

Funding Application Form.

Please ensure that you have read and understood the Disbursement Policy before completing this form:

Applications for all categories can only be accepted from the relevant department Chief or Deputy Chief. Please complete all sections and include as much information as possible. Incomplete or insufficiently detailed answers may lead to a delay in any disbursement of funds.

Applicant Information	
Name of Applicant & Position (Chief or Deputy Chief)	
Fire Department Name	
Fire Department Postal Address, email & Phone number	
Full name of person who would receive funds (Recipient):	
Recipient Contact details: Address, Phone Number and email address	

Eligibility Criteria	Yes	No
Was the recipient an active Firefighter eligible for the Federal Tax Credit for the last three consecutive years?		
Is the recipient an active member of your Fire Department?		
Do you have the agreement of the recipient (Or family member) for this application?		

Application Category	Amount applied for
<p style="text-align: center;"><u>Immediate Need</u></p> <p>This is for the immediate use of the firefighter in the aftermath of an event such as sudden illness, bereavement or personal disaster.</p>	
<p style="text-align: center;"><u>Ongoing Need</u></p> <p>Used for ongoing needs such as medical care and expenses. Approval required from the disbursement committee and approval of the board before payment can be made.</p>	
<p style="text-align: center;"><u>Extraordinary Need</u></p> <p>A one off payment for a specific need, for example special wheelchair or modification to property to allow home living. Approval required from the disbursement committee and approval of the board before payment can be made.</p>	

Please only apply for the categories which are appropriate. Further applications can be made in any category up to the amounts listed in the NSFBF disbursement policy. Applications for categories not applicable may lead to delays in applications being processed. Ensure you enter the exact amount applied for in the relevant column above.

In the section below, please explain the nature of the crisis affecting the recipient. Please be as detailed as possible and include how the crisis has affected the recipient. Where possible, please provide a note from a licensed medical practitioner.

If further space is required, please continue of separate sheet

In order to satisfy Canada Revenue Agency requirements. We are obliged to establish the financial need of the applicant.

Please describe how the crisis has affected the recipient financially (with dollar amounts) as well as the current financial situation of the recipient. Provide as detailed information as possible to prevent delays in decisions or payments.

[Empty space for providing detailed financial information]

If further space is required, please continue of seperate sheet

Please explain how any funds disbursed will be used by the recipient. Please try to be as detailed as possible as documentary proof will be required to support any claim.

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If further space is required, please continue of separate sheet

Signature of applicant (Department Chief or Deputy Chief)	Date

As the applicant I declare that the information contained in this application is true and that I have the full permission of the recipient (Or recipients family) to make this application. I understand that any funds disbursed will be repayable by the relevant fire department if the claim is found to be false or misleading.