



## APD GRANT APPLICATION

Grant ID#: \_\_\_\_\_  
Foundation Use Only

Application Date: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Name of Program/Equipment/Project Requested: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Indicate appropriate Atascadero Police Foundation value (select all that apply):**

- Advocacy & Awareness: Serve as a bridge between law enforcement and the community, advocating for community policing strategies, collaborating on crime prevention strategies and facilitating dialogue to address community concerns.
- Recognition of Excellence: Recognize and honor outstanding public safety achievements and exemplary service of public safety personnel and community members, fostering a culture of appreciation and motivation.
- Advancement of Public Safety: Supply financial support for training, equipment, and programs to equip local public safety in addressing current challenges and fostering innovation to address future needs.
- Education: Provide scholarships and resources to expose the next generation to career opportunities in public service, encourage their academic success, and become active contributors to their community.
- Youth Development: Empower youth to thrive through programs focused on leadership development and skill-building in safe, healthy and inclusive environments.
- Community Relations: Build trust and foster positive relationships between public safety and community members through outreach programs, youth sports, and community events.

Provide a brief description of the request and the need:

Please attach an itemized budget for expenses or an official quote/estimate from a vendor if available.




# ATASCADERO

POLICE FOUNDATION

Has this request been previously submitted through the city budget?

YES: please list the most recent date of submission and outcome: \_\_\_\_\_  
\_\_\_\_\_

NO: please explain why it was not submitted: \_\_\_\_\_  
\_\_\_\_\_

How many APD employees will be impacted with this grant (if applicable)? \_\_\_\_\_

For Equipment: What is the lifespan (# of uses/ days/years etc.)? \_\_\_\_\_

What are the ongoing costs for maintenance or upkeep? How will this be funded? \_\_\_\_\_  
\_\_\_\_\_

What objectives will be accomplished if the funding is granted? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chain of Command Acknowledgement:

Applicant's Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Chief of Police Approval:  YES  NO

Chief of Police Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office of the Chief of Police:**  
Please submit grant application and all supplemental materials to:

Atascadero Police Foundation  
apotts@atascaderopolicefoundation.org

**APF BOARD USE ONLY:**

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Approved: Amount: \_\_\_\_\_

Declined: Reason: \_\_\_\_\_  
\_\_\_\_\_

Applicant Notified: \_\_\_\_\_