



**First Responders 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. In the case of permanent disability, the applicant must also provide a current physician's certification of the "total and permanent disability." The physician must be a doctor of medicine who is legally authorized to practice in the United States.

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

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

Please describe any medical problems:

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) AND all receipts or invoices verifying the grant amount requested. Application and documents should be sent to:

First Responders Children's Foundation

Attn: Sarahbeth Grossman
38 E 32nd Street, suite 602
New York, NY 10016
646-822-4236
info@1stRCF.org