



## FIRE FAMILY FOUNDATION FINANCIAL ASSISTANCE APPLICATION

Please see the Grantmaking Guidelines of the Fire Family Foundation for more information about eligibility for grants and the grantmaking process.

**Date Submitted:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Fire Dept.: \_\_\_\_\_ Email: \_\_\_\_\_  
DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If the grant recipient is not a firefighter, what is the individual's family relationship to a firefighter?

Applications may be submitted by individuals other than the intended grant recipient if the applicant has relevant knowledge (e.g., by a Fire Department on behalf of one of its firefighters), if determined by the Fire Family Foundation to be appropriate under the circumstances. If the applicant is not the grant recipient, what is your relationship to the recipient?

**Amount of Financial Assistance Requested:**                    \$ \_\_\_\_\_

**Purpose of Funds & Personal Statement of Reason for Assistance:**

Please include with the application, if appropriate and possible under the circumstances:

1. Supporting documentation of the need, such as incident, police, medical report, newspaper, etc.
2. Documentation of the expense, such as a bill or fee estimate.

If documentation of the expense is not appropriate or cannot be provided under the circumstances, please explain:



Whenever possible, grants will be paid directly to third parties to pay for the specific need (e.g., to an alternative medicine practitioner or a mental health counselor), rather than to the individual grant recipient. Please provide the name, address and telephone number of the party to whom payment would be made:

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Demonstration of Need

**Monthly Expenses & Income: (Indicate Amounts)**

Mortgage: \_\_\_\_\_ Taxes: \_\_\_\_\_  
Auto: \_\_\_\_\_ Insurance: \_\_\_\_\_  
Medical: \_\_\_\_\_  
Personal Loans: \_\_\_\_\_  
Utilities: \_\_\_\_\_ Food: \_\_\_\_\_  
Credit Cards: \_\_\_\_\_  
Other: \_\_\_\_\_

**Monthly Income:**

Salary: \_\_\_\_\_  
Spouse's Salary: \_\_\_\_\_  
Rental Property: \_\_\_\_\_  
Pension: \_\_\_\_\_  
Social Security: \_\_\_\_\_  
Worker's Comp: \_\_\_\_\_  
Other: \_\_\_\_\_  
Savings: \_\_\_\_\_

Dependents (if applicable):

- 1. \_\_\_\_\_ Age: \_\_\_\_\_
- 2. \_\_\_\_\_ Age: \_\_\_\_\_
- 3. \_\_\_\_\_ Age: \_\_\_\_\_
- 4. \_\_\_\_\_ Age: \_\_\_\_\_
- 5. \_\_\_\_\_ Age: \_\_\_\_\_

Have you applied and/or received other financial assistance regarding this need? If so, when and from what source?

Is the expense covered partly or entirely by insurance? Yes No If yes, please describe.



Please describe any other relevant information or circumstances:

Does the intended recipient of the grant have any family or business relationships with any of the Fire Family Foundation’s Board members, officers, approval committee or top donors staff?    No        Yes        If yes, please describe:

**CERTIFICATION**

By signing below, I certify that all of the information and documentation that I have provided to the Fire Family Foundation on, and in connection with, this application is true, correct and complete, to the best of my knowledge. With my signature, I authorize the Fire Family Foundation to request any type of credit/background reports that is needed to process this application request.

I understand that:

- The Fire Family Foundation is a Section 501(c)(3) tax-exempt nonprofit corporation, and is subject to various legal requirements in awarding grants under the Fire Family Relief Fund. All grants will be made in accordance with the Grantmaking Guidelines of the Fire Family Relief Fund and applicable law.
- Additional information and documentation may be required (1) in order to qualify for a grant, and/or (2) after a grant is made, to confirm that the grant funds were used for the intended purposes (e.g., receipts). The Fire Family Foundation will determine in its sole discretion whether the documentation provided is sufficient.
- The Fire Family Foundation seeks to support individuals who are eligible for assistance under the Fire Family Grant-making Guidelines. However, eligibility for a grant does not guaranty that a grant will be awarded. All grants will be made by the Fire Family Foundation in its sole discretion.
- By signing this form, I acknowledge and agree that if a grant is awarded: (1) the grant funds must be used for the purposes described in this application, and (2) any amounts not used for those purposes (or other purposes subsequently approved by the Fire Family Foundation) must be returned to the Fire Family Foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Received by Fire Family Foundation: \_\_\_\_\_, by \_\_\_\_\_