

# DFRA Firefighters Fund Request

DFRA Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Who or What funds to be used for:

\_\_\_\_\_

Why do you feel the Firefighters Fund should sponsor your request?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many other members of DFRA will benefit from the use of funds? \_\_\_\_\_

Who are they?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

FireFighters Fund Committee Use Only:

Date Received: \_\_\_\_\_ by Whom: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Approved: \_\_\_\_ Denied: \_\_\_\_ Check #

Reason:

\_\_\_\_\_