

**Request for Louisiana APCO Funding Assistance**

Louisiana APCO has established a Fund for the purpose of providing a measure of financial assistance for those professionals in the public safety communications field who meet with a qualifying event of a nature that affects their personal lives, the following recommendations for assistance is presented for consideration:

**Recipient Information**

**Name of Recipient**

**Street Address**

**City, Zip**

**Phone Number**

**Email**

**Place of Employment**

**Department Head/Director Name**

**Individual Presenting the nomination:**

**Name**

**Phone Number**

**Email**

**Relationship to Recipient**

**Are you aware of the circumstances by your direct knowledge?  
(if not): Reported to you by:**

**Phone Number (or contact information)**

**Amount of damage**

**Did the recipient have insurance that covered the damage?**

**Did the recipient receive funding from any other sources?**

**Please provide Information on the Incident**

**Signature of Submitter:  
Date**

**Signature of Recipient  
Date**

Scan and email the submission to: [membership@laapco.org](mailto:membership@laapco.org)

Form also located on [www.laapco.org](http://www.laapco.org)