



Rock Creek SAFER Grant

PPE/Physical Reimbursement Request Form

POP: 12/22/2024- 12/21/2028

VOLUNTEER INFORMATION

Full name: _____ Hire Date: _____
DOB: _____ Gender: _____
Email: _____

REQUESTED FUNDS

NFPA 1582 Physical Amount: \$ _____
Up to \$450.00

Attach Required Documents:

- Completed NFPA 1582 Physician Sign Off Form
- Invoice with Volunteer's Name Referenced.
- Cancelled Check

PPE Amount: \$ _____
Up to \$3,750.00

Attach Required Documents:

- Invoices with new recruits name referenced.
Reimbursable items include boots, pants, coats, gloves, (ANSI)- approved retro-reflective hoods, goggles, and a helmet.
- Cancelled Check
- Completed NFPA 1582 Physician Sign Off Form or Fit for Duty signed form.



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Reimbursement requirements:

- *Newly recruited Volunteers must be at least 18 years old to be eligible for this benefit.*
- *Newly recruited members must pass an NFPA physical prior to requesting grant funds for the PPE.*
- *All PPE paid for with these grant funds must be delivered to the department before the grant ends on 12/11/2028.*

Fire Chief Authorization

By signing below, I confirm that the Part-time/Volunteer Firefighter listed above is a new recruit since the beginning of the Rock Creek SAFER Grant (December 12, 2024), is meeting minimum standards for my department and is in good standing with my department.

Fire
Chief
Name:

Date:

Departmen
t:

Phone

Signature:

of active
Volunteers:

Direct any inquiries to carly@Volunteerfirefighter.org