**Equipment and Training Grant Program Funding Application**

**PLEASE READ ALL INSTRUCTIONS CAREFULLY. Failure to properly complete the application, providing an incomplete budget, or a failure to submit the application by the deadline may result in disqualification.**

Please complete all fields in the application. Incomplete applications will not be accepted. Once completed, please print and sign the application.

**Application Submission**

Please submit completed applications to the address below via U.S. Mail. All submissions MUST include the words “Grant Funding Application” on the outside of the envelope. All requests for funding must be postmarked no later than 4:30pm on January 31, 2020.

Iowa Team B.L.U.E.

ATTN: GRANT FUNDING APPLICATION

P.O. Box 252

Johnston, IA 50131

**Questions**

Submit questions regarding the application or the process to [iowateamblue@outlook.com](mailto:iowateamblue@outlook.com).

**Section One: Applicant Information**

**Contact Name:** Insert Contact Name

**Department Name:** Insert Department Name

**Department Address:** Insert Department Address

**Department Phone:** Insert Department Phone

**Department Approval:** Insert name of person authorized to approve receipt of funding

**Section Two: Project Overview**

**Type of Project:** Select Individual or Agency

**Funding Category:** Select Category

**Section Three: Description of Project**

**Project Goal:**

Describe the overall goal of the project. For example, “Enhance officer safety by increasing visibility at accident scenes”.

**Project Needs:**

Describe the equipment that will be purchased and/or the training that will be provided to achieve the project goal.

**Section Four: Project Impact**

**Officer Safety:**

Describe how the project will enhance officer safety

**Scope of Project Impact:**

Describe the scope of the project. Will this project benefit one officer, all officers in a specific department, or all officers in a county?

**Section Five: Funds Requested**

**Total Funds Requested:** Insert total dollar amount requested.

**Line Item Budget**

|  |  |  |
| --- | --- | --- |
| **Item Description** | **Item Type** | **Cost** |
| Item Description | Choose category | Item Cost |
| Item Description | Choose category | Item Cost |
| Item Description | Choose category | Item Cost |
| Item Description | Choose category | Item Cost |
| Item Description | Choose category | Item Cost |
|  | **Total** |  |

**Section Six: Additional Information**

Please feel free to submit additional information that may help the Funding Advisory Committee determine if your project will be funded. This information should be included in the envelope with your application.

**Section Seven: Certification/Signature**

By signing and submitting this application, the applicant is certifying and confirming the following:

1. The applicant is a certified law enforcement officer or reserve peace officer as defined in Iowa Administrative Code Section 501.

2. The applicant is currently affiliated with an Iowa law enforcement agency.

3. All aspects of the project (equipment, training, etc) have been approved by a department official with the authority to do so (department head or training officer).

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.