



**CONFIDENTIAL** Grants Request Form

**Sarasota County Sheriff's Office Charitable Foundation, Inc.**

1. Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Best phone contact: \_\_\_\_\_ Birthdate: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Authorized to speak on applicants behalf: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
6. Photocopy of SCSO ID
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 (feel free to provide via an attached page):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*It is understood and agreed to that the below identified discloser of confidential information may provide certain information that is and must be kept confidential. This information will be disclosed only to members of the foundation(s) processing the grant request.*

Applicant: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Printed Name \_\_\_\_\_

Affirmation of Primary Care Physician \_\_\_\_\_  
(If applicable) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Printed Name \_\_\_\_\_

*Please send application along with listing of outstanding debts for grant consideration to Fax 941-827-2920 or scan and email to [scsocharitablefoundation@gmail.com](mailto:scsocharitablefoundation@gmail.com)  
Questions? Foundation Administrator Kim Noyes 941-228-9144*