**FRED MANN’S FAMILY LUCKY BAG FUND**

**Administered by: The Coast Guard Chief Petty Officers Foundation, Inc.**

**Administration & Disbursement Guidelines**

**Administration:**

1. The Coast Guard Chief Petty Officers Foundation, Inc. (CGCPOF) Board of Directors (BOD) is responsible for administration and grant approval for the **FRED MANN’S FAMILY LUCKY BAG FUND** (**Fund**).
2. The CG-CPO Foundation President will notify the BOD of a funding request within seven business days of receipt. Upon receiving the request, the BOD will deliberate and provide notice of approval / disapproval within five business days. The President will inform the Applicant of the BOD’s decision immediately via email.
3. Disbursements shall normally be granted up to $200 per request. The minimum and maximum dollar amount disbursed, and the number of grants provided by the **Fund** per calendar year shall be determined by the funds available in the **Fund** account.
4. The CG-CPO Foundation Treasurer will provide a report to the BOD regarding the **Fund**’s activities each fiscal year.

**Disbursement Guidelines:**

1. A disbursement from the **Fund** is intended as a one-time grant to a member of the Coast Guard Family (Enlisted or Officer Active Duty, Reserve or Retired members or Civilian employees, or an immediate family member) who has experienced an unforeseen financial crisis. It is expected that the Beneficiary shall have exhausted their personal resources before requesting a grant from the **Fund**. The disbursement shall not be considered a loan, and if granted, there will be no expectation of repayment by the Beneficiary (except in the case of a fraudulent application).
2. Disbursements shall be made directly to the Beneficiary whenever possible. If direct disbursement is not possible, checks for disbursements may be made out to a third party entity such as a family member who is authorized to act on the Beneficiary’s behalf, a local CPOA Chapter or CGEA Branch.
3. Since the need for financial assistance may be urgent or time sensitive, the application should be submitted as soon as practical as the grant process may take up to fifteen (15) business days from the date the application is received by the CGCPOF President at the Coast Guard Chief Petty Officers Association (CPOA) National Office.
4. Prior to granting a disbursement, the BOD requires the **Fund** Application be filled out completely and submitted to the CGCPOF President (see the attached application with the CPOA National Office mailing address). Any information provided by the Applicant regarding the Beneficiary shall be kept completely confidential. The personal information collected shall only be reviewed by the BOD during the grant process, to ensure the CGCPOF maintains due diligence in the proper administration of the **Fund**.

**As funds may be limited, priority for disbursement will be as follows;**

**a. Active Duty, Reserve & Retired Enlisted Members and their families.**

**b. Active Duty, Reserve, Retired Officers and Civilian members of the Coast Guard and their families.**

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

**a.** Housing/Lodging **d.** Childcare/Respite

**b**. Medical treatment including medicine/prescriptions **e**. Emergency Travel

**c.** Food **f.**  Funeral Expenses

Disbursements **WILL NOT** be considered for (but not limited to) the following:

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

e. School expenses



COAST GUARD CHIEF PETTY OFFICERS FOUNDATION, Inc.

**FRED MANN’S FAMILY LUCKY BAG FUND**

**APPLICATION**

# APPLICANT / BENEFICIARY INFORMATION

## Name (Last, First, MI):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s complete mailing or home address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City State ZIP-Code**

**Applicant’s Phone:**

**(\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Circle one: Home/Mobile Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Association Member (circle one): Self / Family Mbr./ Other**

**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’s):(\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Circle one: Home/Mobile Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the Beneficiary currently employed? (circle one): YES / NO**

**If yes, Company Name & Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Request (loss of job, medical issue, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated net monthly household income (dollar amount): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated total monthly expenses/debt (dollar amount): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement of need (dollar amount up to $200) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# APPLICANT / BENEFICIARY INFORMATION (Cont.)

**Applicant’s Questions or Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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By signing this application requesting a grant from the FRED MANN’S FAMILY LUCKY BAG FUND, 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.

I expressly waive and hold harmless the FRED MANN’S FAMILY LUCKY BAG FUND and the Coast Guard Chief Petty Officers Foundation, and any Coast Guard representative who may be acting on behalf of this Fund, from any and all claims that might arise as a result of this application.

I understand that the CPO Foundation is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). This form, with attachments, will be kept on file at the CPOA National Office for a period of five (5) years.

I have read, understand and agree to the terms and policies as specified in the FRED MANN’S FAMILY LUCKY BAG FUND Administrative and Disbursement Guidelines.

**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAIL TO: Coast Guard Chief Petty Officers Foundation**

 **Attn: CG-CPO Foundation, Inc. President (EYES ONLY)**

**5520-G Hempstead Way**

**Springfield, VA 22151-4009**

**\*Please note: The process to evaluate this request may take up to ten (10) business days. If the request is approved, please allow an additional five (5) business days for receipt of funds. Applicants will be contacted via e-mail or phone regarding the status (approval/disapproval) of their request.**