



The Law Enforcement Family Support Program Training and Technical Assistance Program

2022 Application

The International Association of Chiefs of Police (IACP) is seeking applications from law enforcement agencies committed to improving officer and family wellness. The **Law Enforcement Family Support Program Training and Technical Assistance (TTA) Program** will equip officers, departments, and families with TTA to establish and/or enhance family wellness, engagement, and support programs. The objectives of this program are to:

- Empower law enforcement and families to work together to manage healthy lifestyles
- Create a family-centric environment in an agency
- Improve officer retention and job satisfaction

Through tools and resources facilitated by Subject Matter Experts (SME's), agencies will learn about the importance and benefits of having positive family engagement and how it plays a crucial role in the well-being of officers and their families. Technical assistance will incorporate foundational considerations such as department policies, structure, and format. Targeted TTA will include bi-weekly guidance and training on:

- Developing a successful virtual and/or in-person family support program
- Creating and maintaining an effective program budget
- Marketing strategies and techniques to engage potential members (law enforcement and police families) and key stakeholders
- Navigating pitfalls and challenges when starting a program
- Creating a welcoming environment for law enforcement families

Application Process

1. Provide responses to all questions on the attached application, including Executive level sign-off.
2. Email your completed application to osw@theiacp.org.
3. Applications are due no later than **January 19, 2022**.

Please visit the [IACP Officer Safety and Wellness](#) page for more information and additional officer family wellness resources. For questions regarding your application, please contact Hope Miller, IACP Project Assistant, at miller@theiacp.org or 703-647-7284.



DEPARTMENT INFORMATION

Department:		Agency Type:
Population size:		# Sworn Officers:
Primary Point of Contact's Name:		Title or Rank:
Depart. Address:		City:
State/Prov.:	Postal Code:	POC Phone:
Agency Website:		POC Email:

APPLICATION QUESTIONS

If selected, what section of your agency will oversee this project? (Is this person different than the application POC?) Who will be leading it and what will their involvement look like? What will executive leadership involvement be? (250 to 400-word limit)

What family-related or officer wellness programs/resources currently exist in your agency, if any? (250 to 400-word limit)

If selected, what are your goals for fostering greater family wellness in your agency? (250 to 400-word limit)

Agency Chief or Executive Name:	Date:
Agency Chief or Executive Signature:	

