

**Maryland Police & Correctional Training Commissions  
Professional Development Fund (PDF)  
Grant Application FY23**

**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 23)  
Application**

**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.**

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

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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:**

<b>Personnel (Names of staff/rank of personnel utilizing training funds):</b>
<b>Travel (airfare, hotel, mileage, car rental, or other transportation paid with grant funds):</b>
<b>Break-out Room(s)/Other Space that will be paid by grant funds:</b>

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<b>Training Related Equipment/Supplies (do not include gifts or tokens) paid for by the grant:</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>
<b>Catering will NOT be funded under this grant (per diem can be included for those in travel status)</b>

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