## San Luis Obispo County Sheriff's Advisory Foundation REQUEST FOR FUNDING FORM

Law Enforcement Agency:		Date:		
Department:	<b>Contact Person:</b>		Phone No:	
Funding is sought for:	E-mail address:			
Please use this section, limited to si	six lines, to describe the specific item(cluding the benefits to law enforcen		_	
			Ī	
Budget Detail for Funding Request:	: Name of Appropriated Fund,	. if applicable:		
(Double Click in Box b	below to open Excel SpreadsheetC	Click once outside of box		
Description (Space limited to six	x lines, if necessary attach additional page	<u>,es)</u>	\$ Amount	
Total Amount Requested		+	\$0.00	
*Total Project Cost \$		ncil is Funding	****	
Date Funding is Needed:	(*Attach complete	Project Budget)		
Person Requesting Funds:		Date:		
Auxiliary Coordinator:		Date:		
	Request for Che	ck		
Board Approval Date:	Amount of Check: \$	Date Reque	ested:	
Payable To:		Due Date:		
Address:		Fund Name:	:	
Approved By:				
Executive Director:		Date:	Date:	

## San Luis Obispo County Sheriff's Advisory Council REQUEST FOR FUNDING FORM

Sheriff's Comments/Reco	ommendatio	ns:		
		<u></u>		
Sheriff	Da	ite:		
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Funding Rev	new and A	Hocation Col	mmittee & Board Voting Res	ults
Daview Committee - A	nnwayadı	- Doinated		
Review Committee:   A	pproved:	□ Rejected		
			Review Committee Chairperson	Date
Review Committee:   Explanation of Approval or				Date
				Date