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, 2025