

# NW BROTHERHOOD FOUNDATION OF WA

## Grant Application



PERSON REQUESTING FUNDING			
Last Name		First Name	
M.I.		Date	
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone		E-mail Address	
Is the funding request for you? <input type="radio"/> Yes <input type="radio"/> No		If No, does the individual know that you are applying? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure	
Amount Requested \$			
Person funding is for (if different than above)		Address	
Your relationship to the individual		Funding Account Already Set Up? <input type="checkbox"/> GoFundMe <input type="checkbox"/> Bank Acct <input type="checkbox"/> Other <input type="checkbox"/> Not Sure	
		Have other financial alternatives been made? <input type="radio"/> Yes <input type="radio"/> No	
		If yes, Where? If No, Why	
PERSONAL INFORMATION			
Agency individual is affiliated with		Address	
Years with agency	Agency Website	Contact Name and Phone Number	
Is this request due to a physical or mental illness? <input type="radio"/> Yes <input type="radio"/> No		If yes, explain	
Is this request due to a lost job or lost income? <input type="radio"/> Yes <input type="radio"/> No		If yes, explain	
Please briefly tell us the circumstances in which you are experiencing a hardship, and anything else you would like us to know about the individual and family.			
ELIGIBILITY			
<i>The following questions help determine if the request meets all the eligibility requirements and to prioritize applications.</i>			
If awarded, what will the money be used for?			
<i>We are more than happy to send money directly to where it needs to go. We will ask for billing information if the grant is awarded.</i>			
Is the individual currently affiliated with a fire, EMS, or dispatch agency? <input type="radio"/> Yes <input type="radio"/> No <i>We will need to contact the agency to verify as part of the eligibility verification.</i>			
Status with agency		Position (check all that apply) <input type="checkbox"/> Firefighter <input type="checkbox"/> EMS <input type="checkbox"/> Driver/Engineer <input type="checkbox"/> Support Services <input type="checkbox"/> Dispatcher	
Is the individual a Washington Resident? Yes No Individual must be a Washington resident to be eligible.			
Do you agree to send a completed IRS W-9 form to us? By checking "Yes" you understand the form is required for us to release the funds to the individual list above. <input type="checkbox"/> Yes		Today's Date	
SIGNATURE		By signing your name in the signature box, you certify under penalty of perjury under the law that the foregoing is true and correct.	

Email to: [info@nwbrotherhood.org](mailto:info@nwbrotherhood.org)