



GRANT AWARD 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.

It was with that in mind that the California Fire Foundation teamed with the Firefighter Candidate Testing Center (FCTC) to create grants (up to a \$275 value) to cover all fees associated with the Candidate Physical Ability Test (CPAT) and the Written Test. Grants will be awarded to candidates who show evidence of a financial need.

QUALIFICATIONS

To qualify for a grant award, candidates must prove one of the following:

- OPTION 1** Receive AFDC (Aid to Families with Dependent Children), TANF (Temporary Assistance to Needy Families), or SSI (Supplemental Security Income). Documentation of participation is required.
- OPTION 2** Be a dependent of a firefighter who was killed, or permanently and totally disabled as a result of injuries which occurred on the job or as a result of the job. Contact the California Fire Foundation to coordinate documentation.
- OPTION 3** Meet the following income standards (note: standards are for 2018-19 and may change annually):

Family Household Size (Include yourself)	Total Family Adjusted Gross Income (Income minus deductions)
1	\$18,090
2	\$24,360
3	\$30,630
Each Additional Family Member	Add \$6,270

To obtain a grant using **Option 3**, candidates must complete the *Grant Application for FCTC Fees* and include a copy of last year's tax return. If you did not file a tax return last year you will not be eligible for consideration for an award. Candidates will be notified by email if an email address is provided or by US Mail regarding grant award status.

CERTIFICATION FOR OPTION 3: 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 all other required documentation. This information will remain confidential and used only for the purpose of determining eligibility for a grant. I also realize that any false statement or failure to give proof when asked may be cause for the denial or repayment of my grant.

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



GRANT APPLICATION FOR FCTC FEES

This grant covers all fees charged by the Firefighter Candidate Testing Center (FCTC) for the Candidate Physical Ability Test (CPAT) AND the Written Test. Grants will be 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.

- Are you the dependent (age 18 or over) of a firefighter who was killed or permanently and totally disabled as a result of injuries which occurred on the job or as a result of the job? Yes No
 - If you answered yes, please STOP HERE and contact the California Fire Foundation at 800-890-3213.
- Are you over the age of 18? Yes No
- Are you married? (Answer "yes" if you are separated but not divorced) Yes No
- 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
- 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:
- 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
- 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.



METHOD A

8. Are you currently receiving monthly case assistance from:
- | | | |
|------------------------|------------------------------|-----------------------------|
| TANF/CalWORKS/CalFRESH | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| SSI/SSP | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| General Assistance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
9. If you are a DEPENDENT candidate, are your parent(s) receiving TANF/CalWORKS/CalFRESH or SSI/SSP 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 are in your parent(s)' household? (Include yourself, your parent(s), and anyone with your parent(s) and receives more than 50% of their support from your parent(s)) _____
11. INDEPENDENT candidate: How many persons are in your household? (Include yourself, your spouse, and anyone who lives with you and 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) | _____ |
12. Total income from the last tax year (sum of a + b) _____

DESIRED TESTING LOCATION:

- Northern (Sacramento) California Northern (Bay Area) California Southern California

NOTE: The grant provides for the cost of the required pre-test program. A candidate may take the CPAT without participating in the complete CPAT Pre-Test Program. However, in order to do so, a waiver form must be completed and signed. The waiver will be provided to you upon check-in and must be signed before you are allowed to test. Grantee waives the privilege of a second grant application in the event the grantee fails the CPAT.

CANDIDATE AGREES TO THE FOLLOWING TERMS:

Failure to attend all four CPAT pre-test events is cause for being refused an additional grant if the grantee candidate does not complete the CPAT. The fees from this grant are good from *12 months from date of award*. If the grantee has not completed the activities associated with this grant within those 12 months, they will have to apply and qualify for a second grant. An individual may be awarded up to two (2) grants. After your grant is approved a FCTC staff member will contact you to schedule your events.

Candidate Signature: _____

Date: _____