



Lieutenant Joseph P. DiBernardo Memorial Foundation Fire Department Grant Application

1. Name of department: _____
 - a. Type of department: _____
 - b. Names of firefighters to receive personal safety systems and training

2. Department Address: _____
Phone Number: _____
 - a. Point of Contact:
Name: _____
Phone Number: _____
3. Names of Fire Commissioners: _____

4. Chief of Department: _____
5. Budget: Attach certified copies of the last 2 years department budget.
6. Financial Status: Attach a certified statement by the department's financial officer of the current state of and projected state of the department's finances for the next fiscal year.
7. Attach a short essay by the chief of department on your need for personal safety rope systems and your inability to purchase them. Include in your statement your average number of personnel who respond on your initial alarm.
 - a. Attach a certified copy stating that firefighters you are selecting for training are in good standing
8. Forward all material to:
Lieutenant Joseph P. DiBernardo Memorial Foundation
P.O. Box 47, East Setauket, New York, 11733
9. All decisions on the purchase and furnishing of your department with the personal life safety rope system, or payment for attending formal firefighting training, will be made by the board of trustees of the Foundation.
10. The Foundation will pay for the purchase of the personal rope systems and the necessary training required chosen by the department.
11. The Foundation requires the department to certify that equipment was purchased and individuals chosen for training did indeed attend said training upon completion of the training.