



GRANT APPLICATION FOR FCTC FEES

The California Fire Foundation believes that every person should have an equal opportunity to pursue employment within the fire service, regardless of financial situation.

The California Fire Foundation therefore partnered with the Firefighter Candidate Testing Center (FCTC) to create grants to cover all fees associated with the Candidate Physical Ability Test (CPAT) and the FCTC Written Test (up to a \$275 value). Grants are awarded to candidates who provide evidence of financial hardship as outlined below.

QUALIFICATIONS

To qualify for a grant award, candidates must complete the *Grant Application for FCTC Fees* and must provide documentation proving one of the following options:

- OPTION 1** Candidate currently receives Aid to Families with Dependent Children (AFDC), Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI) and/or Unemployment Insurance (UI) benefits.
- OPTION 2** Candidate is a dependent of a firefighter who died or was permanently and totally disabled, as a result of injuries sustained on or caused by the job.
- OPTION 3** Candidate must provide a copy of last year's tax return and meets the following income standards which are for 2020-2021 and may change annually.

Family Household Size (Include yourself)	Total Family Adjusted Gross Income (Income minus deductions)
1	\$18,735
2	\$25,365
3	\$31,995
Each Additional Family Member	Add \$6,630

Candidates will be notified by email if an email address is provided or by US Mail regarding grant award status.

READ THIS STATEMENT AND SIGN BELOW

I have attached a copy of my, my spouse's and/or my parent(s) U.S. Income Tax Return for the last tax year and/or other required documentation. I understand that this information will remain confidential and be used only for the purpose of determining my eligibility for a grant. I also understand that any false statement or failure to provide proof when requested may be cause for the denial or repayment of any grant awarded.

LAST NAME (please print)	FIRST NAME (please print)
APPLICANT'S SIGNATURE	Date
PARENT'S SIGNATURE (DEPENDENT candidates only)	Date



GRANT APPLICATION FOR FCTC FEES

This grant, if awarded, covers all fees charged by the Firefighter Candidate Testing Center (FCTC) for the Candidate Physical Ability Test (CPAT) two (2) practices, two (2) orientations AND the FCTC Written Test and preparatory class. Grants are awarded to candidates who demonstrate financial need. Please complete this form and submit it with all requested supporting documentation to: California Fire Foundation, 1780 Creekside Oaks, Sacramento, CA 95833. For questions, call the Foundation at 800-890-3213.

GENERAL INFORMATION: (please print)

Name: _____
Last First

Email: _____ Phone: () _____ Driver's License: _____

Address: _____
Street City State Zip

Date of Birth: ____/____/____ Marital Status: Single Married Divorced Separated Widowed

Desired date for your first grant event: _____ or Date to be determined

DEPENDENCY STATUS

The questions below will determine whether you are considered a Dependent candidate or an Independent candidate for grant eligibility and whether parent(s) information is needed.

1. Are you a dependent (age 18 or over) of a firefighter who died or was permanently and totally disabled, as a result of injuries sustained on or caused by the job? Yes No
 - If you answered "Yes", please STOP HERE and contact the California Fire Foundation at 800-890-3213.
2. Are you over the age of 18? Yes No
3. Are you married? (Answer "Yes" if you are separated but not divorced) Yes No
4. Do you have children who receive more than half of their support from you, or other dependents who live with you (other than your children and spouse) who receive more than half of their support from you? Yes No
5. Are you an orphan or a ward of the court, or were you a ward of the court until your 18th birthday? Yes No
 - If you answered "Yes" to any of the questions 2-5, you are considered an INDEPENDENT candidate and must provide income and household information about yourself (and your spouse, if you are married). Skip to "Method A" below.
 - If you answered "No" to all questions 2-5, complete the following questions:
6. If your parent(s) filed or will file the next year's U.S. Income Tax Return, were you, or will you be claimed on their tax return as an exemption by either or both of your parents? Yes No Parents don't file
7. Do you live with one or both of your parents? Yes No
 - If you answered "No" to questions 2-5 and "Yes" to either questions 6 or 7, you are considered a DEPENDENT candidate and must provide income and household information about your parent(s). Please answer questions for dependent candidates in the sections that follow.
 - If you answered "No" or "Parent(s) don't file" to question 6, and "No" to question 7, you are considered an INDEPENDENT candidate. Please answer questions for independent candidates in the sections that follow.



CALIFORNIA
FIRE
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METHOD A

8. Are you currently receiving monthly case assistance from:
- | | | |
|---------------------------------|-----|----|
| TANF/CalWORKS/CalFRESH/Medi-Cal | Yes | No |
| SSI/SSP | Yes | No |
| Unemployment Insurance | Yes | No |
9. If you are a DEPENDENT candidate, are your parent(s) receiving TANF/CalWORKS/CalFRESH, SSI/SSP, or Unemployment Insurance as their sole source of income? Yes No
- If you answered "Yes" to questions 7 or 8, you are eligible for a grant. Please sign the certification at the end of this form. You are required to submit proof of benefits with this application.
 - If you answered "No" to questions 7 or 8, continue to "Method B".

METHOD B

10. DEPENDENT candidate: How many persons live in your parent(s)' household? (include yourself, your parent(s), and anyone else who receives more than 50% of their support from your parent(s)) _____
11. INDEPENDENT candidate: How many persons live in your household? (include yourself, your spouse, and anyone else who receives more than 50% of their support from you) _____
12. Income information from the last tax year:
- a. Adjusted Gross Income from last year's U.S. Income Tax Return:
- | | |
|--|-------|
| DEPENDENT candidate: Parent(s) income | _____ |
| INDEPENDENT candidate: Candidate (and spouse's income) | _____ |
- b. All other income:
- | | |
|--|-------|
| DEPENDENT candidate: Parent(s) income | _____ |
| INDEPENDENT candidate: Candidate (and spouse's income) | _____ |
- c. Total income from the last tax year (sum of a + b) _____

APPLICATION TERMS

CANDIDATE AGREES TO THE FOLLOWING TERMS

CPAT: The grant provides for the cost of the **required** pre-test program which includes (2) orientations and (2) practices. A candidate who does not attend all four (4) pre-test events must sign a waiver form on their test day acknowledging they did not attend all of the required events.

FEES: The fees from this grant are valid for twelve (12) months from date of award. If the grantee has not completed their Cal-JAC CPAT and/or FCTC Written Test within those twelve (12) months, they must re-apply and qualify for a second grant. An individual may be awarded up to two (2) grants.

Denial of Second Grant Request: A candidate who falls under any one (1) of the following, waives the privilege of a second grant request:

- Was a no-show to their scheduled Cal-JAC CPAT
- Did not participate in all four (4) required Cal-JAC CPAT pre-test events and failed their CPAT
- Was a no-show to their scheduled FCTC Written Test

Candidate Signature: _____

Date: _____