

**Maryland State Firemen's Association / Maryland Fire Chiefs Association
Staffing for Adequate Fire and Emergency Response Grant Program
(SAFER)**

Request for Program Payment

Name _____ Date _____

Phone _____ Email Address _____

Activity Description: _____

Cost Detail:

1. TRAVEL: _____ \$ _____

2. EQUIPMENT: _____ \$ _____

3. SUPPLIES: _____ \$ _____

4. OTHER: _____ \$ _____

5. OTHER: _____ \$ _____

PROVIDE ADDITIONAL DETAIL SHEETS AS NEEDED

Total Cost _____

(Invoices or receipts must be attached for payment approval)

I hereby attest that the information provided in this application is accurate and correct to the best of my knowledge and belief.

Signature _____

SAFER Oversight Committee Action:

Disposition: Approved _____ Denied _____

Authorization _____ Date _____