

**LOS ANGELES POLICE FOUNDATION
GRANT APPLICATION**

Request Number ___ - _____

DATE: _____ **AMOUNT REQUESTED:** _____

DEPARTMENT / UNIT: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

NAME OF PROGRAM / EQUIPMENT: _____

BRIEF DESCRIPTION OF PROGRAM OR EQUIPMENT:

WHAT IS THE SPECIFIC NEED FOR THIS PROGRAM / EQUIPMENT?

HAS THIS PROGRAM / EQUIPMENT BEEN PREVIOUSLY REQUESTED THROUGH THE CITY BUDGET?

YES

NO

IF YES, PLEASE LIST THE MOST RECENT SUBMISSION DATE FOR CITY BUDGET CONSIDERATION.

WHAT OBJECTIVES WILL BE ACCOMPLISHED IF THE FUNDING IS GRANTED?

**HOW CAN THE FOUNDATION EVALUATE SUCCESS IF THE FUNDING IS GRANTED?
(NUMBER OF PEOPLE SERVED, ANTICIPATED OUTCOME, ETC.)**

**PLEASE LIST OR ATTACH AN ITEMIZED LIST FOR PROGRAM EXPENSES OR,
A QUOTE FROM EQUIPMENT MANUFACTURER, ON MANUFACTURER'S LETTERHEAD.**

ADDITIONAL INFORMATION:

SIGNATURE OF COMMANDING OFFICER _____