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***CALUMET CARES***

***FIRST RESPONDER AGENCY GRANT APPLICATION***

**INTRODUCTION AND FUNDING PURPOSE**

**Please review the following guidelines for funding and initial indicating you have read and understand each item prior to applying:**

\_\_\_\_\_\_ 1. Appropriations are made on an annual basis; **receiving funding one year does not guarantee that the organization will receive funds in the same amount, or at all, during the next year.**

\_\_\_\_\_\_ 2. Funds are unrestricted but Calumet prefers funding equipment, training, or items that will enhance the capabilities of first responders.

\_\_\_\_\_\_ 3. An entity receiving monies through the Calumet’s grant process must provide a W-9 and other documentation to Calumet, as well as providing a report detailing the use of those funds. The report must include invoices, receipts, cancelled checks and any other documents related to the expenditure of Calumet’s funds.

\_\_\_\_\_\_ 4. No funds will be paid until all required forms have been completed, received, and approved by Calumet.

**It is important that each section of this request be completed.**

**Name of Entity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Does your organization provide emergency services (police, fire, EMT) to one or more Calumet locations? (Calumet locations in Northwest Louisiana include Cotton Valley, Shreveport, and Princeton.)** Yes  No

 ***If yes, please list locations served:***

 **Locations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: (\_\_\_\_) ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose for which Calumet funds would be used** :

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**Amount of this funding request (maximum $5,000)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Please attach any other information that you wish to submit in support of your application (Estimates, invoices, statement of need, and/or any other documents related to the expense).**

**Applications will be accepted until July 31, 2023. Notification of award will be made & funds will be distributed in September 2023. W-9 and financial paperwork must be submitted within 15 days of award. All funds must be spent by December 31, 2023. Receipts or other proof of expenditure must be submitted by January 30, 2024.**

**AFFIDAVIT**

**I hereby certify that the information provided in this application and all accompanying forms is true and accurate as of the date of completion.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**