MSFDA FIREFIGHTER ASSISTANCE GRANT GUIDELINES

The Minnesota State Fire Department Association (MSFDA) will accept applications requesting to make a financial donation up to $250 to an individual firefighter’s fundraiser. A one-time donation will be made to active firefighters in good standing or firefighters on leave of absence in good standing from their respective Minnesota fire department. A grant request may be approved if it meets the following criteria:

1. The firefighter must be a member of a fire department that is a current MSFDA member in good standing.
2. Donations will only be made to firefighter fundraisers where donations are sent to a fire department relief, bank or other financial institution. No exceptions.
3. Individual firefighter fundraisers must be for the purpose of defraying the extraordinary costs that an individual firefighter has incurred due to illness, injury or death.
   a. It is not required that the illness, injury or death be associated with firefighter duties.
4. No donations will be made to fundraisers for a firefighter’s family member, spouse, child(ren), step-child(ren), grandchild(ren) or relative.
5. All donations are at the discretion of the MSFDA Executive Board and based on the annual amount budgeted.

Date of Grant Application: ____________________ Date of Fundraiser: ____________________

Firefighter Name: ________________________________________________________________

Fire Department: ________________________________________________________________

Description of Illness or Injury: ____________________________________________________

______________________________________________________________________________

Requestor’s name and contact info: _________________________________________________

Please attach flyer or provide website for fundraiser.

BANKING INFORMATION TO WHICH DONATION MAY BE MADE:

Bank/Financial Institution Name: ____________________________________________________

Bank Financial Institution Address: _________________________________________________

To apply, please complete and submit the application form to:

MSFDA, 28711 Holly Drive NW, Isanti, MN 55040.

OFFICE USE ONLY

Rec’d Date: ____________________

Approved By: ____________________