



2009 GRANT APPLICATION

Grant Number _____ - _____ (office use only)

Date: _____ Amount Requested: \$ _____

Contact Name(s): _____

Department/Unit: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Name of Program/Equipment requesting funding for: _____

Provide a brief description and the need for the program/equipment (use additional paper if needed):

Has this program/equipment previously been requested through the city budget? YES NO

If yes, please list the most recent date of submission and the result. _____

If no, please explain the reason why it was not submitted. _____

What objectives will be accomplished if the funding is granted?

How can the foundation evaluate success if the funding is granted?(# of people served, objectives reached, surveys, etc.)

Please list or attach an itemized list for expenses or a quote from equipment manufacturer on vendor's letterhead.

Has your commanding officer approved this request? YES NO

Name of commanding officer: _____

Signature of commanding officer: _____

Send completed grant application form by fax (213) 489-4697 or email bryan@lapolicefoundation.org or call Beth Ryan at (213) 489-4636 with any questions, comments or concerns.