Alabama Association of Rescue Squads Equipment / Education Grant Application

Grant Procedure: All Grant applications must be submitted to the AARS Executive Board by the third (3rd) Quarterly meeting of each year. Applications will then be referred to the Ways and Means Committee for screening. After screening, the Ways and Means Committee will return the applications to the Executive Board and make recommendations. The final approval of all Grants will be made by the Executive Board and approved by the AARS Board of Directors.

Grants Applications: All applications are to be approved collectively in an amount not exceeding 75% of the current fund balance. Any grant application exceeding \$ 5,000.00 will be approved on a matching basis **ONLY**. The matching amount, (Example, 50/50, 60/40, 80/20) will be determined by the AARS Executive Board.

Eligibility: Any current AARS Member Unit that is active and in good standing.

Frequency: Any unit that receives a grant in excess of \$ 1,500.00 will not be eligible to apply again for 3 years.

If you are interested in applying for a grant, please complete the registration process by completing this Grant Application.

Organization De	etails: (1)				
Full Legal Organiza	ntion Name:				
Street Address:					
Address Line 2:					
City, State:					
Postal / Zip Code:					
Telephone:					
E-Mail Address:					
Organizations Qua 501©3:	llification: Yes No				
Grant Category:		Education (Training (Equipment (
Authorization:	n: Attach a letter of Authorization or a copy of the minutes authorizing this				

Grant Application. Must be signed by Units Senior Officer, Chief / Captain, etc.

Grant Application: (2)

Organization Senior O	fficer:	
Name / Rank		
Phone:	E-Mail	
Project Leader Inform	ation:	
First Name:	Last Name:	
Phone:	E-Mail:	
Proposal Request: (3)	
Program / Project Name	:	
Requested Amount:	\$	
Total Project Budget:	\$	
Date Requested:		
Proposal Summary: (Gene	eral description (1-3 lines) of the use that will be mad	e of the funds requested).
Organization Description added if grant is approved).	n / History: (Service provided by your agency a	nd any additional services that may be
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Background: (Should provide the reader with an explanation of the problem that has created the need for the prograr that will be funded by the requested grant.)
Project Description / Goals: (Should give the reader a detailed description of the program to be funded by the
requested grant and how your unit and / or community you serve will benefit if your application is approved. It should als
include what services you promise to deliver and to what population and any results you expect to bring about.)
Ways and Means Committee: Recommended: Denied: Chairman:
Grant Approved by Executive Board / Board of Directors: Yes No
Date: President Signature: