



**[REIMBURSEMENT FORM – December 2023]**

If you have not read the CSFA5 Administrative Guide, please do so at CSFA.net. For Physicals and PPE reimbursement, please complete this form and enclose all required documents and receipts as listed below.

*Send the completed packet to: **marty.creel@csfamail.com***

**Volunteer Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Volunteer Start Date: \_\_\_\_\_ U.S. Veteran since 9/11/2001 (circle one): YES

**NO Requested Funds**

**Amount Total**

NFPA 1582 Compliant Physical \$ \_\_\_\_\_

PPE \$ \_\_\_\_\_

Training \$ \_\_\_\_\_

Total Amount Requested for this Volunteer: \$ \_\_\_\_\_

*Please Make Check Payable to:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

*City, State, Zip:* \_\_\_\_\_

**Reimbursement:** Include all required documents with this form prior to submitting.

Please ensure that Volunteers meet the necessary criteria for reimbursement.

**Physical:**

- Completed NFPA 1582 Physician Sign Off Form or Fit for Duty signed form.
- Invoice and Proof of Payment with Volunteer’s name referenced.

° *Up-to \$700 per NFPA 1582 physical examination is eligible for reimbursement.*

° *Newly recruited Volunteers must be at least 18 years old to be eligible for this benefit.*



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### Personal Protective Equipment:

- Invoice and Proof of Payment for costs of personal protection equipment for new recruit with recruit's name referenced; reimbursable items include boots, pants, coats, gloves, (ANSI)-approved retro-reflective hoods, goggles, and helmets.
- NFPA 1582 Physician Sign Off form or Fit for Duty Form for the Volunteer. □ The newly recruited member must complete or be enrolled in Firefighter-1 level training (or departmental equivalent) prior to receiving reimbursement for PPE.
  - ° *Newly recruited members must pass an NFPA physical prior to requesting grant funds for the PPE. ° Up to \$3,275 reimbursement per set of full structural or wildland firefighter ensemble. The ensemble will only be provided to new firefighters recruited since the start of the grant program (11/29/2021).*
  - ° *All PPE paid for with these grant funds must be delivered to the department before the grant ends on November 28, 2025.*

### Program Eligibility

*The following is a list of program guidelines set forth in the SAFER grant narrative and must be adhered to by CSFA and all participants:*

- 1. Provide proof of membership to a CA volunteer or combination fire department or emergency services agency. 2. Newly recruited volunteers must be at least 18 years old.*
- 3. Volunteer or paid-call firefighters who work part-time for the department and are paid an average of less than 20 hours per week are eligible.*
- 4. Volunteers must remain active and in good standing with the Sponsoring Department/Agency. 5. Volunteers must commit to completing their firefighter training within 12 months of becoming a volunteer.*

### Fire Chief Authorization:

Please note that if requesting funds for physicals, recipients must provide the following:

- A signed letter, on your department's letterhead, that includes the following information:
- Name of each new volunteer that is receiving grant-funded turn-out gear and/or physicals in the payment request;
- Date that each new volunteer joined the department;
- A statement certifying that each new volunteer received an NFPA 1582-compliant physical (you may also send a letter from the physician, with medical information redacted, certifying the physicals); and
- A statement certifying that each new volunteer met the minimum training requirements in

your jurisdiction (or will meet them prior to the end of the grant).

- Invoices and proof of payment for NFPA 1582 physicals.

By signing below, I confirm that the Volunteer listed above is a new recruit since the beginning of the CSFA SAFER Grant (November 29,2021), is meeting minimum standards for my department, has received an NFPA 1582 physical and is in good standing with my department.

Full Name of Fire Chief: (Please Print) \_\_\_\_\_

Department: \_\_\_\_\_

Signature of Chief: \_\_\_\_\_

Fire Chief Phone Number: (\_\_\_\_\_)\_\_\_\_\_

Fire Chief E-Mail: \_\_\_\_\_

Number of Active Volunteers in YourDepartment: \_\_\_\_\_