



2026 DONATION APPLICATION

Donation Number _____ -- _____ (office use only)

Date: _____ Amount Requested: \$ _____

Contact Name(s): _____

Department/Unit: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Name of Program/Equipment requesting funding for: _____

Provide a brief description and the need for the program/equipment (use additional paper if needed):

Has this program/equipment previously been requested through the city budget? ☐ YES ☐ NO

If yes, please list the most recent date of submission and the result: _____

If no, please explain the reason why it was not submitted: _____

What objectives will be accomplished if the funding is granted? _____

How many officers will be impacted with this donation?

How will the community be impacted by this donation?

Describe the short-term outcome and long-term impact you anticipate within the Department and in the community it serves as result of this donation.

How can the Foundation evaluate success if the funding is granted? (# of people served, objectives reached, surveys, etc.)

Please list or attach an itemized list for expenses or a quote from equipment manufacturer on vendor's letterhead.

Has your commanding officer approved this request? ☐ YES ☐ NO

Name of commanding officer: _____

Signature of commanding officer: _____

For questions, comments, or concerns, contact Jacqui McAndrews at (213) 489-4636 or email jacqui@supportlapd.org.