

CONNECTICUT FAIR PLAN*
ANTI-ARSON COMMITTEE
P. O. BOX 280200
EAST HARTFORD, CT 06128-0200

GRANT FUND

- BACKGROUND:** The FAIR Plan Anti-Arson Committee has established a Grant Fund from which Connecticut State and Local Governmental Agencies can request equipment. The maximum grant will not exceed \$500 in any twelve (12) month period.
- PURPOSE:** The Grant Program is designed to subsidize fire and police departments and prosecutors who would not otherwise be able to meet the costs of purchasing needed equipment relating to the prevention, investigation or prosecution of arson fires.
- ELIGIBILITY:** The request must come from official state or local fire marshal offices, fire or police departments or State's Attorneys' Offices.
- CRITERIA:** The request must be for small items of equipment or material that will aid in fire investigation or the prosecution of arson. There must be sufficient need to justify the expense and qualified personnel available to operate and maintain the equipment.
- TIME SCHEDULE:** Grants will be awarded three times a year. The deadline for submission of applications for each period will be September 1st, January 1st, and May 1st. Grants will be announced 30 days after each of the above dates.
- PROCEDURE:** Submit completed application, including a complete description of equipment and intended use, and estimated cost or amount of partial funding requested, brochures describing the equipment or copies of the item shown in a catalog would be helpful. Funds may be granted for the equipment requested or similar equipment may be purchased by the Committee. Requests should be sent to: Connecticut FAIR Plan, Anti-Arson Committee, P. O. Box 280200, East Hartford, CT 06128-0200.

* Representing the Insurance Industry

CONNECTICUT FAIR PLAN
ANTI-ARSON COMMITTEE

GRANT FUND APPLICATION

(Please Print or Type)

DATE: _____

AGENCY/DEPARTMENT NAME: _____

ADDRESS: _____

NAME OF PERSON MAKING REQUEST: _____

TELEPHONE NUMBER: _____

DESCRIPTION OF EQUIPMENT/MATERIAL REQUESTED: _____

INTENDED USE: _____

WHO WILL OPERATE AND MAINTAIN: _____

QUALIFICATIONS: _____

WILL THE EQUIPMENT/MATERIAL BE SHARED OR MADE AVAILABLE TO OTHER AGENCIES?

ESTIMATED COST: \$ _____

IF YOU HAVE PARTIAL FUNDING, WHAT ADDITIONAL AMOUNT IS NEEDED: \$ _____

SIGNATURE OF APPLICANT: _____ TITLE: _____

SIGNATURE OF DEPARTMENT HEAD, IF NOT ABOVE: _____

RETURN APPLICATION TO: CONNECTICUT FAIR PLAN
ANTI-ARSON COMMITTEE
P. O. BOX 280200
EAST HARTFORD, CT 06128-0200

=====

COMMITTEE ACTION: (___) DISAPPROVED (___) APPROVED _____