1. **Grant Number:**
2. **Date of Training:**
3. **Training Course:**
4. **Person Attending:**
5. **Please place a check by the training you are requesting:**

**IMPAIRED DRIVING (ID) PROGRAMS**

* Datamaster DMT
* SFST
* ARIDE
* DRE Training and Recertification
* Prosecuting the Impaired Driver: Preparing for the Trial of a DUI Case
* Don't Fear the Darkside & DUI Building Blocks

**POLICE TRAFFIC SERVICES (PTS) PROGRAM**

* Datamaster DMT
* SFST
* Speed Measurement Device Operator
* Traffic Collision Investigation – At Scene–Phase I
* Traffic Collision Investigation – Technical–Phase II
* Traffic Collision Investigation – Reconstruction – Phase III
* Prosecuting the Impaired Driver: Preparing for the Trial of a DUI Case
* DRE Training and Recertification
* ARIDE
* Don't Fear the Darkside & DUI Building Blocks
* National Child Passenger Safety Certification

**PROSECUTORIAL PROGRAMS**

* SFST
* Lethal Weapon DUI Homicide
* Prosecuting the Impaired Driver: Preparing for the Trial of a DUI Case
* Don't Fear the Darkside & DUI Building Blocks
1. **Other Training/Conference:** Please attach agenda or course description that includes the cost of registration or any other fees from the Course Provider

**Name of Course:**

**Course Summary/Description:**

**Location**

**Date(s):**

**Justification for Attendance:**

**Cost of Course:**

**Registration Amount:**  Notes:

**Travel Amount\*:**  Notes:

 \* List type of travel and cost details per person (airfare, ground transportation, parking, and mileage)

**Meals or State Per Diem Amount:**  Notes:

**Lodging Amount\*:**  Notes:

\*The amount cannot exceed current approved GSA lodging rate of location. For more information, see [Per Diem Rates.](https://www.gsa.gov/travel/plan-book/per-diem-rates)

**List number of rooms, number of nights, and room rate:**

**Total Estimated Cost:**

7. **Signature:**

Project Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**FOR STATE USE ONLY:**

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

Request Status: 🗌 Approved 🗌 Denied

Grants Administration Accountant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highway Safety Grant Program Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_