

APPLICATION PROCEDURE CHECKLIST

Each candidate must submit the following items:

Download or print the complete application form and submit by email with all required supporting documents.

Completed individual grant request application.

Documentation verifying the child or children are a descendant of a first responder (i.e. birth certificate).

Documentation from the governing agency confirming the law enforcement officer or firefighter is active duty; or confirmation from the governing agency of the line of duty death or permanent disability.

Copy of most recent tax returns.

Current documentation as to the amount of pension received in case of death or permanent disability.

Documentation of social security benefits being received by spouse and children in the case of death or permanent disability.

Candidate must submit all relevant documentation in support of the grant request including related receipts or invoices.

Decisions of the Grant Committee are final. The FRCF reserves the right to withhold grants in any category in the absence of qualified applicants. Applications are accepted and reviewed on a rolling basis.



First Responders Children's Foundation
CSX Pride In Service
Request for Individual Grant

PART A.

Name of Applicant: _____

Current address: _____

Telephone number: _____

Permanent address (if different): _____

Date of birth: _____ email address: _____

Are you, or is your spouse/parent an active duty first responder? _____

What is your relationship to the active duty first responder? _____

Name of the first responder department where you or your spouse/parent is employed:

a) Badge Number _____ b) Unit Assignment _____

Are you a parent/child/spouse of a first responder who has suffered a tragedy? _____

Name the first responder employer at the time of his/her death or permanent disability:

a) Badge Number _____ b) Unit Assignment _____

What is your relationship to the first responder who has suffered tragedy? _____



Please list any dependents of Applicant (e.g., dependent children and their ages, spouse, if applicable, or others - please describe any others):

Current employment and salary of all family members, if any:

PART B.

Please list all sources of family income including any salary, investment income, social security, etc.:

<u>SOURCE OF INCOME</u>	<u>AMOUNT</u>	<u>PAYMENT TYPE</u> <small>Daily, Weekly, Monthly, or Annually</small>
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	

TOTAL INCOME: \$ _____

Please list the family's major living expenses, and an estimate of costs, including housing expenses (i.e., rent or mortgage payments, utilities, etc.).

<u>DESCRIPTION OF EXPENSE</u>	<u>COST</u>	<u>PAYMENT TYPE</u> <small>Daily, Weekly, Monthly, or Annually</small>
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	

TOTAL EXPENSES: \$ _____



By signing here, I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for this grant.

Signature of Applicant or Legal Guardian

PART C.

Amount of grant requested: \$ _____

Please describe below the purpose for the grant (how the money is to be used?)

How did you hear about the CSX Pride In Service Individual Grant?

Please select the state you are located in from one of the 23 listed States below.

Open Response for any additional information:
