



## **The Frank J. Battaglia Signal 13 Foundation, Inc.**

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The Frank J. Battaglia Signal 13 Foundation provides emergency financial assistance in the form of grant monies to active members of the Baltimore Police Department, both sworn and civilian, who have at least one year of service with the agency.

Although any member of the Department who meets these eligibility requirements may apply for help, Foundation grants are generally awarded to applicants who have encountered an unexpected situation of extreme distress where circumstances are well beyond their control, such as a house fire, a sudden loss of income due to injury or sickness, or emergency travel arrangements for the family of an injured member.

Individuals who may have allowed their financial obligations to exceed their income are not the Foundation's intended focus unless some sort of personal or family tragedy is responsible for the debt. In situations where this may be the case, applicants will need to furnish evidence that unexpected circumstances rather than personal financial mismanagement have created the need for assistance.

Whenever an eligible member submits a grant application package, the Foundation's Grant Assessment Committee will review the circumstances along with any relevant financial documentation provided by the applicant. The Committee will not only give consideration to the grant application itself, but also to the applicant's potential ability to secure a loan, draw from existing personal assets such as a deferred compensation account, or even negotiate with creditors.

Foundation resources are limited, and these limitations will bear on the Committee's deliberations. Denial of an application for assistance does not mean that the Grant Assessment Committee considers it to be unworthy, only that it is beyond the scope of the Foundation's program. Grant applications that are approved by the Committee will be paid directly to the creditor(s) or merchant(s) associated with the application. Typically the Committee requires at least one week to render a decision on any given application, though in certain time-sensitive circumstances faster responses are possible.

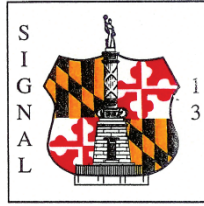
### **Grant Application Procedure**

The Foundation's Grant Application Form is a four-page document to be completed and submitted by the applicant. The information it contains will be held in the strictest of confidence and used only by the Grant Assessment Committee during its deliberations.

Page three of the Application Form contains a section entitled "Monthly Income and Expense Form." Applicants must complete this section in its entirety and to the greatest level of accuracy possible. Documentation is required to show a need for assistance, so copies of work estimates or billing statements should be submitted whenever available.

Finally, prior to submission, both the applicant and his/her Commanding Officer (holding the rank of Deputy Major or above) must sign the document. Civilian members may substitute the signature of their Department supervisor in cases where they do not work for a sworn, permanent rank member of the Department holding the rank of Deputy Major or above.

Completed applications must be faxed to 410-335-1056 or send via email to [grants@signal13foundation.org](mailto:grants@signal13foundation.org).



**The  
Frank J. Battaglia  
Signal 13 Foundation, Inc.**

P.O. BOX 24801 • BALTIMORE, MARYLAND • 21220 - 0801  
TELEPHONE: 410-335-1056 • FAX: 410-335-1056  
www.signal13foundation.org

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**CONFIDENTIAL APPLICATION FOR ASSISTANCE**

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CASE NUMBER: \_\_\_\_\_  
*For Foundation use only.*

Please type or print legibly

**1. Applicant Information**

Full Name: \_\_\_\_\_  
*Last First Middle*

E.O.D.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Rank: \_\_\_\_\_ District / Unit of Assignment: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Number Street Apartment Number (if applicable)*

\_\_\_\_\_ *City / Town State Zip Code*

Marital Status:  Married  Single  Separated  Divorced  Widowed

Spouse's Name: \_\_\_\_\_  
*Last First Middle*

Spouse's Address: \_\_\_\_\_  
*Number Street Apartment Number (if applicable)*

\_\_\_\_\_ *City / Town State Zip Code*

Dependents (if applicable; attach additional page if necessary)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Is this the first Application for Assistance that you've made to the Signal 13 Foundation?

Yes  No

If "No," please give the date of your last request(s) and the outcome: \_\_\_\_\_

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3. Have you requested assistance from any other sources or organizations?

Yes  No

If "Yes," please name or describe the source(s) or organization(s) and describe the outcome: \_\_\_\_\_

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4. What type of assistance are you requesting from the Signal 13 Foundation?

Grant  Other

If "Other," please describe: \_\_\_\_\_

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5. What is the AMOUNT YOU ARE REQUESTING? \$ \_\_\_\_\_

6. List any insurance coverage that may be available (*health or dental insurance, homeowner's or renter's insurance, automobile policy, etc.*). If your insurance coverage is insufficient, or has been exhausted, include that information here:

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7. Have you ever declared bankruptcy, are you now in bankruptcy, or do you plan to declare bankruptcy in the near future?

Yes  No

If "Yes," please provide the date(s). Include as necessary any date(s) of discharge: \_\_\_\_\_

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8. Would you be willing to seek the advice of a consumer credit counseling service?

Yes

No

9. Are you currently suspended from duty?

Yes

No

If "Yes," is the suspension:

With Pay

Without Pay

Expected date of reinstatement (*if known*): \_\_\_\_\_

10. Have you applied to the Fraternal Order of Police (FOP) Lodge 3 for assistance?

Yes

No

If "Yes," will you grant the Signal 13 Foundation permission to consult with FOP Lodge 3?

Yes \_\_\_\_\_  
*Initials*

No \_\_\_\_\_  
*Initials*

11. Please complete the chart below:

Monthly Income and Expense Form			
Monthly Income		Monthly Expenses	
Primary Monthly Income		Mortgage/Rent	
Secondary Job		Car Lease or Payment	
Spousal Income		Utilities	
Alimony/Child Support		Insurance (home/auto)	
Social Services		Health Insurance	
Foster Child Income		Loan Payments (all)	
Other		Credit Card Payments	
		Cable/Internet	
		Cell Phone	
		Alimony/Child Support	
<b>Yearly Income</b>		Food	
<b>Total Yearly Income for Entire Family</b>	\$ _____	Clothing	
(Include <u>all</u> sources, such as part time/secondary employment, spousal income, interest/dividends, etc.)		Garnishments	
<b>Total Deposits in Checking/Savings Accounts</b>	\$ _____	Tuition	
(Includes spouse's accounts)		Student Loans	
<b>Total Yearly Obligations</b>	\$ _____	Other	
(Include bills, expenses, and other liabilities)			

12. In the space that follows, please DESCRIBE IN DETAIL the circumstances that have caused you to seek assistance from the Signal 13 Foundation (*attach additional sheets if necessary*):


*Continue on Next Page*

