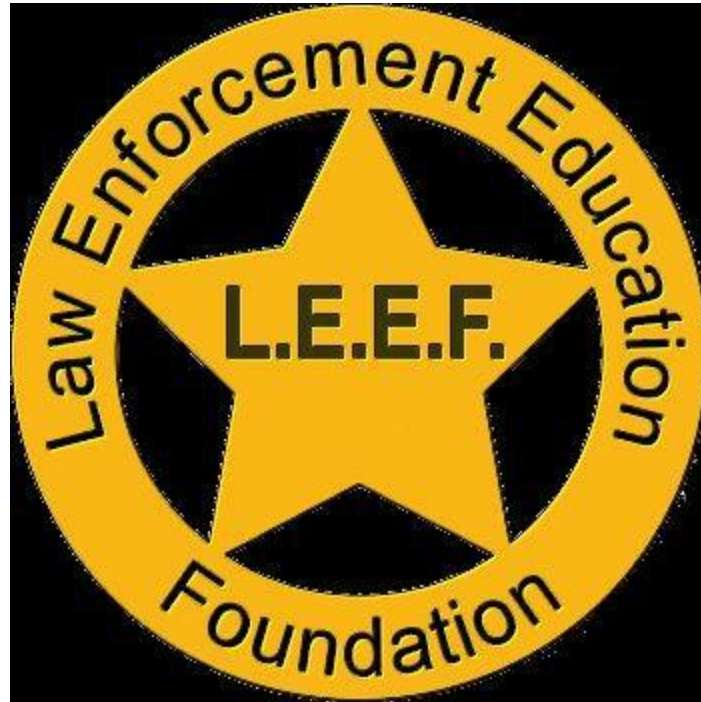
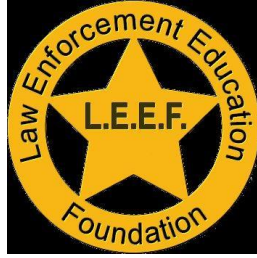


Law Enforcement Education Foundation Matching Funds Grant Application



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

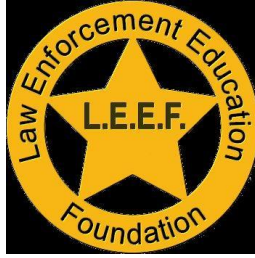
(Revised 2/18)



Instructions for Completing an Application for a Law Enforcement Education Foundation Matching Funds Grant

Please provide the completed application for review by email to:

Derek Barr
LEEF Grant Applicant Coordinator
derek@bobbarr.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: _____

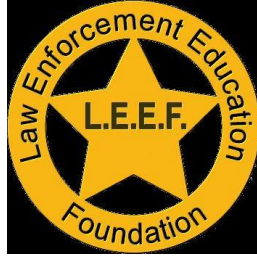
3. Principal Officer or Director for this project.

a. Name: _____

b. Title/Position: _____

c. Email Address: _____

d. Preferred Phone: _____



Grant Information

1. For what type of equipment are matching funds being sought? _____

2. What is the total cost of the equipment? _____

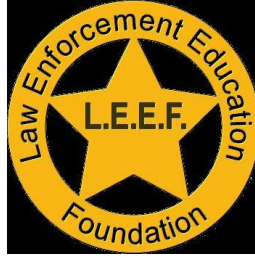
3. What are the source(s) from which additional funds are being sought? _____

4. How will the equipment be used? _____

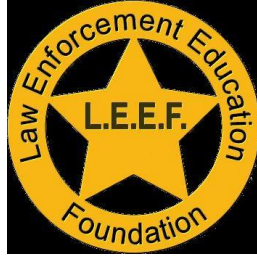
5. Who will use the equipment? _____

6. Will training be required for the equipment? _____

a. Is your organization applying for a training grant from the Law Enforcement Education Foundation? _____



7. In what way(s) will this equipment benefit your organization (attach additional page(s) if needed)?



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