SFY 2028 State Aid for Police Protection (SAPP) Fund

Form 2: SFY 2027 Estimated Expenditures for Police Protection

Maryland
GOVERNOR'S OFFICE OF CRIME PREVENTION AND POLICY

Subdivision (County) _____ Municipality (City/Town) _____

Part I

The following section should capture dollar amounts. Please omit cents. If your agency is requesting funds for the Police Department and Sheriff's Department, enter a percentage in the text box below.

Part I		Police Department	Sheriff's Department
Salaries and Wages			
Capital Outlay			
Debt Service			
Other Operating Expenses	Communications		
	Travel		
	Fuel and Utilities		
	Contractual Services		
	Supplies and Materials		
	Fixed Charges		
	Motor Vehicle Operations and Maintenance		
	Contributions		
	Miscellaneous		
TOTAL	**Total**	**0.00**	**0.00**
	Percentage	*0.00%*	*0.00%*
	Overall Total	**0.00**	**0.00**
SUB-TOTAL Part I	**Total**	**0.00**	

Part II

The following section should capture dollar amounts. Please omit cents.

Part II	Total
Traffic Control	
Central Alarm System	
SUB-TOTAL Part II	**0.00**

Do you receive reimbursement of police costs from other jurisdictions? Please check an applicable box. If yes, deduct these expenses to eliminate duplication of costs.

☐ Yes
☐ No

Part III

The following section should capture dollar amounts. Please omit cents.

Part III	Total
SUB-TOTAL Part I	0.00
SUB-TOTAL Part II	0.00
TOTAL (I and II)	**0.00**

I/we certify that the information contained herein is true, correct, and complete to the best of my/ our knowledge.

_____ Chief of Police/Sheriff's Signature

_____ Chief Executive Officer Signature