



COPS FOR KIDS GRANT REQUEST

1. Purpose of the grant: _____

2. Amount of funding requested: _____
2a. One time funding or ongoing obligation? _____

3. Other resource funding requested from: _____

4. Recipient of Grant: (This information will be kept confidential)

Name of Student: _____
School Attending: _____
Age and Grade: _____
Parent Name(s): _____
Home Address: _____
Telephone/Contact Numbers: _____

***Above information MUST be completed in full or grant cannot be considered.*

5. Name of person requesting grant on behalf of student and who will take responsibility for the grant's administration at school/agency level:

Title or position: _____
Address: _____

Contact phone number and best/preferred time for any needed follow-up contact: _____

Grant Check payable to: _____

This form **MUST** be completed in full to fulfill criteria needed to maintain our non-profit status, which in turn keeps the program in place. Please submit it 60 days prior to need whenever possible. If there is an emergency, please explain fully. Use back of form if necessary.

Questions?? Please see Cops For Kids information and criteria at www.dcdsa.com or send an e-mail to copsforkids@gmail.com

MAIL TO: DCDSA Cops For Kids, P.O. Box 1472, Madison, WI 53701

(Make Copies Of This Form As Needed)