

## Cancer Reduction Grant Application

**Department Name:**

**Contact Person's Name & Title:**

**Contact's E-mail:**

**Contact's Phone:**

Grant Item requested:

Provide a description of the grant item use:

Describe how the grant will assist in reducing risk & exposures to carcinogens:

Describe how this grant will specifically benefit your department:

What is the total cost of the item (attach quote to the application)

Can you commit to funding prior to award or if over the maximum amount of the grant? YES NO

Do you have code officer approval for equipment installation and wastewater discharge? YES NO

Does your department comply with fire incident reporting to the Fire Marshal's Office ? YES NO

Has your department attended cancer reduction training as provided by the Firefighter Cancer Support Network via Steve Bunker or others? YES NO

If YES, when/where? \_\_\_\_\_

If NO above, will you commit to scheduling such training following the grant award ? YES NO

Will your department commit to implementing the Best Practices for Preventing Firefighter Cancer as promoted by the National Volunteer Fire Council & the Firefighter Cancer Support Network? YES NO

*\*Attach draft copies of policies/directives that will guide members in the use of requested equipment.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Key Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Key Elected Official Name (Print): \_\_\_\_\_ Key Official Title: \_\_\_\_\_

E-Mail for Key Official: \_\_\_\_\_

Code officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint grant applications, include signatures of mutual aid chief officers.