

Laci and Conner Search and Rescue Fund

Request Form

A program of The Carole Sund/Carrington Memorial Reward Foundation
P.O. Box 4113
Modesto, CA 95352
(209) 527-LACI (5224)

Date of request: _____

Request made by: _____ Title: _____

Law Enforcement Agency/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (P) _____

(W) _____ (C) _____

E-mail: _____

Brief Description of Request: *(Please provide additional detailed summary of request on letterhead-1 page max)*

Amount Requested: _____ Is this item/training new to your agency? _____

If grant request is approved, would your agency be willing to hold a press conference to announce grant? _____

How did you hear about the Laci and Conner Fund? _____

Office Use Only _____ Office Use Only _____

	Date	Initial		Committee Members	Date	Initial	Yes	No	\$ Amount
Intake									
Agency Verified									
Contact Person									

Letter of Rejection: Date Typed _____ Date Mailed _____ Statistics: Date _____ Initial _____

Notification of Approval: Date _____ Amount Approved _____ Date check mailed _____