

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

Law Enforcement Agency:

Date:

Department:

Contact Person:

Phone No:

Funding is sought for:

E-mail address:

Please use this section, **limited to six lines**, to describe the specific item(s) you have identified for funding and the reason(s) for your request, including the benefits to law enforcement (if necessary, attach additional pages):

Budget Detail for Funding Request: Name of Appropriated Fund, if applicable:

(Double Click in Box below to open Excel Spreadsheet....Click once outside of box to close)

Description (Space limited to six lines, if necessary attach additional pages)

\$ Amount

Total Amount Requested	\$0.00

***Total Project Cost** \$3600

Council is Funding 0%

Date Funding is Needed: ASAP

(*Attach complete Project Budget)

Person Requesting Funds:

Date:

Auxiliary Coordinator Signature:

Date:

Please mail check to (Name & Address):

Request for Check

Board Approval Date:

Amount of Check:

Date Requested:

Payable To:

Due Date:

Approved By:

Fund Name:

Executive Director: _____

Date: _____

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

Sheriff's Comments/Recommendations:

Sheriff's Approval Signature: _____ Date: _____

Funding Review and Allocation Committee & Board Voting Results

Review Committee: **Approved:** **Rejected** _____ _____
Review Committee Chairperson Date

Explanation of Approval or Rejection of Funds Requested:

Board: **Approved:** **Rejected** Board Meeting Date: _____