

REQUEST FOR LETTER OF SUPPORT
CHICAGO POLICE DEPARTMENT
GRANTS SECTION/RESEARCH & DEVELOPMENT DIVISION

NAME OF PERSON SUBMITTING REQUEST		TITLE		
UNIT NAME	UNIT NO.	BELL	PAX	
NAME OF AGENCY REQUESTING SUPPORT			TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE	
NAME OF AGENCY CONTACT PERSON		DATE AGENCY NEEDS LETTER OF SUPPORT		

ATTACHMENTS NOTE: The agency's grant proposal and budget are required. A draft letter is optional.

- PROPOSAL : THIS IS FINAL BUDGET: THIS IS FINAL
 DRAFT DRAFT
 DRAFT LETTER

- LETTER IS TO BE SIGNED BY SUPERINTENDENT
 COMMANDER
 OTHER (PLEASE SPECIFY) _____

DO NOT WRITE BELOW THIS LINE. THIS SECTION IS FOR RESEARCH & DEVELOPMENT USE ONLY

NAME OF ANALYST ASSIGNED	STAR NO./EMPLOYEE NO.	DATE ASSIGNED
DATE OF FINAL DECISION	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED