



COLORADO PROFESSIONAL FIRE FIGHTERS FOUNDATION APPLICATION

The purpose of the Foundation is to try to relieve some of the economic hardship caused by tragedies and natural disasters suffered by Colorado residents or others while in Colorado. The Foundation has limited funds and there are many people who may be deserving of grants. Not all requests can or will be funded. Decisions on funding will be made by the Board of Directors. The Board will consider the following factors in making its decisions: the event causing the harm must have occurred within 6 months of the application; the nature of the tragedy; the cause of the tragedy; the impact of the tragedy on the applicant or his/her family; the financial circumstances of the applicant and the intended use of any award. The Foundation reserves the right to investigate any information contained on this application in order to help make its decision about funding.

Directions: Please fill out the entire application. The information provided assists the board with making decisions on awarding grants. The first page contains general information about who is requesting the grant. This information is held in confidence and is used to determine the need for a grant. The second page asks for specific information about the tragedy or event that you are seeking a grant for. Once again this information is held in confidence and is used to determine the need for a grant.

Date: ____/____/____

Name: _____

Address: _____

Phone Number: _____

E-mail address: _____

Social Security Number of Applicant: _____

Date of Tragedy: _____

Marital Status: (Check One) Single Married Divorced Widowed Gross Family

Income Last Year: _____

If awarded a grant, may the Foundation use your circumstances in its solicitation of funds from potential donors? Yes No

May we use your name(s)? Yes No

If awarded a grant, do you consent to an investigation into the use of the funds? Yes No

Please continue on second page



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Describe the tragedy for which you seek a grant (Attach additional sheets if needed)

Describe any additional circumstances that aggravate the impact of the tragedy on you or your family (Attach additional sheets if needed)

Describe how you will use any grant that is awarded (Attach additional sheets if needed)

_____ Signature

By signing I affirm that all statements on this application are true.

_____ Date

Mail to: Colorado Professional Fire Fighters Foundation 2342 Broadway Denver, CO 80205