

Application Form for a Florida Safe Schools Canine Partner

Partner Application

Applicant Information			
Contact			Date:
Name:			
Contact Info:	Email:		Phone:
	Address:		City, State Zip:
Application	□Individual Name:		
Type:	□School	School Name:	
(Select one)	□Business	Business Name:	
	Website:		
Receiving			Contact Name:
Law			
enforcement			
agency:			
Contact Info:	Email:		Phone:
	Address:		City, State:
Donation	□ Monetary		
type:	□ In-kind	Description:	
(Select one)			
Donation		Individual minimum donation: \$500.00	
value:	Business or school minimum donation: \$1,000.00		
Donation			
date:			
Notes:			

The Office of Safe Schools will post to its website (https://www.fldoe.org/safe-schools/) a list of persons, schools, and business entities, by county, which have the Florida Safe Schools Canine Partner designation.