F.I.R.E. Cancer Foundation
Financial Assistance Application

Please see the Grant making Guidelines of the Fire Family Foundation for more information about eligibility for grants and the grant making process.

Date Submitted: _____

Name: _____ **Phone No.:** _____ - _____ - _____ **Cell No.:** _____ - _____ - _____

Address: _____ _____ **City:** _____ _____ **State:** _____ **Zip:** _____

Fire Dept.: _____ **Email:** _____ _____

DOB: _____ **Marital Status:** _ _____ **SSN#:** _____ - _____ - _____

Name of the firefighter the grant is being requested for and what fire department do they work for?
_____ _____

Applications may be submitted by individuals other than the intended grant recipient if the applicant has relevant knowledge (e.g., by a Fire Department on behalf of one of its firefighters), if determined by the Fire Family Foundation to be appropriate under the circumstances. If the applicant is not the grant recipient, what is your relationship to the recipient? _____

Purpose of Funds & Personal Statement of Reason for Assistance:

_____

_____

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F.I.R.E. Cancer Foundation
22339 Watson Circle NW, Elk River, MN 55330

Please include with the application, if appropriate and possible under the circumstances:

1. Supporting documentation of the need, such as incident, police, medical report, newspaper, etc.
2. Documentation of the expense, such as a bill or fee estimate.

If documentation of the expense is not appropriate or cannot be provided under the circumstances, please explain:

_____

_____

_____

Whenever possible, grants will be paid directly to third parties to pay for the specific need (e.g., to an alternative medicine practitioner or a mental health counselor), rather than to the individual grant recipient. Please provide the name, address and telephone number of the party to whom payment would be made:

Name: _____ **Phone No.:** (____) ____-_____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Dependents (if applicable):

1. _____ **Age:** _____
2. _____ **Age:** _____
3. _____ **Age:** _____
4. _____ **Age:** _____
5. _____ **Age:** _____

Have you applied and/or received other financial assistance regarding this need? If so, when and from what source?

_____

_____

_____

_____

Is the expense covered partly or entirely by insurance?   Yes _____   No _____   If yes, please describe.

_____

Please describe any other relevant information or circumstances:

_____

_____

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Does the intended recipient of the grant have any family or business relationships with any of the F.I.R.E Cancer Foundation's Board members, officers, approval committee or top donors staff?   No _____ Yes _____   If yes, please describe:

_____

_____

_____

Certification

By signing below, I certify that all of the information and documentation that I have provided to the Fire Family Foundation on, and in connection with, this application is true, correct and complete, to the best of my knowledge. With my signature, I authorize the Fire Family Foundation to request any type of credit/background reports that is needed to process this application request.

I understand that:

- The F.I.R.E Cancer Foundation is a Section 501(c)(3) tax-exempt nonprofit corporation, and is subject to various legal requirements in awarding grants under the F.I.R.E Cancer Foundation Relief Fund. All grants will be made in accordance with the Grant making Guidelines of the F.I.R.E Cancer Foundation Relief Fund and applicable law.

- Additional information and documentation may be required (1) in order to qualify for a grant, and/or (2) after a grant is made, to confirm that the grant funds were used for the intended purposes (e.g., receipts). The F.I.R.E. Cancer Foundation will determine in its sole discretion whether the documentation provided is sufficient.

- F.I.R.E. Cancer Foundation seeks to support individuals who are eligible for assistance under the F.I.R.E. Cancer Foundation Grant making Guidelines. However, eligibility for a grant does not guaranty that a grant will be awarded. All grants will be made by the F.I.R.E. Cancer Foundation in its sole discretion.

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- 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, and (2) any amounts not used for those purposes (or other purposes subsequently approved by the F.I.R.E. Cancer Foundation) must be returned to the F.I.R.E. Cancer Foundation.

_____   _____

Signature   **Date**
_____

Date Received by F.I.R.E. Cancer Foundation: _____, by _____.

F.I.R.E. Cancer Foundation
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