



O.D.F.
THE OFFICER DOWN FUND

A community ride to benefit EMS, fire, and law enforcement

Grant Request

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Employed By: _____

Position: _____

Supervisor: _____

Years at Current Position: _____

Amount of Grant Sought: _____

(Please note that, absent extraordinary need, grants will average between \$500 and \$1,000.)

Describe the event and injury promoting this request, including the approximate amount of time the beneficiary is expected to be unable to return to duty. If additional space is needed, please attach additional narrative to this application.

Outline the financial needs that will be met by the grant.
