



Grants Request Form

Sarasota County Sheriff's Office Charitable Foundation, Inc.

1. Applicant Name: _____
2. Mailing Address: _____
3. Best phone contact: _____
4. Email: _____
5. Authorized to speak on applicants behalf: _____
Phone: _____ Email: _____
6. Photocopy of SCSO ID (attach)
7. Supervisor name and contact number:
Name _____ Phone _____
8. Names of Household Members and ages:
Name _____ Age ____
Name _____ Age ____
Name _____ Age ____
9. Explanation of need, and what has lead to this need *(may provide via an attached page)*:

Signature of Applicant's Attending Physician _____
Date _____
Printed Name _____

It is understood and agreed to that applicant may provide certain confidential information to process this grant. This information will be disclosed only to members of the foundation(s) processing the grant request.

Applicant: _____
Signature _____ Date _____
Printed Name _____

Application submitted by: _____
Sheriff's Office _____ Date _____