

Cops for Kids, Inc.
P. O. Box 577
Ashtabula, Ohio 44005-0577
Tel. No. (440) 813-6412

REQUEST FOR FUNDS FOR YOUTH RELATED ACTIVITIES

1. Name of Organization _____
Make check payable to: _____
Address: _____ City: _____
Zip Code: _____ County: _____ Tel. No: _____
2. Name of program to be benefited: _____
3. Name of person requesting funds: _____
Address: _____ City: _____
Zip Code: _____ County: _____ Tel. No.: _____
4. Requesters affiliation with law enforcement: _____
5. Purpose of Funds (**Be specific**), items to be purchased, costs per item, purpose/goal of program: _____

6. Date of program: _____
7. How many youths will this program benefit? _____
(Youths must be under the age of 18)
8. Amount requested: _____