OH 101015

Ivanic.	Beth Hart	Dept: APD		Phone: 410-263-7979		
This is a req	uest to review, approve, and other Approve Grant					
Grant title:	Specialized Training fo	r the Annapolis Pol	ice Department			
Grantor:	Bureau of Justice Assi	Bureau of Justice Assistance				
Atte	estation: Match is <i>not</i> require Match is required. I		in the form of ¹			
	I attest that this asse	t has been approv	ed/appropriated	in ²		
	Department Dire	otov signotuvo		of .	7//2/1/ Date	
Routing		Initials	Date In Out	Comments		
v origin	nating Dept Director					
	nating Dept Director	NOP _	9/12			
Gran		NOP _	4/12 1/15 9/15			
Grand	ts Coordinator	NOP BM 9	9/15 15 9/15	-øk		
Grand Finar City	ts Coordinator	NOP BM 9	4/12 15 9/15			
Grand Finar City	ts Coordinator nce Director Attorney Manager	NOP 9		ok		
Grand Finan City City Mayo	ts Coordinator nce Director Attorney Manager	NOP BM 9	9/12 15 9/15	- OK		
Grand Finar City City Mayo	ts Coordinator nce Director Attorney Manager	NOP	4 12 15 9 15	- OK		

GRANT Briefing Document, continued

Provide a short narrative. Include:

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-program description	- purpose of funds	- due dates
-grant period	-amount of request or award	
-special features, e.g., environme	ental impact implications, notarizat	ion required

The Bureau of Justice Assistance has awarded the Annapolis Police Department an allocated grant for Specialized Training for \$16,560.00. The grant period is from 10/1/2013 to 9/30/2015. The grant will be used for training purposes for officers and civilian personnel.

¹ Examples: cash match, equipment loan, staff salaries, volunteer time, contribution from non-City agency.
² Examples: FY... Operating Budget, a memorandum of understanding, City Council resolution/ordinance.

GRANT BUDGET FORM

9/4/2014

Grant Title	Specialized Train	ing for the Anr	napolis Police Depa	artmen						
Grant Award (\$)	16,560.00		Originating De	partment(s):	Police Department					
			Dept Contact	pt Contact (Name/Phone): Beth Hart ext. 7979						
Revenue Source										
Expanditure Account	Federal	State	Local (Matching)	Other	Total per Expend, Type	Comments				
Salaries		The state of the s	The second secon	- 374	0.00	THE PARTY CONTRACTOR STATE AND ADDRESS OF THE PARTY OF TH				
Benefits					0.00					
Overtime					0.00					
Supplies					0.00					
Telephone					0.00					
Electricity					0.00	V-11				
Fuel and Oil					0,00					
Training & Education	16,560.00				16,560.00					
R & M - Equipment					0.00					
Special Programs					0.00					
Contract Services					0.00					
Capital Outlay					0.00					
other (fill-in)					0.00					
other (fill-in)					0.00					
other (fill-in)					0.08					
other (fill-in)					0.00					
other (fill-in)				·	0.00					
other (fill-in)					0.00					
Total	18,580.00	0.00	0.00	0.00	16,560.00					
Mey	be different from Grant A	TOTAL I	EXPENDITURES*;[_ a match requirement	16,56	0.00					
X Match is not required	t		a materi redescritoria							
Department Director Signature/Date				Department						
Match is required. Mat	ch will be met in the	form of (1)								
I allest that this asset has	been approved/app	roprialed in ⁽²⁾								
Department Director Sig		Deparlment								
COMMENTS:										
						<u></u>				
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⁽¹⁾ Examples (Include dollar amounts if applicable): Cash meloh, equipment toan, stalf salaries, voluntear time, contribution from non-City agency.
(2) Examples: FY __ operating budget, a memorandum of understanding, City Council resolution/ordinance.