



Federal Enforcement Homeland Security Foundation

Grant Application Form

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Your Name:

Address:

City/State/Zip:

Telephone number:

FAX (if applicable):

E-mail (if applicable):

Does this grant request apply directly to you? Yes No

Does this grant request apply to a family? Yes No

If YES, are you current head of household? Yes No

How many family members are there?

Who is the person that this grant is in honor of?

What is the status of this person? Living Injured Disabled Deceased

If the person is disabled or injured, is this condition Permanent Temporary

Did the injury, disabling event, or death occur as part of the person's professional duties? Yes No

What Agency or Organization employed this person at time of the event?

Who is the contact person at this Agency or Organization for verification purposes? Name:

Telephone:

When did the event occur?

Please briefly describe the event.
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Are there official documents supporting and/or amplifying your description of the event? Yes No

If Yes, please attach a copy of no more than 5 pages

If No, please explain the circumstances leading to an absence of documentation.
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If applicable, are there medical documents supporting your claim? Yes No

If Yes, please attach a copy of no more than 5 pages

If No, please explain the circumstances leading to an absence of documentation.
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Is this grant needed to cover emergency needs due to hardship or disaster? Yes No



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Have you received any other financial or in-kind assistance from any agency, charity, or organization of any kind?
If Yes, please explain:

Yes

No

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If possible, please estimate a dollar amount for your grant-in-aid.

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Please explain how these funds would be used.

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Would these funds be required in subsequent years?

Yes

No

If applicable, please list items or assistance other than cash that would be of benefit.

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Please list other organizations that you have approached for grants.

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- Check Here only if this is an URGENT request. By checking, your grant application will be expedited.
- Check Here if you or any family member is a director, employee, officer, or contributor to FEHSF, or if you or any family member is directly or indirectly associated with FEHSF in any way.
- Check Here if there are additional factors, documents, media, or other key elements that you would like to submit.

FEHSF will contact you with further instructions if it is deemed necessary.

Your grant request will be handled with utmost sensitivity and confidentiality. You will be given a DOCKET NUMBER by which to refer to your request, thus protecting your privacy. Please tell us your preferred way of receiving this docket number, with specifics.

Please deliver my docket number by:

MAIL to this address:

E-MAIL to this address:

FAX to this number:

TELEPHONE to this number:

(Please note: if we cannot reach you by telephone, this may impede the progress of your request)

Thank you for applying to the financial support division of the Federal Enforcement Homeland Security Foundation.

Please use this space to ask questions, make comments, or provide any other information:

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FEHSF INTERNAL USE ONLY	
Initial review by _____	Date _____
Executive Committee Approval _____	Date _____
Board of Directors Ratification _____	Date _____