



Grant Review Committee Use Only:

Amount Funded: \$ _____

Check# _____ Date: _____

2027 Grant Application

Firefighter Support Restricted Account

Please type or print neatly:

DEPARTMENT / ASSOCIATION: _____

Mailing Address: _____

Contact Person: _____ **Title:** _____

Phone: _____ **Email:** _____

Amount of Request: _____

*Please note that the **maximum amount** that will be awarded to a department or an association will be **\$5,000.00**

Purpose of Request: _____

Category:

☐ Firefighter health and safety

☐ Firefighter training

☐ Assistance with purchase of structural firefighting equipment or apparatus

PROVIDE JUSTIFICATION TO SUPPORT YOUR REQUEST: (please use additional papers if needed)

Signature of Applicant: _____

Date: _____

Signature of Chief or Association

President: _____

(if not applicant)

Federal Tax ID # _____

****Please be advised that if your department is awarded a grant, you must request payment (reimbursement) by 31 July 2027, or your funds will be awarded to another applicant.**

Please submit applications by email to:

USFA Treasurer Coty Chadburn: treasure.usfa@gmail.com

Application Deadline: Wednesday October 1, 2026