Interagency Backfill Program
Grant Application

Revised: 7/2022

Peace Officer Standards and Training

Total Funding Request
$ 0

Submit Completed Applications to: post.grants@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: $ 0

Mileage Reimbursement Request: (Officer Providing Backfill)

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

_____ Fleet vehicle: $0.454   Personal vehicle: $0.56   (circle one)

Total Mileage Cost: $ 0

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: _____