



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

Facilities Maintenance Fund Application Form

FY _____

Complete all items; incomplete applications will be returned, unprocessed, to applicant.

TYPE OF REQUEST: **Initial Request (FY07 only)** **Additional Request**

Applicant:	LFRD/DEPT:		
	Address:		
	Address:		
	Phone:		Station Number:

Point of Contact:	Name:		Phone:	
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INSTRUCTIONS

On sheets of 8-1/2 x 11 inch paper, provide a brief narrative containing the following information:

- PROJECT DESCRIPTION**
- SAFETY ISSUES:** Briefly indicate how these funds will address safety and/or Code issues.
- ALLOWABLE USES:** State how these funds will address one or more of the allowable uses.
- IMPACT ON STATION STAFF:** Has station staff been involved in making project decisions? Describe the impact that completing this project will have on staff.

BUDGET

Provide an itemized budget and/or a copy of all estimates obtained.

Total funds requested \$ _____

SUBMITTED BY:

Local Fire/Rescue Department Representative:

<i>Signature:</i>		<i>Date:</i>	
<i>Name:</i>		<i>Title/Rank:</i>	

MCFRS Station Commander or Facility Representative:

<i>Signature:</i>		<i>Date:</i>	
<i>Name:</i>		<i>Title/Rank:</i>	

For Office Use Only:

Date: *Received* _____ *Reviewed* _____ *Determination (Circle One):* *Award* *Deny*