



## 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 2019-2020 and may change annually):

| Family Household Size<br>(Include yourself) | Total Family Adjusted Gross Income<br>(Income minus deductions) |
|---|---|
| 1   | \$18,210  |
| 2   | \$24,690  |
| 3   | \$31,170  |
| Each Additional Family Member               | Add \$6,480   |

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 (please print) |
| APPLICANT'S SIGNATURE                          | Date                      |
| PARENT'S SIGNATURE (DEPENDENT candidates only) | Date                      |





CALIFORNIA  
**FIRE**  
FOUNDATION

**METHOD A**

8. Are you currently receiving monthly case assistance from:
- |                        |     |    |
|------------------------|-----|----|
| TANF/CalWORKS/CalFRESH | Yes | No |
| SSI/SSP                | Yes | No |
| General Assistance     | Yes | No |
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 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 good for 12 months from date of award. If the grantee has not completed their Cal-JAC CPAT and/or FCTC Written Test within those 12 months, they will have to re-apply and qualify for a second grant. An individual may be awarded up to two (2) grants.

**Denial of 2<sup>nd</sup> Grant Request:** A candidate who falls under any one (1) of the following, waives the privilege of a 2<sup>nd</sup> 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: \_\_\_\_\_