



# KSFFA 2022 SAFER GRANT

## REIMBURSEMENT REQUEST FORM

### VOLUNTEER INFORMATION

Full name:

\_\_\_\_\_

Hire  
Date:

\_\_\_\_\_

DOB:

\_\_\_\_\_

Gender:

\_\_\_\_\_

### DEPARTMENT INFORMATION

Mailing  
Address:

\_\_\_\_\_

*Street address*

Phone:

\_\_\_\_\_

\_\_\_\_\_

*City*

*State*

*Zip Code*

Email:

\_\_\_\_\_

### REQUESTED FUNDS

#### **NFPA 1582 Physical**

**Amount: \$** \_\_\_\_\_

Up to \$500.00

Attach Required Documents:

- Completed NFPA 1582 Physician Sign Off Form
- Invoice with Volunteer's Name Referenced.
- Cancelled Check

#### **PPE**

**Amount: \$** \_\_\_\_\_

Up to \$2,925.00

Attach Required Documents:

- Invoices with new recruits name referenced. Reimbursable items include boots, pants, coats, gloves, (ANSI)- approved retro-reflective hoods, goggles, and a helmet.
- Cancelled Check
- Completed NFPA 1582 Physician Sign Off Form or Fit for Duty signed form.



# KSFFA 2022 SAFER GRANT

## REIMBURSEMENT REQUEST FORM

### Training

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

Up to \$2,500

Attach Required Documents:

- Invoice for the coursework that includes the description of the course enrolled and the firefighter that attended.
- Cancelled Check or sales receipt as proof of payment.

TOTAL REQUESTED \$ \_\_\_\_\_

### Reimbursement requirements:

- *Newly recruited Volunteers must be at least 18 years old to be eligible for this benefit.*
- *The newly recruited member must complete or be enrolled in Firefighter-1 level training (or departmental equivalent) prior to receiving reimbursement for PPE.*
- *Newly recruited members must pass an NFPA physical prior to requesting grant funds for the PPE.*
- *All PPE paid for with these grant funds must be delivered to the department before the grant ends on 11/24/2027.*

### Fire Chief Authorization

By signing below, I confirm that the Volunteer listed above is a new recruit since the beginning of the KSFFA SAFER Grant (November 28, 2023) is meeting minimum standards for my department, has received an NFPA 1582 physical and is in good standing with my department.

Fire Chief  
Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Phone

\_\_\_\_\_

# of active  
Volunteers:

\_\_\_\_\_