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