Michael Zemanek Memorial Foundation, Inc.

Grant Application for Sworn Vermont Law Enforcement Officers

Applicant Information		
Name:		
Department:		**Contact Phone:**
E-Mail Address:		
Department Address:		
Department Information		
Department Head:		
Phone:	**E-mail:**	**Fax:**
Program/Project Information		
Title of Program/Project:		
Funding Requested: $		
DESCRIBE how the funding from the Michael Zemanek Memorial Foundation, Inc. (MZMF) will be utilized (please attach additional pages as needed):		

Michael Zemanek Memorial Foundation, Inc.

Grant Application for Sworn Vermont Law Enforcement Officers

Program/Project Information Continued

Duration:

Location:

Address:

Previous Funding Requests

Organization	Date Applied	Monies Received

Reciprocal Exchange

Please describe in what manner the applicant and/or Department will provide recognition/support for the MZMF for monies received (i.e. endorsements, event attendance, marketing, speaking engagements, safety demonstrations, etc.):

Michael Zemanek Memorial Foundation, Inc.

Grant Application for Sworn Vermont Law Enforcement Officers

Certificates and Agreements

If this application is found to be fraudulent in whole or in part, the person(s) seeking the MZMF Grant may be required to return any assets, and may be rendered ineligible for future support.

All applicants must confirm the following information:

- **All information and documentation provided in this application or otherwise, is complete and accurate.**
- **All funds granted by the MZMF will be used for the purposes expressly described in this application.**

The undersigned person(s) hereby certifies, covenants and agrees as follows:

1) **The person(s) are requesting assistance in keeping with the MZMF Mission Statement;**
2) **The person(s) adheres to accepted financial and recordkeeping practices and will make all books and records, as well as a list of other individuals/entities who or which receive any funds from the MZMF, available upon request.**

By checking the box below, you confirm the Chief, Sheriff, Agency Head, Executive Director or appropriate organization officer of equivalent authority, has reviewed and agreed to the certifications outlined above and has authorized the submission of this application.

I Confirm _____

By signing your name below, you confirm that you are authorized to represent the applicant department and agree to the terms and associated conditions set forth in this application.

Print name of person completing application: _____

Signature of person completing application: _____

Official Title of person completing application: _____

Date of Completion: _____