

APPLICANT AND DEPARTMENT INFORMATION

First Name	Last Name	Email Address	Department Tax ID#
Organization/Department	Alternate Name	Alternate Email	
Address Line 1		City	
Address Line 2		State	Zip
Shipping Address Line 1		Shipping City	
Shipping Address Line 2		Shipping State	Shipping Zip
Organization Phone Number	Applicant Cell Phone Number	Alternate Contact Number	
Local Approval Pre-qualifications			

APPLICATION REQUEST INFORMATION

The type of grant you are requesting:	What is the EXACT cost of the equipment?	
Variances in the amounts requested will be the responsibility of the grant recipient to pay directly?		
What Equipment are you requesting for your department?	Briefly explain how the equipment will benefit your community and your department.	
Vendor Company Name	Sales Representative Name	Sales Representative Email
What is the amount of funding you are requesting?	Please provide a detailed description of how the funding will assist your organization:	
How many scholarships would the requested funding provide?	Please describe the selection and distribution process for the requested scholarship funding.	

COMMUNITY IMPACT

Have you unsuccessfully reached out to the city for funds to purchase the equipment?	Was there a particular instance where a life would have been positively impacted if you would have had the equipment available?
What positive effects will the equipment specifically have? Please use statistics when possible.	

FIREHOUSE SUBS RELATIONSHIP

Address of Firehouse Subs location nearest you.	How far is this location from your department? ____Miles
How did you hear about our organization?	Has your department received funding from Firehouse Subs Public Safety Foundation in the past?

By applying, you grant Firehouse Subs Public Safety Foundation (the "Foundation") permission to use your organization's name and identifying trademarks in connection with this application and in connection with the Foundation's solicitations for support.

Initial Acceptance	PIO Email:
PIO (Public Information Officer) Name:	PIO Phone Number: