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| --- | --- |
| **Proposed Public Firearms Safety Training Class Schedule** | |
| **Agency and Class Information:** | |
| **Applicant Agency Name:** | Click or tap here to enter text. |
| **Training Agency Name:** | Click or tap here to enter text. |
| **Estimated # of Participants:** | Click or tap here to enter text. |
| **Estimated # of Instructors:** | Click or tap here to enter text. |
| **Instructor/Participant Ratio:** | Click or tap here to enter text. |
| **Anticipated Training Location:** | Click or tap here to enter text. |
|  | |
| **Proposed Training Dates (minimum of four):** | |
| 1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. 4. Click or tap here to enter text. 5. Click or tap here to enter text. 6. Click or tap here to enter text. 7. Click or tap here to enter text. 8. Click or tap here to enter text. 9. Click or tap here to enter text. 10. Click or tap here to enter text. 11. Click or tap here to enter text. 12. Click or tap here to enter text. | |

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