



Peace Officer
Standards and Training

Interagency Backfill Program Grant Application

Created: 11/2018

Total Funding Request

\$ _____

Submit Completed Applications to: postgrants@coag.gov

Applicant Information

Agency Name: _____ Chief Executive Name: _____

Agency Mailing Address: _____

Phone #: (____) ____ - ____

Physical Address (if different): _____

Contact Person For This Grant: _____ Contact Phone #: (____) ____ - ____

Contact Email: _____

Name of Agency Providing Backfill: _____ Contact Name: _____

Contact Phone #: (____) ____ - ____ Contact Email: _____

Backfill Request

Backfill can only be used to compensate officers that are providing coverage for another officer to attend training.

Total Backfill Request: \$ _____

Lodging Funds Request: (Officer Providing Backfill)

Hotel Name: _____ Cost Per Night: \$ _____ # of Nights: _____

Total Hotel Cost: \$ _____

Mileage Reimbursement Request: (Officer Providing Backfill)

Reimbursement Rate (per mile): \$ _____ # of Miles Traveled: _____

Fleet vehicle: \$0.256 Personal vehicle: \$0.49 (circle one)

Total Mileage Cost: \$ _____

Please Provide a Detailed Explanation Why Backfill Funds Are Being Requested:

*****All required documents must be submitted at the same time to be considered for approval. Incomplete applications will not be reviewed. Application must be scanned and emailed to POST and must include the signature of the Chief Executive for your agency.**

*****For questions concerning the POST Interagency Backfill Program please contact:**

Kimberly Hernandez, Grant Manager

Email: kimberly.hernandez@coag.gov

(720) 508-6682

POST USE ONLY

Approved By: _____ Date: _____

Total Amount Approved: _____ Date Applicant Contacted and How: _____