Date: ________________________________            Amount Requested: _____________________

Contact Name: ___________________________  Phone: ________________________________

E-mail: ________________________________  Station #: _______________________________

Type of funding request (name of program or equipment):

Provide a brief description and the need for the program/equipment/service (use attachment if needed):

Is there a fiscal impact to approving this request? (Maintenance costs, monthly service cost, extra equipment or services etc.). Please describe:

Has this program/equipment/service previously been requested from Supply & Maintenance, GSD, or the city budget?

If yes, list the most recent date of submission and the result:

If no, explain the reason why it was not submitted:

What objectives will be accomplished if the funding is granted?

Fire Station Commander’s Signature  “A” Platoon  ________________________________

“B” Platoon  ________________________________

“C” Platoon  ________________________________

Please attach an itemized list for the expenses or a quote from the equipment manufacturer on the vendor’s letterhead including model numbers and total units needed. Upon approval, the foundation will pay the vendor directly.

Any questions regarding Foundation procedures can be directed to the Los Angeles Fire Department Foundation at (310) 552-4139.

You may submit your request by email to request@supportlafd.org.