



## Alaska Peace Officers Association - Anchorage

327 East Fireweed Ln Suite 101  
Anchorage, Alaska 99503  
Phone (907)277-0515  
E-mail:  
[admin@apoaonline.org](mailto:admin@apoaonline.org)

### MEMO: Charitable Donation Request

TO: Individuals or groups applying for donations

FROM: APOA Anchorage Chapter

Thank you for requesting an application for funding from the Alaska Peace Officer Association 501(c)(3) Charity. Your application must be in the APOA office before the second Tuesday of the month. This allows our Donations Committee to review your application prior to the monthly board meeting. Applications received late will be held until the following monthly meeting. Our all-volunteer board **does not hold regular meetings during June, July and August.**

Please fill the form out **as completely as possible.** You may attach additional information. Your application may be one of several reviewed that month. Please be very specific in your answers; neatness and complete information will assist the Donations Committee in their recommendations to the Board.

The board will want to know how the APOA contribution will be recognized and whether the APOA Anchorage Chapter name or logo is acknowledged, displayed, or used. For example; on a website, team uniform, banner, or a newsletter or newspaper article.

If you have questions, please call the APOA office at (907) 277-0515.

Completed applications may sent:

Via mail

APOA  
327 East Fireweed Ln Suite 101  
Anchorage, Alaska 99503

Via Email

admin@  
apoaonline.org

Dropped off

APOA  
327 East Fireweed Ln Suite 101  
Anchorage, Alaska 99503



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## APPLICATION FORM Charitable Donation Request

DATE .....

1. \_\_\_\_\_ IRS 501(c)(3) Yes \_\_\_ No \_\_\_  
 (Name of Applicant Organization)

\_\_\_\_\_  
 (Full Mailing Address)

2. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Describe the applicant organization. Include such information as when it was organized, the composition of its membership, the number of active members, the adult sponsors, including the name(s) of any APOA members involved, activities of the organization, how it obtains its funds, and any other relevant information. Use a separate sheet if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. How many youth, agencies, officers or Alaskans **will benefit directly** from this award and for how long?

\_\_\_\_\_  
 \_\_\_\_\_

5. Funds will be used for: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

6. Budget information: \$ \_\_\_\_\_ is being requested from APOA  
 \$ \_\_\_\_\_ is being contributed by the applicant agency  
 (cash or in-kind)  
 \$ \_\_\_\_\_ Total cost of project

7. Are there any deadlines involved for the use of the funds? \_\_\_\_\_  
 If yes - please describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Has the organization received funding in the past from APOA? Yes \_\_\_ No \_\_\_

9. **If #8 is yes**, when?

10. Name(s) of APOA member who recommended this request to the applicant:

11. Please document how the APOA Anchorage Chapter name or logo will be acknowledged, displayed, or used. (ex: on a website, team uniform, banner, or newspaper article. \_\_\_\_\_  
 \_\_\_\_\_

12. Comments: (optional) \_\_\_\_\_

**PLEASE ATTACH ALL ADDITIONAL SUPPORTING DOCUMENTATION IF NECESSARY**

NOTE: If the funds are awarded who should the check be made payable to? Please indicate the correct name and address, and date the check is needed by.

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of organization's authorized representative

\_\_\_\_\_  
 Printed name of authorized representative

For Official Use Only

Board Member Decisions

Date Received _____	_____	_____
Eligible Agency _____	_____	_____
Committee Review Recommendation _____	_____	_____
Awarded? Yes ___ No ___ \$ _____	_____	_____
Check Number _____	_____	_____
Check Date _____	_____	_____