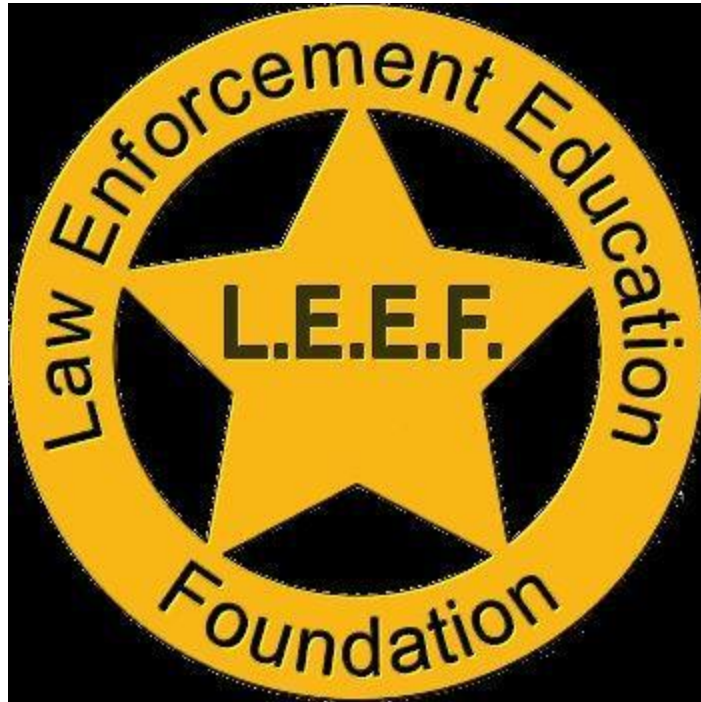
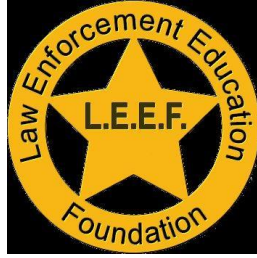


# Law Enforcement Education Foundation Line of Duty Grant Application



2120 Powers Ferry Road  
Suite 125  
Atlanta, GA 30339  
<http://thetruthaboutpolice.com/>  
478-CARRY-41  
EIN # 45-5494053

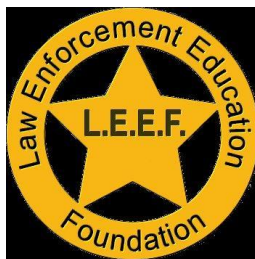
*(Revised 2/18)*



## **Instructions for Completing an Application for a Law Enforcement Education Foundation Line of Duty Grant**

Please provide the completed application for review by email to:

Derek Barr  
Grant Applicant Coordinator  
[derek@bobbarr.org](mailto:derek@bobbarr.org)



### **Contact Information**

1. Name of Officer or Personnel injured in the line of duty:

\_\_\_\_\_

2. Organization or branch of military for family member: \_\_\_\_\_

\_\_\_\_\_

3. Contact person in organization: \_\_\_\_\_

\_\_\_\_\_

4. Contact Name: \_\_\_\_\_

5. Contact Email: \_\_\_\_\_

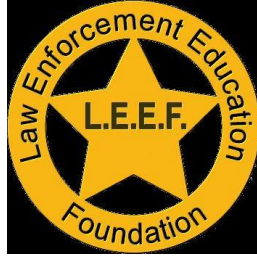
6. Contact Phone Number: \_\_\_\_\_

7. Contact Fax Number: \_\_\_\_\_

8. Contact Address: \_\_\_\_\_

\_\_\_\_\_

9. Contact Website (if applicable): \_\_\_\_\_



### **Grant Information**

1. Please provide full details of background for this Line of Duty grant request (attach additional page(s) if needed).

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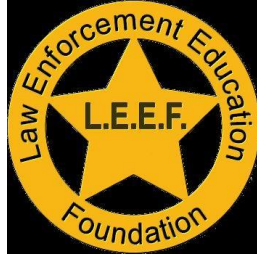
2. (Please attach supporting documents.)

3. What amount is being requested? \_\_\_\_\_

4. How will the grant be used?

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### Authorization

I, \_\_\_\_\_, on behalf of  
\_\_\_\_\_, do attest that the  
Information in the above application to the Law Enforcement Education Foundation  
is true and correct.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application