

**STANDARD AND TRAINING COMMISSION  
LAW ENFORCEMENT TRAINING  
GRANT APPLICATION**

State Fiscal Year \_\_\_\_\_

Date Submitted \_\_\_\_\_

**Section I General Information**

A) Training Class Title \_\_\_\_\_ Proposed Training Date \_\_\_\_\_

B) Host Agency

Department \_\_\_\_\_

Address \_\_\_\_\_

Address

City

State

Zip

C) Liaison Officer (Person responsible for implementing the grant)

Name \_\_\_\_\_

Telephone (W) \_\_\_\_\_ (C) \_\_\_\_\_

Signature \_\_\_\_\_

D) Authorizing Official (Person having budget approval authority)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone(W) \_\_\_\_\_ (C) \_\_\_\_\_

Signature \_\_\_\_\_

E) Vendor Contact information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

This application is submitted with the understanding that any funding provided as a result is subject to applicable State Laws, Rules, and Regulations, which are available upon request.

## Section II Task Information

**Summary** -- Clearly summarizes the request:

A) **Problem Statement or Needs Assessment:** Documents the needs to be met or problems addressed by the proposed task. Includes a survey of departments showing interest in attending the proposed course, lists the minimum and maximum number of participants who may attend the course and gives an overview of the company/vendor for the proposed training.

B) **Training Objectives:** Establishes the benefits of the training in measurable terms;

C) **Methods:** Describes the activities to be utilized to achieve the desired results;

D) **Evaluation:** Presents a plan for determining the degree to which the training objectives are met and methods are followed;

E) **Budget Detail:** Clearly outlines costs to be incurred by the source of funding.

## Section III Budget Summary

### Amount Proposed

| Object of Expense    | Description | Local | State | Total |
|----------------------|-------------|-------|-------|-------|
| Personal Services    |             |       |       |       |
| Contractual Services |             |       |       |       |
| Equipment            |             |       |       |       |
| Other Cost           |             |       |       |       |
| Other Direct Cost    |             |       |       |       |
| Other Indirect Cost  |             |       |       |       |
| Total                |             |       |       |       |

As you plan with your vendor, please share the information on the following page about the State-required Insurance.

## 7. INSURANCE:

At all times during the term of this Agreement, Contractor shall obtain and maintain in force insurance coverage of the types and with the limits as follows:

### A. Commercial General Liability Insurance:

Contractor shall maintain occurrence-based commercial general liability insurance or equivalent form of coverage with a limit of not less than one million dollars (\$1,000,000) for each occurrence. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two times the occurrence limit. The insurance policy shall name the State of South Dakota, its officers and employees, as additional insureds, but liability coverage is limited to claims not barred by sovereign immunity. The State of South Dakota, its officers and employees, do not hereby waive sovereign immunity for discretionary conduct as provided by law.