



**The National Law Enforcement and Firefighters Children's Foundation  
Request For Individual Grant**

**PART A.**

Name of Applicant: \_\_\_\_\_

Current address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Permanent address (if different): \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_ email address: \_\_\_\_\_

Are you, or is your spouse/parent an active duty law enforcement officer or firefighter? \_\_\_\_\_

Your relationship to the active duty law enforcement officer or firefighter? \_\_\_\_\_

Name of Law Enforcement or Firefighter where you or your spouse/parent is employed:  
\_\_\_\_\_

a) Badge Number \_\_\_\_\_ b) Unit Assignment \_\_\_\_\_

Are you a parent/child/spouse of an officer or firefighter killed or permanently disabled in the line of duty? \_\_\_\_\_

Name law enforcement officer or firefighter's employer at the time of his/her death or permanent disability:  
\_\_\_\_\_

a) Badge Number \_\_\_\_\_ b) Unit Assignment \_\_\_\_\_ c) Date of death \_\_\_\_\_

Your relationship to the deceased or permanently disabled law enforcement officer or firefighter? \_\_\_\_\_

In the case of line of duty death or permanent disability, the applicant must provide written notification from the chief executive officer of the involved agency confirming the line of duty death or permanent disability occurred and confirming the deceased officer or firefighter dependents.

Please list any dependents of Applicant (e.g., dependent children and their ages, spouse, if applicable, or others - please describe any others):

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Current employment and salary of all family members, if any:

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Please describe any medical problems:

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If there was a parent or spouse killed in the line of duty, please confirm your custodial authority for the dependents: I hereby certify that I have full and legal custody of a child or children whose parent was killed or permanently disabled in the line of duty in their capacity as a law enforcement officer or firefighter and that the information on this application Part A through C is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**PART B.**

Please list all sources of family income including any salary, investment income, social security, etc.:

**SOURCE OF INCOME**

**AMOUNT**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL INCOME:** \$ \_\_\_\_\_

Please list the family's major living expenses, and an estimate of costs, including housing expenses (i.e., rent or mortgage payments, utilities, etc.) medical expenses, insurance, food, transportation and other necessary living expenses:

<u>DESCRIPTION OF EXPENSE</u>	<u>COST</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL EXPENSES: \$ \_\_\_\_\_

**PART C.**

Amount of grant requested: \$ \_\_\_\_\_

Please describe below the purpose for the grant (how the money is to be used):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit completed application with supporting documents (confirmation of line of duty death or permanent disability and confirmation of descendant's relationship to the deceased or disabled officer or firefighter) to:

**National Law Enforcement & Firefighters Children's Foundation**  
Attn: Sarahbeth Grossman  
928 Broadway, suite 703  
New York, NY 10010  
646-822-4236  
nleafcf@nleafcf.org