

**Professional Development Fund (PDF) Grant Application FY17**

**COVER SHEET:**

Agency: \_\_\_\_\_

Agency Head: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ MD Zip code: \_\_\_\_\_

Name of Person Completing Application: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ MD Zip code: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Federal Identification Number (FEIN): \_\_\_\_\_

Mailing Address for FEIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

**If a state agency or other payee eligible for R\*Stars, R\*Star number: \_\_\_\_\_**

**All fields on the Cover Sheet are MANDATORY any form submitted that does not include the information requested above will be returned as incomplete. Grant requests will not be considered unless a COMPLETE application has been submitted.**

**Professional Development Grant (FY 2018)  
Application**

To apply for a Professional Development Grant, please complete each section of the application. Should you need assistance with the application, please contact Jennifer Beskid at 410-875-3525, Monday through Friday from 8:30 a.m. – 3:30 p.m.

1. **In 3-5 sentences, describe the program or initiative for which the funds will be utilized.**

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- a. Describe the critical need this program will address.

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- b. Explain how this program will enhance public safety.

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- c. List the primary objectives for the program or initiative.

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Funding will be granted to those applicants demonstrating strict adherence to the established criteria.

**Professional Development Grant (FY 2018)  
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d. List any partner agencies.

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**2. Describe the goal of the program and how this goal will be accomplished as the result of an award of funds.**

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**3. Describe the target audience for the program.**

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a. Positions, ranks of participants.

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b. Number of attendees.

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**4. Explain the long-term benefits of the program/initiative to be funded.**

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- a. Describe the impact of attendees' participation on public safety in Maryland and surrounding states (if applicable).

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- b. If the program is training for trainers, describe the plans to implement the training in Maryland and surrounding states (if applicable).

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- c. If the program is training for trainers, provide a timeline and estimates for when the training will be implemented and approximately how many students it will serve.

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**5. Include a detailed budget for the project to include:**

<b>Personnel:</b>
<b>Travel:</b>
<b>Meals:</b>
<b>Break-out Room(s)/Other Space:</b>
<b>Training Related Equipment/Supplies (do not include gifts or tokens):</b>
<b>Contractual Services (honorariums, stipends, etc.). Please note an agreement or MOU should be provided with the application:</b>
<b>Other – use this space to describe any additional funds to be requested and a justification for these funds:</b>

**TOTAL AMOUNT REQUESTED: \$**\_\_\_\_\_

Funding will be granted to those applicants demonstrating strict adherence to the established criteria.