**LOS ANGELES POLICE FOUNDATION**

**DONATION REQUEST REVIEW – RESTRICTED ACCOUNT**

Report Date:

Prepared by:

Name of program/equipment requested:

|  |  |  |  |
| --- | --- | --- | --- |
|  | REVIEWED BY CHAIN OF COMMAND | COMMANDING OFFICER’S INITIAL | DATE |
| **1** | Area/Div Commanding Officer |  |  |
| **2** | Group Commanding Officer |  |  |
| **3** | Bureau Commanding Officer |  |  |
| **4** | Office Director |  |  |
| **5** | Office of Constitutional Policing and Policy – Grants Section |  |  |
|  |  |  |  |

**NOTE:** Once approved, the Grants Section will send the donation request to the Los Angeles Police Foundation.