Donation & Program Support Application

Thank you for your interest in support from Light Their Way to combat child exploitation and trafficking. Due to increasing demand and limited resources, all agencies requesting support must complete this application. Our goal is to ensure resources are directed where they will have the greatest impact.

1. Agency Information

Agency Name

Agency Type (Police Department, Sheriff's Office, Task Force, Nonprofit, etc.)

Address

City / State / ZIP

Website

Primary Contact

Name

Title

Phone

Email

Secondary Contact (if applicable)

Name

Title

Phone

Email

2. Community & Jurisdiction

Population served

Geographic area covered

Description of community (urban, suburban, rural)

Does your agency currently have a Crimes Against Children unit? ☐ Yes ☐ No

If yes, please describe:

Does your agency participate in any task forces (ICAC, Human Trafficking, etc.)? ☐ Yes ☐ No

If yes, list:

3. Request & Current Need

Please describe the specific resource, program, or equipment you are requesting:

Total estimated cost of the request:

Amount of funding requested from Light Their Way:

Please describe why your agency is requesting this support:

What specific challenges are you currently facing without this resource?

How frequently does your agency handle cases related to child exploitation, trafficking, or digital crimes?

☐ Weekly ☐ Monthly ☐ Occasionally

Approximate number of relevant cases handled annually

4. Impact & Use

How will the requested resource be used within your agency?

Will this resource be shared with other agencies or task forces? ☐ Yes ☐ No

If yes, please explain:

Estimated number of cases or individuals this resource will impact annually

Describe the expected impact on investigations, prevention, or victim recovery:

5. Implementation & Personnel

Who will be responsible for implementing or managing this resource/program?

Title / Role

Years of experience

Describe the team's experience relevant to this request:

Is there a long-term commitment to maintaining and utilizing this resource? ☐ Yes ☐ No

Describe capacity to effectively implement and sustain this initiative:

6. Agency Commitment

Does your agency commit to:

Proper use and stewardship of donated resources? ☐ Yes ☐ No

Covering any ongoing expenses (if applicable)? ☐ Yes ☐ No

Maintaining required training, certifications, or compliance? ☐ Yes ☐ No

Please describe your agency's ability to support this initiative long-term:

7. Funding & Resources

Has your agency sought funding through other sources (grants, donations, budget allocations)? ☐ Yes ☐ No

If yes, please explain:

Why is outside funding necessary for this request?

Are matching funds available? ☐ Yes ☐ No

If yes, amount

8. Recognition & Awareness

Are you willing to acknowledge Light Their Way in media, press releases, or public communications? ☐ Yes ☐ No

Are you open to participating in awareness campaigns related to child exploitation prevention? ☐ Yes ☐ No

9. Additional Information

Please include any additional details that will help us evaluate your request:

10. Certification

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

Name

Title

Signature

Date

Submission Instructions

Please submit completed applications and any supporting documentation to:

Light Their Way

Email: helplighttheirway@gmail.com

Mailing Address: PO Box 180112, Delafield, WI 53018

Optional Supporting Documents

Check any documents you are including with this application:

- ☐ Letters of support
- ☐ Case statistics
- ☐ Budget information
- ☐ Media coverage

Light Their Way reserves the right to approve applications based on impact, need, and available funding.