

Central Pennsylvania Chiefs of Police Association
FUNDING FOR TRAINING REQUEST FORM

1. CONTACT INFORMATION:

NAME OF REQUESTOR:

AGENCY:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:

E-MAIL:

TODAYS DATE:

2. IS YOUR AGENCY A MEMBER OF CENTRAL PENNSYLVANIA CHIEFS OF POLICE (CPCPA)?

3. TYPE OF TRAINING BEING OFFERED (Include course title, basic course description, and instructor(s):

4. DATE(S) OF TRAINING AND TOTAL COURSE HOURS:

5. LOCATION OF TRAINING:

6. MAXIMUM CLASS SIZE:

7. TOTAL ANTICIPATED COST OF TRAINING:

8. AMOUNT OF FUNDING BEING REQUESTED FROM CPCPA):

9. OTHER SOURCES IN WHICH FUNDING HAS BEEN REQUESTED (Include each agency, amount requested, and decision on request, if known):

10. DO YOU ANTICIPATE CHARGING A FEE FOR PERSONS TO ATTEND THIS TRAINING COURSE?

11. IF FUNDING IS APPROVED FROM CPCPA, DO YOU AGREE TO THE FOLLOWING:

A. THAT A STATEMENT RECOGNIZING THE CPCPA WILL BE PLACED ON ANY PUBLICITY MATERIAL CREATED AS A RESULT OF THE TRAINING;

B. THAT THE CPCPA WILL BE VERBALLY RECOGNIZED AT THE TRAINING COURSE; AND

C. THAT A ROSTER WILL BE FORWARDED TO CPCPA WITHIN TWO (2) WEEKS OF COMPLETION OF THE COURSE FOR THE ISSUANCE OF TRAINING CERTIFICATES?

_____ YES _____ NO

“Funding For Training Request Form” must be submitted at least two (2) weeks prior to a regularly scheduled Executive Board meeting of the CPCPA. Completed forms are to be mailed, e-mailed, or faxed to the following:

**Chief David C. Eshbach
CPCPA Training Chairman
Springettsbury Township Police Department
1501 Mt. Zion Road
York, PA 17402
E-MAIL: deshbach@springettsbury.com
FAX: (717) 505-0470**