



# ICE FOUNDATION

SUPPORTING THE MEN AND  
WOMEN OF U.S. IMMIGRATION  
AND CUSTOMS ENFORCEMENT

# ICE Foundation GRANT APPLICATION FORM

Date: \_\_\_\_\_

## APPLICANT INFORMATION

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Does this grant request apply directly to you?      Yes      No

If no, what is your relation to the grant recipient?

## GRANT RECIPIENT INFORMATION

Who is this grant application in honor of? (Must list name of Federal Law Enforcement Employee)

Name: \_\_\_\_\_ Federal Law Enforcement Agency Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Agency Address: \_\_\_\_\_

Employee's Email: \_\_\_\_\_ Employee's Phone: \_\_\_\_\_

Grant Amount Requested: \_\_\_\_\_

What hardship will this grant support?

Employee Death -    On Duty      Off Duty

Employee Injury-    On Duty      Off Duty

Serious Medical Condition

Spouse (Death, Serious Injury or Medical Condition)

Child (Death, Serious Injury or Medical Condition) Victim of Fire or

Natural Disaster

Other

Please provide a brief description of the event (including date event occurred):

Are there official documents supporting and/or amplifying your description of the event?

(Media Reports, Agency Reports, Web Links, Letter/Email from Supervisor, etc.)

Yes (Please attach supporting documents, no more than 5 pages)

No (Please explain the circumstances leading to an absence of documentation): \_\_\_\_\_

If applicable, are there official medical documents supporting your claim?

Yes (Please attach supporting documents, no more than 5 pages)

No (Please explain the circumstances leading to an absence of documentation): \_\_\_\_\_



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Please describe how the grant funds will be used:

Who is the contact person at this Agency or Organization, for verification purposes?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_

Have you received financial assistance or grants from other charities, organizations, or agencies in response to this event?

Yes No If Yes, please describe: \_\_\_\_\_

How did you hear about the ICE Foundation and our grant program?

\_\_\_\_\_

If requesting in-kind assistance other than a cash grant, please describe here:

\_\_\_\_\_

Check here if your grant request is URGENT and we will do our best to expedite your application.

Check here if the Employee is related to a member of the Board of Directors, Advisory Board, or ICE Foundation.

Please explain: \_\_\_\_\_

Additional information or comments:

If your grant request is approved, to whom should the grant check be made payable to?

Name: \_\_\_\_\_

Relation to Federal Law Enforcement Employee: \_\_\_\_\_ (self, wife, son, etc.)

Address where grant should be mailed: \_\_\_\_\_

Please submit completed grant application form by email:

[jbarchiesi@icefoundation.org](mailto:jbarchiesi@icefoundation.org)

**ICE Foundation Internal Use Only:**

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Committee Actions: Approved. Amount: \_\_\_\_\_

Decline. Reason: \_\_\_\_\_