



# Fire Chiefs' Association of Broward County

## Standard Operating Guidelines

**Number: 115**

**Issue Date: 3/06/25**

**Revision Date: N/A**

**Total Pages: 4**

**Subject: Donation Guidelines**

**Issued FCABC Board: Krivjanik, Torres, Gonzalez, Lorenzo, Rodriguez**

### **I. Purpose/Intent:**

- A. To establish a standardized process for the application, review, and distribution of donations awarded by the Fire Chiefs' Association of Broward County (FCABC).

### **II. Overview:**

- A. The FCABC supports fire rescue departments and related organizations within Broward County through an annual donation program. The goal is to fund initiatives that enhance fire and rescue services, community safety, and public education.
- B. To ensure equitable distribution of resources, the total donation awarded to any single entity shall not exceed

### **III. Eligibility**

- A. Donation applicants must meet the following criteria:
  1. Be a recognized fire rescue department, EMS organization, or community safety organization within Broward County.
  2. The proposed project must align with the mission and goals of the FCABC.
  3. Demonstrate a need for funding that cannot be fulfilled through other sources.

### **IV. Application Process**

Step 1: Complete the Donation Application Form (see attached form).

Step 2: Submit the completed application form via email to the FCABC Secretary and deliver a physical copy to same.

Step 3: Ensure all applications are submitted during the same fiscal year.

Note: Late submissions will not be considered.

### **V. Review Process**

- A. **Preliminary Review** - The Donation Application Form will be reviewed by the FCABC Secretary will conduct a preliminary review to ensure submitted applications meet eligibility criteria and completeness.
- B. **Board Review** - The FCABC Board will review eligible applications based on the following factors:
  - o Alignment with FCABC goals.
  - o Community impact.
  - o Feasibility and sustainability of the project.
  - o Financial need.
- C. **Approval** - The FCABC Board will vote on the donation applications. Approved donations will be announced at the next scheduled meeting and communicated to applicants.

**VI. Funding Disbursement**

Approved donation funds will be disbursed within 30 days of approval. Recipients must submit a project completion report, including a financial summary, within 60 days of project completion.

**VII. Policy Compliance**

Failure to comply with this policy or misuse of donation funds may result in the revocation of current and future donation eligibility.

**VIII. Appendix A and B in the next pages.**



**FIRE CHIEFS ASSOCIATION OF BROWARD COUNTY** Appendix A

**FCABC SOG 115 - Grant Application Form**

**Section 1: Applicant Information**

Organization Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Email \_\_\_\_\_

Phone: \_\_\_\_\_

**Section 2: Project Details**

Project Title: \_\_\_\_\_

Total Amount Requested: \$\_\_\_\_\_

Project Description: (Describe the project, objectives, and intended outcomes.)

\_\_\_\_\_

\_\_\_\_\_

Project Timeline: (Provide a detailed timeline for project implementation.)

\_\_\_\_\_

\_\_\_\_\_

**Section 3: Budget** (Provide a breakdown of how the requested funds will be utilized.)

\_\_\_\_\_

\_\_\_\_\_

**Item/Expense Cost (\$)**

**Section 4: Supporting Documentation:** (Attach relevant documents such as quotes, letters of support, or additional project details.)

**Certification:** I certify that the information provided in this application is true and accurate to the best of my knowledge.

Print Name:

Signature:

Date:

**FIRE CHIEFS' ASSOCIATION OF BROWARD COUNTY**

**FCABC SOG 115 - Appendix B**

**GRANT RECEIPT & EXPENSE REPORT**



**Organization Name:** \_\_\_\_\_

**Grant Amount Received:** \$ \_\_\_\_\_

**Date of Grant Award:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Project Completion Date:** \_\_\_\_\_

**Itemized Expense Report:**

**Item/Expense**

**Vendor**

**Date**

**Amount (\$)**

**Receipt Attached (Y/N)**

**Total     \$**

**Summary of Grant Usage:**

(Provide a brief summary of how the funds were used and the impact on the organization.)

**Signature:**

**Print Name:**

**Date:**

**Certification:**

I certify that the funds received from the Fire Chiefs Association of Broward County were used solely for the approved project, and all supporting documents are accurate and included.