



## BobCOP Volunteer Grant Services Form

In order for us to provide you with this service free of charge you must fill in the information accordingly and submit it to us with your city/county/other embossed seal on this form and fax it to the number as shown at the bottom of this form with signature.

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Government Entity Name:

Full Address: Street, city, zip code, phone number

Project Director: Chief of Police or appointed person name

Full Address: Street, city, zip code, phone number

Financial Officer: City Clerk – Name, Address, city, State, zip code, phone number

Enter Tax ID number of City/Agency/County/Other

Submit on your city or agency letterhead a Statement of Permission giving us authorization to requests funds for you. Fax first to: 1-775-580-8787

NOTE: Depending on your population size, you may have to pay a 10 – 25% match on the grant (State requirements may vary)

Organizational Chart (Department Rank Structure)

All Funds will go directly to the Financial Officer of the City

This form must be approved by the city council or board of directors of any agency/city/county in order to submit.

Is this approved?

Date of Approval:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_  
Name of Authorized Person

FAX this document to: **1-775-580-8787**

Please remember to attach other information requested with this fax