



MSFA SAFER GRANT
Tuition Reimbursement Incentive Program
Contractual Participation Agreement

I, _____, acknowledge receipt of payment made to me by the Maryland State Firemen's Association through funding provided by the Federal S.A.F.E.R. Grant Program in the amount of \$_____.

I further acknowledge receipt of the Tuition Reimbursement Incentive Program policy ("Tuition Policy"), which shall be incorporated by reference herein and understand the requirements both, to receive funding, as well as following receipt of funding, and agree to all of the terms and conditions thereto.

I acknowledge and agree that I must maintain an active firefighter classification with my Department under the requirements of the Maryland State tax subtraction modification program (LOSAP in some counties), attaining a minimum of fifty (50) points during the Calendar Year _____.

I am fully aware that, should I not maintain a fifty (50) point minimum in the Program during Calendar Year _____ and/or should I fail to abide by any of the other obligations set forth in the Tuition Policy, I shall be required to repay the entire Tuition Reimbursement funding for the period in question that was granted to me.

Should I be required to repay this amount, I shall have a ninety (90) day period in which to repay funds to the Maryland State Firemen's Association, following discovery of my failure to meet the stated requirements of the program.

Furthermore, I agree to indemnify, defend and hold harmless, the Maryland State Firemen's Association (and their respective directors, officers, employees, agents, successors, and assigns) from and against any and all third party actions, suits, proceedings, judgments, demands or claims, liabilities, losses or expenses whatsoever (including reasonable outside attorneys' and accountants' fees) incurred in connection with or arising from my breach or alleged breach of an agreement, representation or warranty of mine made hereunder.

Print Name: _____ Signature: _____

Date: _____

Approved By: MSFA Project Coordinator: _____
MSFA Grant Manager: _____