



100 CLUB OF THE TEXAS PANHANDLE SAFETY ENHANCEMENT STIPEND APPLICATION

Department/Agency requesting stipend: _____

Specific need you are requested stipend for: _____

Amount of request \$ _____ Date of Request: ___/___/___ Date When Needed: ___/___/___

Number of sworn/certified personnel in your agency _____

Number of residents in your service area _____

Estimated number of annual incidents _____ Fire Calls _____ EMS Calls _____

Are the items requested replacing existing equipment? YES NO

Reason such item(s) cannot be provided for in your normal operating budget:

Are there any other sources of funding that were considered and why could they not be used?

Studies undertaken by your department or others that would indicate that such item(s) would enhance the personal safety of officers/firefighters:

Additional information may be requested by the committee in support of the stipend. Submissions and attachments become the property of the 100 Club and cannot be returned.

Contact person making request:

Name _____ Title _____

Complete mailing address _____

City _____ Zip code _____ Phone Number _____

Email Address _____ Fax Number _____

Signature of Agency Head approving this Request _____ Title _____

Two recent quotes are attached YES NO. If no, please explain:

PLEASE RETURN COMPLETED APPLICATION TO:

THE 100 CLUB OF THE TEXAS PANHANDLE

PO BOX 589

AMARILLO, TEXAS 79105

Questions please contact Dwain Knight at (806)331-4100.