

APSC FUNDING ASSISTANCE REQUEST

Provide detailed information regarding your funding request below

Date of Request: _____

Requesting Agency: _____

Name/Title of Person Completing this Form: _____

Phone/E-mail of Person Completing this Form: _____

Fill in all blanks below!	
AMOUNT REQUESTED:	\$ _____
SPECIFIC USE OF FUNDING:	_____
NAME/LOCATION/DATES (if training course):	_____
Specify name and mailing address that the state warrant should be made payable to (individual or agency): _____	
Additional Information: _____	
Agency Head Signature/Date: _____	

APPROVED:

NOT APPROVED: Reason: _____

Kelly Alzaharna, Training Coordinator: _____ DATE: _____

MAIL or EMAIL TO:

Alaska Police Standards Council
PO Box 111200 – Juneau, AK 99811-1200
Phone: 907-465-6296
kelly.alzaharna@alaska.gov