



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

One of the functions of the Brevard County Sheriff's Office Charity, Inc. Public Safety Charity Board of Directors is to ensure proper distribution and use of funds that have been donated by our community. This form is intended to help applicants request funds from our charity. Its use will facilitate a review of the applicant's request by the charity executive director and board of directors.

Please be aware that all funding requests are subject to a vetting process. Not all requests for funds are approved. Examples of requests that would be considered for approval are items such as medical equipment and/or unusual medical expenses. Priority is given to injuries and other medical needs incurred in the line of duty. We encourage you to speak with the Public Safety Charity Executive Director, Lindsey Deaton at (321) 505-8752 prior to submitting a request for funds.

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? _____

If employed, full or part-time: _____

Spouse's Employer: _____

Job Description: _____

Spouse's Insurance _____

Annual Deductible: _____

Other Sources of Income: _____

Have you applied for and/or received assistance from any other charitable organizations?

Has any organization conducted a fundraiser or offered other financial assistance to the applicant? _____ If yes, what is the dollar amount received _____

Is this request due to an on-duty injury? _____

Total Amount Requested: \$ _____

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Please describe in detail your need for assistance. Attach additional sheets if necessary. Documentation that demonstrates a need for assistance (i.e., billing statements, invoices, etc.) is highly encouraged.

Are you filling out this form on a family members behalf? _____

If yes, your name: _____

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

Is the person you are requesting assistance for aware that you are making a request on their behalf? _____

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