



# The CBP Foundation Grant Application Form

Date: \_\_\_\_\_

## Applicant Information

Requesting Assistance For:    CBP Employee                      Dependent of CBP Employee

Name of CBP Employee:

Occupation, Title, Duty Station:

Date of Incident:                      Number of Dependents:              Dependents' Ages:

Employee Address:

Employee Phone Number:

Employee Email:

Circumstance (*Please select one*):

Death On Duty

Death Off Duty

Death Of Dependent

Injury On Duty

Injury Off Duty

Injury Of Dependent

Medical Condition

Other Emergency

Contact person at the Agency (Supervisor, Manager, or Executive)

for verification purposes:

Name:

Phone Number:

Title, Duty Station:

Email:

Address:

Have you received financial assistance or grants from other charities, organizations, or agencies in response to the circumstance?

Yes

No

If Yes, please elaborate:

I hereby state that all the information provided above is true and correct to the best of my knowledge

Signature:

Printed Name:

Date:

## Beneficiary Information

Contact Name:

Phone Number:

Relationship:

Email:

## Circumstance Description

Use the section below to describe your specific circumstance. Please include the date of the incident and if the circumstance resulted in death, injury, or a lasting medical condition. Please provide as much information as you can, including incurred medical expenses, actual travel expenses, leave status, insurance coverage, childcare expenses, treatment plan, and any other information on the circumstance.

# Assistance Delivery Information

Check Payable to:

Relationship to CBP Employee:

Address:

Check Recipient Email:

Individual Delivering Check *(Only if the check is not mailed directly to beneficiary or employee):*

Title, Duty Station:

Any Additional Information or Comments:

Please note that the CBP Foundation will not share or disclose any of the information provided within this application with outside parties.

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## CBP Foundation Internal Use Only

Application Received By:

Date:

Executive Action:

Application Approved. Amount:

Application Declined. Reason: