



# Fire Fighters Association of Missouri Equipment Grant Application

- The grant application must be postmarked by July 1. The grant will be awarded on or before August 15.
- The department must be a current member of the FFAM as well as a department member of the previous calendar year.
- The grant(s), up to \$10,000, will be awarded annually. The grant may be awarded to one or multiple departments as selected by the Awards Committee. An established rating system will be used.
- The grant may only be used for the purchase of firefighting equipment and may not be used for personnel or operating expenses.
- This grant is for reimbursement of purchases only. No money will be dispersed at the time of award. Funds will be reimbursed after proof of purchase only.
- If awarded grant funds, the fire department must submit receipts for purchased items to the FFAM Secretary/Treasurer no later than December 1. Once receipts are received and purchases are verified, grant funds will be reimbursed to the department prior to the end of the fiscal year.

Date of application: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_



- Do not specify brand names or specific models for the requested equipment.
- Eligible equipment includes but is not limited to communications, hand tools, water delivery tools, PPE, pumps, tanks, power tools, safety equipment, hose, adapters, etc.
- If awarded funding, you must purchase EXACTLY what is asked for in the request list below.
- If awarded funding, a receipt must be submitted for items purchased prior to grant funding reimbursed to the department.

Equipment Requested	\$ per each	Quantity	Total \$
Example: Pagers	\$300.00	10	\$3,000

Equipment Request Grand Total \_\_\_\_\_

Certifications & Assurances:

I, \_\_\_\_\_, certify that the statements above are true and accurate to the best of my knowledge and that any false or incorrect information will void this application.

Department Name: \_\_\_\_\_

Applicant's Name Printed: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Submit completed application and supporting documentation to:

FFAM  
PO Box 1153  
Warrensburg, MO 64093

Or via email to:

[ffam.jmiller@gmail.com](mailto:ffam.jmiller@gmail.com)