

**Maryland Police & Correctional Training Commissions
Professional Development Fund (PDF)
Grant Application FY22**

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: _____

Additional authorized person who may discuss/receive information/make changes to this grant:

Title of Project: _____

Date Submitted: _____

Federal Identification Number (FEIN): _____

Mailing Address for FEIN (as it appears on the W-9 form): _____

Total Amount Requested: \$ _____

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

**Professional Development Grant (FY 22)
Application**

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.

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 (717) 574-1076, 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.**

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

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

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

- d. List any partner agencies.

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

**Professional Development Grant (FY 22)
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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.

3. Describe the target audience for the program.

a. Positions, ranks of participants.

b. Number of attendees.

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).

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

- 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.

Training Name	Date offered (approximate)	Estimated Number of Students Trained	Open to other agencies (Yes or No)

5. Include a detailed budget for the project to include (space will expand):

Personnel (Names of staff/rank of personnel utilizing training funds):
Travel (airfare, hotel, mileage, car rental, or other transportation paid with grant funds):
Break-out Room(s)/Other Space that will be paid by grant funds:
Training Related Equipment/Supplies (do not include gifts or tokens) paid for by the grant:
Contractual Services (honorariums, stipends, etc.). Please note an agreement or MOU should be provided with the application:
Other – use this space to describe any additional funds to be requested and a justification for these funds:
Catering will NOT be funded under this grant (per diem can be included for those in travel status)

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TOTAL AMOUNT REQUESTED: \$ _____

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