



## 2023 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 many officers will be impacted with this grant?

How will the community be impacted by this grant?

Describe the short-term outcome and long-term impact you anticipate within the Department and in the community it serves as result of this grant.

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: \_\_\_\_\_

For questions, comments, or concerns, contact Jacqui McAndrews at (213) 489-4636 or email [jacqui@supportlapd.org](mailto:jacqui@supportlapd.org).