



Chisago City Fire Department Relief Association Funding Request Application Form

Mission Statement: To minimize loss of life and property for Chisago City from fires, natural disasters, life threatening situations and to assist other emergency agencies. To perform these services in an efficient manner by maintaining effective fire prevention, emergency response, fire suppression and training.

Chisago City Fire Department evaluates all requests for financial support and makes formal recommendations to the Trustees & general membership of CCFD for authorization to distribute funds. Request for contributions received no later than 1 week prior to regularly scheduled (2nd Tuesday each month) Relief Association meetings will be considered at the current months meeting.

Trustees will review and consider contributions based on these criteria:

- Is the request from a Local, or County, State, or National Organization? (Local or County served first)
- Is the request being sponsored by a member of the Relief Association?
- Is the request for an educational related activity?
- Is the request for a Youth Organization?
- Is the request for a Non-Profit Service Organization
- Is the request for an undue hardship of unexpected circumstances? If so, what are the circumstances?

The committee does not as a general rule favor grants to:

- Religious organizations for religious reasons
- Major capital fund drives or endowment funds
- Request benefiting regions of intended service outside our local area, group, city, and county.

Local funds are used to improve the quality of life in the Chisago Lakes area and for projects/needs that coincide with the overall goals and objectives of Chisago City Fire Department.

Notification of approval or denial of grant requests will come from a member of the Chisago City Fire Department. Sometimes clarification may be necessary to evaluate request and that will also be communicated to the requesting person or organization.

Please complete this application using additional pages when necessary to fully answer the questions and mail with requesting supplementary documentation to:

Chisago City Fire Department PO BOX 605, Chisago City, MN 55013 Attn: Funding Request

Individual / Organization Name: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Submitted by: _____

Title: _____

Phone number: _____

1. Primary purpose of request for funds?

2. Amount of funds you are requesting?
 - a. What is your total fundraising goal?
 - b. Please list other commitments/funds you have for this program/funding request.

3. Describe the projects/expenses intended to be supported if funds are received from the Chisago City Fire Department.

4. What is the region of intended service? (Local area, group, city, county)

5. Does this request have a special time requirement? If yes, when would the funds be needed?

6. Please provide any additional information you would want us to have in considering your request.

Office use: _____ **Approved:** _____ **Denied:** _____ **Date:** _____ **Amount:** \$ _____

Notification Date _____ **CCFD Member** _____