

LOS ANGELES COUNTY POLICE CANINE ASSOCIATION

L.A.C.P.C.A.
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Newhall, CA 91322



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GRANT REQUEST

G e n e r a l	Name _____ E-Mail _____ Address _____ City _____ Zip _____ Phone _____ Cell _____ Years as Paid Member _____ Current Handler? <input type="checkbox"/> Yes <input type="checkbox"/> No
A g e n c y	Agency _____ Address _____ City _____ Zip _____ Phone _____ Years of Service _____ Years as a K9 _____ Your Rank: Officer <input type="checkbox"/> Sgt. <input type="checkbox"/> Lt. <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> _____ Your Position: Trainer <input type="checkbox"/> Handler <input type="checkbox"/> Supervisor <input type="checkbox"/> Other <input type="checkbox"/> _____
K 9	Name _____ Age _____ Years of Service _____ Breed: _____ Active <input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/>
R e q u e s t	<u>REASON FOR REQUEST</u> School <input type="checkbox"/> Seminar <input type="checkbox"/> Medical <input type="checkbox"/> Equipment <input type="checkbox"/> Other _____ Explanation of expenses: _____ _____ Date of Expense/School _____ Amount Requested _____
A c k n o w l e d g e m e n t	Grant requests shall be forwarded to the Association Board of Directors. The Board will review all requests. Original receipts for all expenses shall be attached to the signed original of the Grant Request Form. The recipient must be a paid, regular member with at least two (2) years in good standing. Reimbursements will be paid by check from the Association account, upon approval by the Board. Acknowledged/Signed _____ Date _____ Board Approved _____ Approval Date _____ Payment Remitted by Treasurer on Date _____ Check # _____