



Safety Enhancement Equipment STIPEND APPLICATION FORM

REQUIRED INFORMATION:

Department/Agency requesting stipend: _____

Specific need you are requesting 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? YES NO

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: _____ State: _____ Zip: _____ Phone: (____) _____

Email Address: _____ Fax Number: _____

Signature of Agency Head approving this Request: _____ Title: _____

Two recent quotes are attached YES NO If not, please explain:

PLEASE RETURN COMPLETED APPLICATION TO:

100 Club of West Texas
5109 82nd St., Ste. 7, #1155
Lubbock, TX 79424

Questions?
info@100clubwesttexas.org
phone: 806.680.3404