



SAFER Grant Project Reimbursement Affidavit

Maryland State Firemen's Association

Project Name: Tuition Reimbursement Program

Individual Applying: _____

Address: _____

Cell Phone: _____ Fire Company Phone: _____

Fire Company Name: _____

Fire Company County: _____ FID# _____

School Year applied for: _____

Semester Applied for: _____

I, _____, (any commanding officer of the department) hereby attest and affirm that the member listed above is: in good standing, has met the Maryland State tax subtraction modification program requirements and is an active firefighter within our department.

This affidavit must be witnessed, dated and signed by an authorized representative from the department.

Signature of Commanding Officer within of your department: _____

Name of Committee Member/Representative: _____

Signature of Committee Member/Representative: _____

Approved by:

SAFER Project Manager: (Signature) _____ Date: _____

SAFER Grant Manager: (Signature) _____ Date: _____