



Application for Project Funding

Submitter's Name	
Current Assignment	
Contact Phone #	
Project Host if Any	

This Project will benefit (X all that apply):

<input type="checkbox"/>	LA County Fire Emergency Operations		
<input type="checkbox"/>	LA County Fire Badge Personnel		
<input type="checkbox"/>	LA County Fire Badge Retirees		
<input type="checkbox"/>	A Division or Section of the LA County Fire Department	Who?	_____
<input type="checkbox"/>	LA County Fire Business Operation		
<input type="checkbox"/>	LA County Fire Professional Staff		
<input type="checkbox"/>	LA County Fire Professional Staff Retirees		
<input type="checkbox"/>	LA County Fire Non-Profit Support Groups	Who?	_____
<input type="checkbox"/>	LA County Fire Support Group that is not Non-Profits	Who?	_____
<input type="checkbox"/>	LA County Fire Support Systems/Families	Who?	_____
<input type="checkbox"/>	The LA County Fire Department as a whole		
<input type="checkbox"/>	LA County Fire Department Partners	Who?	_____
<input type="checkbox"/>	The Community/Neighborhoods	Where?	_____
<input type="checkbox"/>	Other	Who?	_____

Project Information

Total Cost of Project	
Amount Requested	
Will it be matched? By whom?	
Other Funding Sources Available	
Alternative Sources Explored	
Project Type (pilot, etc.)	
Project Overview - Include benefits to badge staff, section, division, department and outcomes that will be achieved.	
Project Justification – Why?	
Project Timeline	
How will the Foundation be recognized?	