhead (include shipping and handling costs).
Has your Commanding Officer (Captain and above) approved this request? □YES □ NO
Name of Commanding Officer (Captain and above):
Signature of Commanding Officer (Captain or above):

All grant requests should be accompanied by correspondence through your chain of command.

Please include ample justification for the items requested and an explanation of how it will be used. Note that among other aspects of our guidelines, consideration will be given as to how the grant fits within the mission of the Department as well as the current framework and deployment strategies. Divisions as<mark>sume responsibility to e</mark>nsure all items received are entered into City inventory.

> If you have any questions, comments or concerns, please contact Rene Arcemont at: friendsslidellpolicefoundation@gmail.com

> > Slidell, Louisiana

www.friendsofslidellpolicefoundation.org

ALL OUESTIONS MUST BE ANSWERED AND A QUOTE OR INVOICE OF COST ATTACHED.

SEND ALL PAPERWORK TO CHIEF OF POLICE FOR PROCESSING