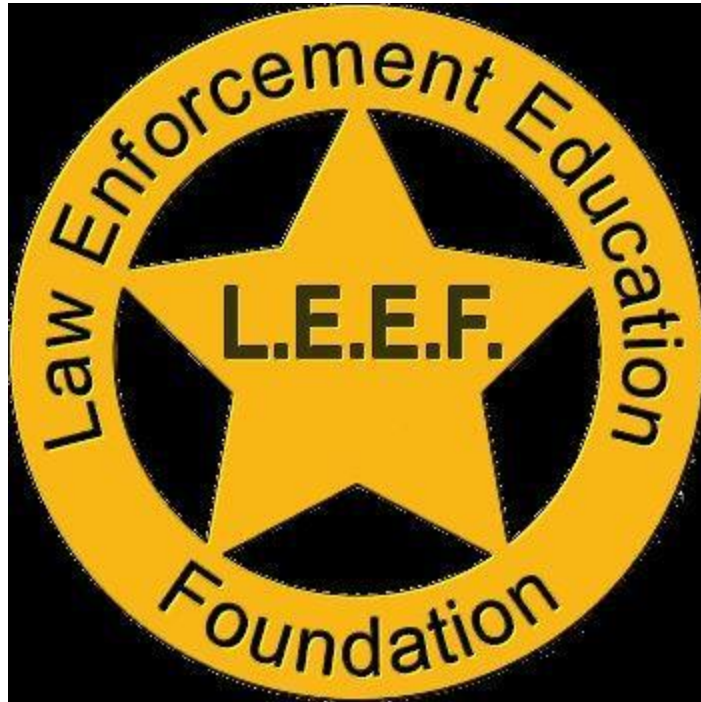
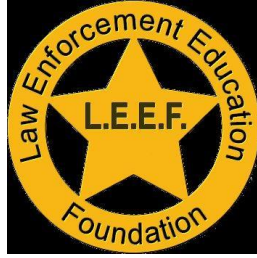


# Law Enforcement Education Foundation Matching Funds Grant Application



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

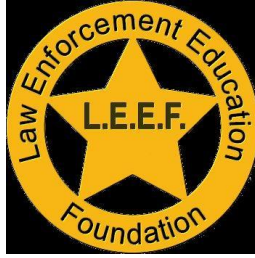
*(Revised 5/18)*



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

Please provide the completed application for review by email to:

Jennifer Chambrin  
LEEF Grant Applicant Coordinator  
[jennifer@laweef.org](mailto:jennifer@laweef.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: \_\_\_\_\_

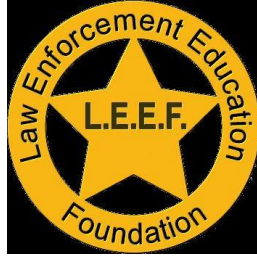
3. Principal Officer or Director for this project.

a. Name: \_\_\_\_\_

b. Title/Position: \_\_\_\_\_

c. Email Address: \_\_\_\_\_

d. Preferred Phone: \_\_\_\_\_



### Grant Information

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

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2. What is the total cost of the equipment? \_\_\_\_\_

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

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4. How will the equipment be used? \_\_\_\_\_

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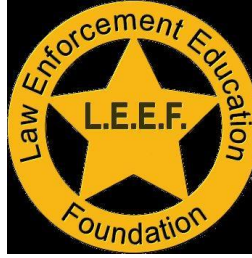
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5. Who will use the equipment? \_\_\_\_\_

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6. Will training be required for the equipment? \_\_\_\_\_

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



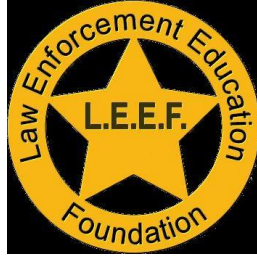
7. In what way(s) will this equipment benefit your organization (attach additional page(s) if needed)?

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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 and that any grant monies received shall be used solely for the  
purposes set forth in this grant application.

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

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

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