Request for Project Initiation

Maryland State Firemen's Association
SAFER Grant Program

NAME_____ **Date:**_____

Phone:_____ **EMAIL:**_____

MSFA Committee:_____

Activity Description: _____

Include reasons for project, to whom the project is targeted and how it will positively affect the MSFA's need for Recruiting and Retention of Volunteers across the state:

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Budget:

1. _____ Estimated cost: $_____
2. _____ Estimated cost: $_____
3. _____ Estimated cost: $_____
4. _____ Estimated cost: $_____
4. _____ Estimated cost: $_____
5. _____ Estimated cost: $_____
6. _____ Estimated cost: $_____
7. _____ Estimated cost: $_____

Total Cost $_____

I hereby attest the information in this application is correct and to my knowledge accurate.

Applicant Signature_____

Project Coordinator: _____

Approved _____Denied _____

Signature_____ Date_____

Grant Manager Authorization _____ Date _____

OVERSIGHT Committee Approval:

Name_____ Date_____