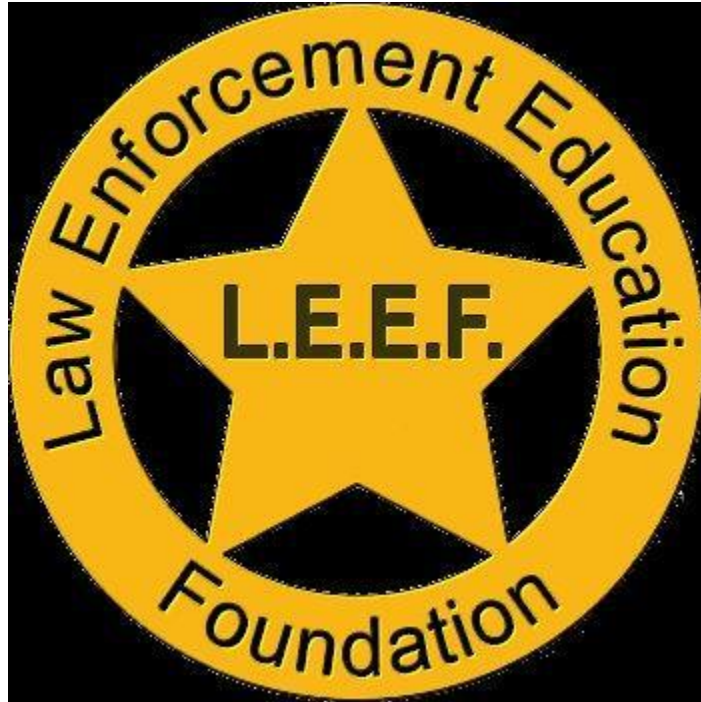
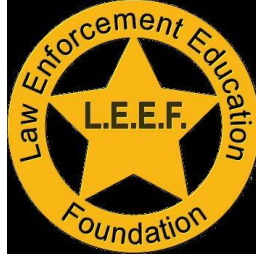


Law Enforcement Education Foundation Training Grant Application



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

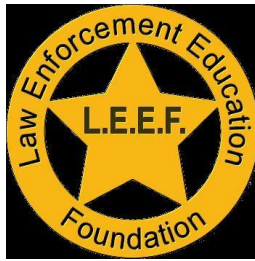
(Revised 2/18)



Instructions for Completing an Application for a Law Enforcement Education Foundation Training Grant

Please provide the completed application for review by email to:

Derek Barr
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: _____

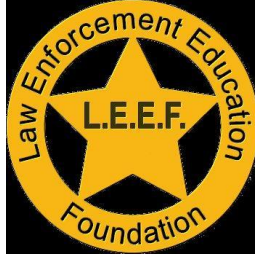
3. Principal Officer or Director for this project.

a. Name: _____

b. Title / Position: _____

c. Email Address: _____

d. Phone: _____



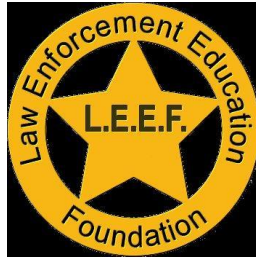
Grant Information

1. Describe the type of training being requested (attach additional page if needed).

2. Who will be eligible for training? _____

3. How many trainees? _____

4. How will this training benefit your organization (attach additional page 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