

Littleton Firefighters Foundation Request for Financial Support

Please fill out all information as completely as possible. Complete information is necessary for approval the process. Checks must be written to a verified non-profit account.

Applicant Name: _____

Address: _____

Phone: _____

Name of account and Bank Name: _____

Email Address: _____

Description of circumstances for request: _____

If request is for medical bills, please give accurate information for amount above maximum co-pay. _____

Please describe any additional circumstances regarding needs for funds: _____

If awarded a grant, may the Foundation use your circumstances in its solicitation of funds from potential donors? _____

May we use your name(s)? _____

If awarded a grant, do you consent to an investigation into the use of the funds? _____

Income last year: _____

Signature: _____

Date: _____

The purpose of the Foundation is to try to relieve some of the economic hardship caused by tragedies and natural disasters. The Foundation has limited funds and there are many people who may be deserving of grants. Not all requests can or will be funded. Decisions on funding will be made by the Board of Directors. The Board will consider the following factors in making its decisions: the nature of the tragedy; the cause of the tragedy; the impact of the tragedy on the applicant or his/her family; the financial circumstances of the applicant and the intended use of any award. The Foundation reserves the right to investigate any information contained on this application in order to help make its decision about funding.