**LFSTP applications must be submitted with a lesson plan in order to be considered for funding.** Applicant agencies may submit their own plan or utilize this template.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Local Firearms Safety Training Program (LFSTP) Course Lesson Plan** | | | | |
| **Agency Name:** | Click or tap here to enter text. | | | |
| **Course Title:** | Click or tap here to enter text. | | | |
| **Course Length:** | Click or tap here to enter text. | | | |
| **Prepared By:** | Click or tap here to enter text. | **Approved By:** | Click or tap here to enter text. | |
| **Date Prepared:** | Click or tap here to enter text. | **Date Approved:** | Click or tap here to enter text. | |
|  | | | | |
| **Agenda** | | | | **Hours** |
| **Location: Classroom**  **Address:** Click or tap here to enter text.   1. **Topic(s):** Click or tap here to enter text.   **Grant-Funded Materials:** Click or tap here to enter text.   1. **Topic(s):** Click or tap here to enter text.   **Grant-Funded Materials:** Click or tap here to enter text.   1. **Topic(s):** Click or tap here to enter text.   **Grant-Funded Materials:** Click or tap here to enter text. | | | | # of Hours |
| **Location: Gun Range**  **Address:** Click or tap here to enter text.   1. **Hands-On Training:** Click or tap here to enter text.   **Grant-Funded Materials:** Click or tap here to enter text. | | | | # of Hours |
| **Location: Range Simulator**  **Address:** Click or tap here to enter text.   1. **Hands-On Training:** Click or tap here to enter text.   **Grant-Funded Materials:** Click or tap here to enter text.*.* | | | | # of Hours |