PHYSICAL & PPE REIMBURSEMENT FORM

NEAFC SAFER Grant Program: 12/23/2025 - 12/22/2029

To request reimbursement for Physicals and PPE, please complete this form and enclose all required documentation. Please send the completed packet and any inquiries to Alex Flores: alex@volunteerfirefighter.org / 855-VOL-FIRE

Volunteer Information:

Full Name:_____ Hire Date:_____

DOB:_____ Gender:_____

Department Information:

Department:_____

Chief Name:_____

Email:_____ Phone:_____

Requested Funds:	**Total Amount**
NFPA 1582 Physical	$_____
PPE	$_____
Total Amount Requested for this Volunteer:	$_____

Please Make Check Payable to:_____

Mailing Address:_____

City, State, Zip:_____

Reimbursement: Please ensure Volunteers meet the necessary criteria. Include ALL required documents with this form prior to submitting. Checklist provided on Page 2.

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Physicals:

- ☐ Completed NFPA 1582 Physician Sign Off Form or Fit for Duty signed form.
  - Reimbursable up-to **$400** per NFPA 1582 physical examination.
  - Newly recruited Volunteers must be at least 18 years old.
  - You may use your own Primary Care Provider or fire department's Physician.
- ☐ Invoice for Physical with Volunteer's name referenced.
- ☐ Proof of payment with Volunteer's name referenced (i.e. credit card receipt or a copy of the cancelled check).

Personal Protective Equipment:

- ☐ Completed NFPA 1582 Physician Sign Off Form or Fit for Duty signed form.
  - Newly recruited Volunteers must be "fit for duty" to request grant funds for PPE.
  - Up to **$4,125** reimbursement per set of full structural PPE. The ensemble will only be provided to new firefighters recruited from the start of the grant program (12/23/25).
  - The newly recruited Volunteer must complete or be enrolled in Firefighter-1 level training (or departmental equivalent) prior to receiving reimbursement for PPE.
  - All PPE paid for with these grant funds must be delivered to the department before reimbursement and before the grant ends on 12/22/2029.
- ☐ Invoice for PPE with Volunteer's name referenced. *Reimbursable items include: one self-contained breathing apparatus (SCBA) mask/facepiece, one pair of pants, one coat, one helmet, two hoods, one pair of boots, two pairs of gloves, one pair of suspenders, and one pair of goggles.*
- ☐ Proof of payment with Volunteer's name referenced (i.e. credit card receipt or a copy of the cancelled check).

Fire Chief Authorization:

By signing below, I confirm the Volunteer listed above is a new recruit since the beginning of the NEAFC SAFER Grant (December 23, 2025), has received an NFPA 1582 physical, is meeting minimum standards for my department, and is in good standing with my department.

Signature of Chief:_____