



Federal Enforcement Homeland Security Foundation

Grant Application Form

DATE: _____

APPLICANT INFORMATION

Your Name: _____ Phone: _____

Address: _____ Email: _____

Does this grant request apply directly to you? Yes No

If not, what is your relation to the grant recipient? _____

GRANT RECIPIENT INFORMATION

Who is this grant application in honor of? (Must list name of Federal Law Enforcement Agent)

Name: _____ Federal Law Enforcement Agency Name: _____

Title/Position: _____ Agency Address: _____

Grant Amount Requested: _____

What hardship will this grant support?

- Agent Death - On Duty Off Duty
- Agent Injury - On Duty Off Duty
- Agent Serious Medical Condition
- Agent's Spouse (Death, Serious Injury or Medical Condition)
- Agent's Child (Death, Serious Injury or Medical Condition)
- Victim of Fire or Natural Disaster
- Other

Does the Grant Recipient have children?

Yes No

If yes, how many children and what are their ages?

Please provide a brief description of the event (including date event occurred):

Are there official documents supporting and/or amplifying your description of the event?

(Media Reports, Agency Reports, Web Links, Letter/Email from Supervisor, etc.)

- Yes (Please attach supporting documents, no more than 5 pages)
- No (Please explain the circumstances leading to an absence of documentation): _____

If applicable, are there official medical documents supporting your claim?

- Yes (Please attach supporting documents, no more than 5 pages)
- No (Please explain the circumstances leading to an absence of documentation): _____



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Please describe how grant funds will be used: _____

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

Name: _____ Phone: _____
Title: _____ Email: _____

Have you received financial assistance or grants from other charities, organizations, or agencies in response to this event?

Yes No If Yes, please describe: _____

How did you hear about Federal Enforcement Homeland Security Foundation and our grant program?

If requesting in-kind assistance other than a cash grant, please describe here:

- Check here if your grant request is URGENT and we will do our best to expedite your application.
- Check here if the Agent is related to a member of the Board of Directors, Advisory Board, or Employee of the Federal Enforcement Homeland Security Foundation. Please explain: _____

Additional information or comments:

If your grant request is approved, to whom should the grant check be made payable to?

Name: _____

Relation to Federal Law Enforcement Agent: _____ (self, wife, son, etc.)

Address where grant check should be mailed: _____

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Federal Enforcement Homeland Security Foundation
150 East 58th Street, 27th Floor
New York, New York 10155

RETURN TO: Ariel K. Grossman
akg@fehfsf.org
561.703.4278

FEHSF INTERNAL USE ONLY:

Application Received By: _____ Date: _____

Executive Committee Action: Approved. Amount: _____

Declined. Reason: _____