

Albany County Fire District 1 Grant Funding Request Form

A. Department Information

1. Volunteer Fire Department Name:
2. Department Point of Contact:
(Name, address, phone, email)

B. Grant Description

1. Grant Source:
2. Grant submission deadline:
3. Grant Amount Requested:
4. Department's Funding Portion:
5. Amount requested from ACFD1:
6. Description of items being requested under the grant:

C. ACFD1 Actions

1. Date Submitted:
2. Date Boarded:
3. Board Decision: Approved/Disapproved
4. Funding Amount Board Approved:
5. Board President Signature: