

### APPLICANT AND DEPARTMENT INFORMATION

|                                   |                             |                          |                    |
|-----------------------------------|-----------------------------|--------------------------|--------------------|
| First Name                        | Last Name                   | Email Address            | Department Tax ID# |
| Organization/Department           | Alternate Name              | Alternate Email          |                    |
| Address Line 1                    |                             | City                     |                    |
| Address Line 2                    |                             | State                    | Zip                |
| Shipping Address Line 1           |                             | Shipping City            |                    |
| Shipping Address Line 2           |                             | Shipping State           | Shipping Zip       |
| Organization Phone Number         | Applicant Cell Phone Number | Alternate Contact Number |                    |
| Local Approval Pre-qualifications |                             |                          |                    |

### APPLICATION REQUEST INFORMATION

|   |   |                            |
|---|---|----------------------------|
| The type of grant you are requesting:   | What is the EXACT cost of the equipment?  |                            |
| Variances in the amounts requested will be the responsibility of the grant recipient to pay directly? |   |                            |
| What Equipment are you requesting for your department?  | Briefly explain how the equipment will benefit your community and your department.            |                            |
| Vendor Company Name   | Sales Representative Name   | Sales Representative Email |
| What is the amount of funding you are requesting?   | Please provide a detailed description of how the funding will assist your organization:       |                            |
| How many scholarships would the requested funding provide?  | Please describe the selection and distribution process for the requested scholarship funding. |                            |

### COMMUNITY IMPACT

|  |   |
|--|---|
| Have you unsuccessfully reached out to the city for funds to purchase the equipment?             | Was there a particular instance where a life would have been positively impacted if you would have had the equipment available? |
| What positive effects will the equipment specifically have? Please use statistics when possible. |   |

### FIREHOUSE SUBS RELATIONSHIP

|   |  |
|---|--|
| Address of Firehouse Subs location nearest you. | How far is this location from your department? ____Miles                                       |
| How did you hear about our organization?        | Has your department received funding from Firehouse Subs Public Safety Foundation in the past? |

By applying, you grant Firehouse Subs Public Safety Foundation (the "Foundation") permission to use your organization's name and identifying trademarks in connection with this application and in connection with the Foundation's solicitations for support.

|  |                   |
|--|-------------------|
| Initial Acceptance                     | PIO Email:        |
| PIO (Public Information Officer) Name: | PIO Phone Number: |