

**NORTH DAKOTA PEACE OFFICER EMERGENCY RELIEF FUND GRANT
APPLICATION**

TO: North Dakota Peace Officers Association
c/o ERF
1100 N 47th Street, Suite 100
Grand Forks, ND 58203
Or by e-mail to:
ndpoa2011@outlook.com

Date: _____

I, _____ Relationship to Member: _____ hereby request a grant in the amount of \$_____ (maximum \$500) on behalf of _____. The emergency the grantee is experiencing is as follows:

The money granted from the ERF will be used for:

Is the member or family member currently incapacitated? ____ If yes, has this contributed to the emergency? ____

Funding for the ERF grant program (has/has not/unknown) been received by the grantee in the past. If has, date(s) applied: _____.

Aid (has/has not) been applied for from other sources.

- ___ Red Cross
- ___ Salvation Army
- ___ Emergency Relief Organization
- ___ Family members

The above information is true to the best of my knowledge.

Applicant completing form(Print Name)

(Applicant signature)

Grantee Name: _____

Address: _____

Phone #: _____

Encls: (check off)

_____ (1) Whether person has received assistance from other assistance funds or the ERF in the past 12 months.

_____ (2) Copies of specific bills affected by the application.

Release of Information Form

I, _____, (print name) hereby give the agency, permission to release the documentation pertaining to my application for Emergency Relief Fund to the North Dakota North Dakota Peace Officer Association, as well as permission to speak to Association representatives.

Signature

Date