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| --- | --- |
| Fallen K9 Name and Department | Enter text here |
| Police Chief, K9 Handler, and Mayor/Town Administrator | Chief:  K9 Handler:  Mayor/Town Administrator: |
| Date of fallen K9’s last callout and date of death | MM/DD/YYYY-MM/DD/YYYY |
| Cause of Death | Enter text here |
| Factual description of final callout | Enter text here |
| New K9 Training | Describe the training the new K9 will receive (e.g. patrol, narcotics, explosive detection), the source of training funding, and the department’s anticipated time line for attending training. |
| Media Coverage Links | Enter links here |
| Who may the Foundation contact for more information? | Name, title, phone number, email address |

FALLEN K9 GRANT APPLICATION