

P.O. Box 903 Colbert, Georgia 30628 (502) 694-2370 www.buddychristianfoundation.org

Dear Grant Applicant:

Thank you for your interest in the Buddy Christian Foundation. Our mission is to prevent law enforcement line of duty deaths and assist the surviving family members of law enforcement officers killed in the line of duty. One way we accomplish our mission is to provide police officers with versatile, purpose-built, compact, personal, self-aid capable, first aid kits that we have named Buddy Kits. These Kits are equipped for point-of-wounding treatment of traumatic injuries that could result in line-of-duty deaths if not treated immediately.

If your agency cannot afford to purchase all of your police officers Buddy Kits at the full retail price, the Foundation may subsidize your purchase.

Please take a moment to review the following pre-qualifications.

- 1. Only applications submitted by law enforcement agencies will be considered.
- 2. Only first-party applications will be considered your application must be a direct request.
- 3. Agencies must wait a minimum of one year from their last reviewed application before submitting an additional application.

Your application <u>will not be considered</u> for funding unless all necessary information is included. Please complete all of the fields on the Grant Application, and include the following attachments:

- Background information on your agency and city, to include a brief history of your agency;
- Your agency's most recent financial information (examples include financial statements, operating budget, or bank statements).

Send your completed application to:

Buddy Kits
buddykits@buddychristianfoundation.org - **or** - P.O. Box 903
Colbert GA 30628

You will receive confirmation of your Application's status within thirty (30) days of its receipt by the Foundation. If you need any assistance with this application or have general questions concerning the Foundation, please contact the Foundation at (502) 694-2370 or buddykits@buddychristianfoundation.org.

Sincerely,

Melissa Christian

Melissa Christian
Executive Director

BUDDY KITS GRANT APPLICATION

Applicant Agency Information Agency Name:
EIN/Federal ID Number:
Organizational Unit (If Applicable):
Address:
Agency Demographic and Proposed Grant Details What jurisdiction(s) does your agency serve?
What is the estimated population of your jurisdiction(s)?
How many Part I violent crimes did your jurisdiction(s) experience last calendar year?
How many sworn officers are employed by your agency?
Has your agency lost officers to line of duty deaths? If so, how many line of duty deaths?
How many Buddy Kit trauma kits is your agency requesting?
The retail value of a Buddy Kit trauma kit is approximately \$200. How much will your agency contribute <u>per trauma</u> kit?
How will you utilize Buddy Kit trauma kits?

Title of Certifying Official

Applicant Agency Point of Contact for Grant Application Name: Title/Position:	
Email Address:	
On behalf of the applicant agency entity named abo Christian Foundation:	ove, I certify the following to the Buddy
 Any Buddy Kits this applicant agency recei operations upon receipt. Any Buddy Kits this applicant agency recei The most at-risk organizational units in this at-risk organizational units will receive Bud (SWAT, SRT, Fugitive Task Force, Drug Taskits first. Investigators and administrative s Any time a Buddy Kit this applicant agency applicant agency will submit a report summuse to the Buddy Christian Foundation. The 	nis application is approved. The agency d only after receipt of applicant agency's funds. ves will be distributed into the field of ves will be distributed based on at-risk need. agency will receive Buddy Kits first. The least dy Kits last. High-risk special operations units ak Force, etc.) and patrol officers will receive staff will receive kits last. receives is used to treat traumatic injuries, this narizing the circumstances surrounding the kit's applicant agency understands that the make an assessment of the effectiveness of the
Signature of Certifying Official	Date
Printed Name of Certifying Official	_