

PPE/Physical/Training
REIMBURSEMENT
REQUEST FORM

December 2022

BAER SAFER
AWARD

To request reimbursement for PPE please complete this form and include all required items listed below. Send the completed packet to carly@volunteerfirefighter.org

Volunteer Information:

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Gender: _____ Birthdate: _____ Hire Date: _____

Funds that You Are Requesting:

Amount Total

PPE (up to \$4325 per set) \$ _____

Physical (up to \$750 per physical) \$ _____

Training (up to \$2,500) \$ _____

Total \$ _____

Please Make Check Payable to: _____

Department Name _____

Mailing Address: _____

City, State, Zip: _____

Reimbursement: Include all required documents with this form prior to submitting. Please ensure that Volunteers meet the necessary criteria for reimbursement. Check box next to each document submitted with this request.

Personal Protective Equipment, required documents:

- Up to \$4,000 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). All PPE paid for with these grant funds must be delivered to the department before the grant ends on December 22, 2029.

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- Invoice for costs of personal protection equipment for new recruit with recruit's name referenced; reimbursable items include boots, pants, coats, gloves, (ANSI)- approved retro-reflective hoods, goggles, and helmets.

- Invoice for cost of physical with recruit's name referenced.

- Proof of Payment
 - *Credit Card Receipt or a Copy of the Cancelled Check*

- NFPA 1582 Physician Sign Off form or Fit for Duty Form for the Volunteer.
 - *The newly recruited member must complete or be enrolled in Firefighter-1 level training (or departmental equivalent) prior to receiving reimbursement for PPE.*
 - *Newly recruited members must pass an NFPA physical prior to requesting grant funds for the PPE.*

Fire Chief Authorization:

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

Full Name of Fire Chief: (Please Print) _____

Department: _____

Signature of Chief: _____

Fire Chief Phone Number: (____) _____

Number of Active Volunteers in Your Department: _____

Is your department currently members of any of the following associations (BAER, NVFC, CalChiefs, or FDAC)? Yes _____ No _____