*Please see the Associations’ Grantmaking Guidelines for information about eligibility and the grantmaking process.*

Beneficiary’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: State: Zip:

Home Phone: Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: DOB: If Married, Spouse’s Name: Spouse’s Occupation:

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: State: Zip:

Home Phone: Cell: \_\_\_\_\_\_\_\_\_\_\_\_

Email:

1. How are you related to the beneficiary?

Self

Parent

Spouse/Domestic Partner

 Grandparent

Child

Grandchild of Firefighter

Advocate for Beneficiary

1. Firefighter’s information:

 Firefighter Date of Retirement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What circumstances led you to request financial assistance? (Add separate page if necessary.)
2. Amount of financial assistance requested:

Payee Purpose Amount

1. \_\_\_\_\_\_\_\_\_\_\_\_\_ $

2. \_\_\_\_\_\_\_\_\_\_\_\_\_ $

3. \_\_\_\_\_\_\_\_\_\_\_\_\_ $

4. \_\_\_\_\_\_\_\_\_\_\_\_\_ $ TOTAL AMOUNT OF FINANCIAL ASSISTANCE REQUESTED: $

Are any of these bills partially or fully covered by insurance? If yes, please describe:

1. Dependents (if applicable):
	1. Relationship:
	2. Relationship:

|  |  |  |
| --- | --- | --- |
| 3.  | Relationship:  | Age:  |
| 4.  | Relationship:  | Age:  |
| 5.  | Relationship:  | Age:  |

 Age:

1. Have you applied for and/or received other financial assistance related to this request? If so, when and from what source? (Include GoFundMe, FundtheFirst, or other fundraiser link if applicable)

SUBMITTING APPLICATIONS: Documents may be mailed to PO Box 1540, Frederick, Md 21702-9921 **or emailed** to **BOD1@mocoretiredff.com**

1. Important notes about the application process:
* Please completely fill out this application.
* We may contact you for a brief phone interview after we have reviewed your application.
1. Certification:

By signing below, I certify that all of the information and documentation that I have provided in connection with, this application is true, correct and complete, to the best of my knowledge.

* The Retired Firefighters Association of Montgomery County, Maryland Inc (Association) is a Section 501(c)(3) tax-exempt nonprofit corporation, and is subject to various legal requirements in awarding grants. All grants will be made in accordance with the Grantmaking Guidelines of the Association and applicable law and payments will be reported as required by law.
* Additional information and documentation may be required (1) in order to qualify for a grant, (2) to disburse funds, and/or (3) after a grant is made, to confirm that the grant funds were used for the intended purposes (e.g., receipts). The Association will determine in its sole discretion whether the documentation provided is sufficient.
* The Association seeks to support individuals who are eligible for assistance under the Association Grantmaking Guidelines. However, eligibility for a grant does not guaranty that a grant will be awarded. All grants will be made by the Association 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, (2) any amounts not used for those purposes (or other purposes subsequently approved by the Association) must be returned to the Association, (3) it is my responsibility to report grants as required by law for federal and state income tax purposes.

Signature Date

For Office Use Only

Grant approved / denied Date \_\_\_\_\_\_\_

Amount granted \_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_