



# Safety Enhancement Stipend Application

100 Club of Arizona

5033 N. 19<sup>th</sup> Ave, Suite #123, Phoenix, AZ 85015

Department/Agency requesting stipend: \_\_\_\_\_

Specific need you are requested stipend for: \_\_\_\_\_

Amount of request \$ \_\_\_\_\_ Date of Request: \_\_\_\_\_ Date When Needed: \_\_\_\_\_

Number of sworn/certified personnel in your agency \_\_\_\_\_

Number of residents in your service area \_\_\_\_\_

Estimated number of annual incidents \_\_\_\_\_ Fire Calls \_\_\_\_\_ EMS Calls \_\_\_\_\_

Are the items requested replacing existing equipment or is it new equipment for the department/agency \_\_\_\_\_

Reason such item(s) cannot be provided for in your normal operating budget: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any other sources of funding that were considered and why could they not be used? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Studies undertaken by your department or others that would indicate that such item(s) would enhance the personal safety of officers/firefighters:

\_\_\_\_\_  
\_\_\_\_\_

Additional information may be requested by the committee in support of the stipend. Submissions and attachments become the property of the 100 Club and cannot be returned.

Contact person making request:

Name\* \_\_\_\_\_ Title \_\_\_\_\_

Complete mailing address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Signature of Agency Head approving this Request \_\_\_\_\_ Title \_\_\_\_\_

Two recent quotes are attached  YES  NO. If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Please complete and return to 5033 N. 19<sup>th</sup> Ave. Suite #123, Phoenix, AZ 85015. Requests must be received (not postmarked) by 5pm on the application deadline date to be considered. Office hours are 8:30 am. to 5:00 p.m. Monday through Friday. Direct questions to the 100 Club of Arizona Operations Manager: 602-485-0100.