

FOP POLICE SURGEONS LODGE SA 03 DONATION REQUEST APPLICATION

OUR MISSION

The Physician's Surgeons Lodge SA-03 ("FOP Police Surgeon's Lodge") is dedicated to the support of the NYS FOP and to assist those in need, especially those aligned with law enforcement.

SCOPE OF DONATIONS

Donations are made only to those organizations or groups whose needs are consistent with our mission. In compliance with our by-laws and for practical reasons, the FOP Surgeon's Lodge does not generally consider donation requests from the following: for-profit businesses, taxing entities or causes that the Board of Trustees or Philanthropy Committee deems contrary to, or not representative of, the mission of the FOP Surgeons Lodge. Exceptions will be considered for events that have broad community benefits that represent and are consistent with our mission. Requests from the floor at a General Meeting of the Police Surgeon's Lodge may be made but must go through the Donation Request Application process.

QUALIFICATIONS

The President of the FOP Police Surgeons Lodge has established a Philanthropy Committee for the purpose of qualifying applications. Donation requests are reviewed as quickly as possible by the Committee but a final decision on any donation must go through a "vetting" process based upon the application and therefore may take some time. Every year our Lodge sets a donation budget based on our resources.

To be considered for any donation, complete the attached Donation Request Application. The answers may be typed or printed clearly and returned. Make a copy for your records.

Mail your FOP Police Surgeon's Lodge Donation Application to:

FOP Surgeons Lodge SA03, PO Box 742, Hicksville, NY 11802-0742

FOP SURGEON'S LODGE SA 03 DONATION APPLICATION

1. Name of person completing application:		2. Your phone number: ()	3. Date of application
4. Your email address		5. Name or organization or entity seeking donation	
6. Your relationship to #5		7. Website and email address of #5	
8. Physical address of #5		9. Is #5 (check one) -non-for-profit -non-profit -individual or family -for profit	
10. Is #5 is a 501(c)3 ? If so, attach certificate	11. Name of President	12. Name of Executive Director	
13. Has #5 received a donation from the FOP Surgeon's Lodge in the past?	14. Annual revenue from donations for the last 3 years	15. Percentage of annual operating budget that supports administrative costs:	
16. Percentage of operating budget that goes directly to your mission.	17. What is the Mission of #5?		
18. Detailed explanation of need - how will funds be used? (add attachment if necessary)			

USE OF FUNDS AND CONDITIONS

Is the requested donation for a specific event, project, or item of need? If so, specify. If not, please explain in a separate attachment the exact use of the money requested. Approved funds will be conditional on the recipient's willingness to provide documentation, receipts or a detail letter explaining how the funds were used.

AFFIRMATION

Under penalty or law, I represent that the information provided in this application is truthful and completed accurately to the best of my ability.

(sign and print your name)