



**COAST GUARD CHIEF PETTY OFFICERS FOUNDATION
FRED MANN'S FAMILY LUCKY BAG FUND APPLICATION**

APPLICANT / BENEFICIARY INFORMATION

Name (Last, First, MI): _____

Applicant's complete home or mailing address:

Address City State ZIP Code

Applicant's Phone:

(_____) _____ - _____ Home / Mobile Email: _____

Status of Applicant (circle one): A/D - RESERVE - RETIRED – CIVILIAN - Member's Rank/Rate: _____

Beneficiary's Name (if different from Applicant's) (Last, First, MI): _____

Beneficiary's complete mailing/home address (if different from Applicant's):

Address City State ZIP Code

Beneficiary's Phone (if different from Applicant): (_____) _____ - _____ Circle one: Home/Mobile

Email: _____

Reason for Request (loss of job, medical issue, etc.): _____

How will the grant be used? _____

Has the Beneficiary received a grant of financial assistance from other sources? YES / NO

If yes, provide the following:

Name of Source: _____ Dollar amount provided: _____

Additional Information or Applicant's Comments / Questions: _____

APPLICANT / BENEFICIARY INFORMATION (Cont.)

By signing this application requesting a grant from the Coast Guard Chief Petty Officers Foundation (CGCPOF), I hereby declare that the information contained in this application is accurate to the best of my knowledge, and understand that any misstatement of fact may be grounds for denial of this request or recoupment of a grant.

I expressly waive and hold harmless the CGCPOF and any representative who may be acting on behalf of the Foundation, from any and all claims that might arise as a result of this application.

I understand that the CGCPOF is an independent private entity, and not part of the U.S. Government. This application form is not subject to the Privacy Act (5 U.S.C. 552a). This form, with any attachments, will be kept on file by the CGCPOF President for a period of five (5) years.

The CGCPOF Fund exists to help meet the Beneficiary’s basic needs, including but not limited to:

- a. Housing/Lodging
- b. Medical treatment including medicine/prescriptions
- c. Food
- d. Childcare/Respite
- e. Emergency Travel
- f. Funeral Expenses

Disbursements WILL NOT be considered for, and are not limited to, the following:

- a. Credit card expenses
- b. Legal expenses
- c. Business debts
- d. Late fees or irresponsible financial acts

Applicant’s Signature: _____ **Date:** _____

EMAIL TO: president@cgcpof.org

- OR -

MAIL TO: Coast Guard Chief Petty Officers Association
Attn: CGCPO Foundation President (EYES ONLY)
5520-G Hempstead Way
Springfield, VA 22151-4009

***Please note: Processing this request may take up to ten (10) business days. The Applicant will be contacted via e-mail regarding approval/disapproval of the request.**

--- CGCPO FOUNDATION USE ONLY ---

Date Application Received: _____

Application Request (check one): APPROVED: _____ **DISAPPROVED:** _____

Amount of Grant if Approved: _____ **Check Number:** _____

Date of Check: _____ **Date Check Mailed:** _____

Authorized Signature: _____
(CGCPOF President or Treasurer)