



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

INTRODUCTION: One of the functions of the Public Safety Charity Board of Directors of Brevard County Sheriff's Office Charity, Inc. is to ensure proper distribution of 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 Board of Directors or it's Executive Director.

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, Lindsey Deaton at (321) 505-8752 about any concerns you may have with respect to your request. All requests must be submitted by the applicant receiving funds or family member.

### **REQUEST DETAILS**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency/Department: \_\_\_\_\_ Title/Rank/Position: \_\_\_\_\_

Active Duty or Retired: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: (c) \_\_\_\_\_

Home Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

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

Number of children under 18: \_\_\_\_\_

**Total Amount Requested: \$** \_\_\_\_\_



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

Narrative: Please describe in detail your need for assistance. Attach additional sheets if necessary. Copies of documentation that demonstrates the need for assistance (i.e. billing statements, invoices, etc.) are highly encouraged.

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Are you filling out this form on a family members behalf? YES/NO

If yes, your name: \_\_\_\_\_

Your relationship to the person on behalf of whom you are acting: \_\_\_\_\_

Your Phone Number: (c) \_\_\_\_\_ Email: \_\_\_\_\_

To the best of your knowledge, does your agency contribute to the BCSO Public Safety Charity?  
YES/NO \_\_\_\_\_

Applicant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Chief or Sheriff Signature\*\*\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*By signing this request, you declare that all of the above information is accurate and true. False statements/information are grounds for assistance refusal. The undersigned further acknowledges an IRS Form W-9 will be required to be provided to the Committee to disburse funds. Applicant will receive an IRS Form 1099 for year funds are disbursed.

\*\*NOTE: All donations are subject to the approval of the Board of Directors of Brevard County Sheriff's Office Charity, Inc. \*\*\*Application must have signature from a Chief or Sheriff