

Brevard County Sheriff's Office Charity, Inc.
Public Safety Charity Steering Committee
Request for Assistance

INTRODUCTION: One of the functions of the Public Safety Charity Steering Committee (the "Committee") is to act as an advisor to the Board of Directors of Brevard County Sheriff's Office Charity, Inc. (the "Board of Directors") with respect to requests related to the use of funds that have been donated to our charity, Brevard County Sheriff's Office Charity, Inc., a 501(c)(3) tax exempt organization. This form is intended to help applicants request funds from our charity. Its use will facilitate the review of your application by the Committee and, in most cases, expedite the approval of the recommendation of the Committee to the Board of Directors.

NOTE TO THE APPLICANT: Because of the duty that the Board of Directors of our charity is to properly use the funds that are donated to our charity by members of our community, from time to time, funding requests are subject to a vetting process. Not all requests for funds are approved. In addition, at times, the entire amount being requested is not fully funded. Examples of requests that would most likely receive approval would be reimbursement for life changing/saving medical equipment or for exceptionally high hospital stay costs. We encourage you to speak with your agency representative or call our charity's Executive Director, Sue Parker, at 321-241-4520 about any concerns you may have with respect to your request.

REQUEST DETAILS

Name: _____ Date: _____

Agency/Department: _____ Title/Rank/Position: _____

Active Duty or Retired: _____ Years of Service: _____

Date of Birth: _____ Email: _____

Phone Number: (c) _____ Other: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Marital Status: _____ Number of children under 18: _____

Applicant Insurance: YES/NO Annual Deductible: _____ Annual Out of Pocket: _____

If married, is your spouse employed? YES/NO If employed, full or part-time: _____

Spouse's Employer: _____ Job Description: _____

Spouse's Insurance: _____ Annual Deductible: _____

Other Sources of Income: _____

On Duty Injury: YES/NO Health Issue: YES/NO

Total Amount Requested: \$ _____



**Brevard County Sheriff's Office Charity, Inc.
Public Safety Charity Steering Committee
Request for Assistance**

(To be completed by authorized BCSO Public Safety Steering Committee personnel)

Verified/Vetted by (print): _____ Title: _____
Signature: _____ Date: _____
Board of Directors of BCSO Charity Review: _____ Date: _____
Status: _____
