



# SAFER Grant Project Participation Affidavit

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Maryland State Firemen's Association

Project Name: \_\_\_\_\_

Individual Participating \_\_\_\_\_

Your Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fire Company Phone: \_\_\_\_\_

Fire Company Name: \_\_\_\_\_

Fire Company County: \_\_\_\_\_ FDI# \_\_\_\_\_

Date of Project: \_\_\_\_\_

List all Day (s) of Participation: \_\_\_\_\_

I, \_\_\_\_\_, hereby attest that I have received approval by my, **Fire Chief, President or Deputy Fire Chief** (please list the name of approving Officer \_\_\_\_\_) to participate in the project stated above. I also attest that I have completed the project in full as witnessed by, (name of approving committee member on site) \_\_\_\_\_, and therefore I request reimbursement as approved by the Oversight Committee of the MSFA – "Safer Grant."

Requested Amount for Reimbursement: \$ \_\_\_\_\_

(Your receipts **must** be included for travel, lodging, program fees etc...)

**This affidavit must be witnessed, dated and signed by an authorized committee representative from the organization presenting the program.**

Name of Committee Member/Representative: \_\_\_\_\_

Signature of Committee Member/Representative: \_\_\_\_\_

Today's Date: \_\_\_\_\_