

## ACKNOWLEDGEMENT FORM

By signing this document, I acknowledge that I have reviewed and approved the request for funding for the project(s) listed below.

PRIORITY ORDER	PROPOSED PROJECT/EQUIPMENT REQUESTS	FUNDING REQUEST FOR PROJECT
1		
2		
3		
4		
5		
6		
7		
8		
TOTAL REQUEST AMOUNT		

Name of Department/District: \_\_\_\_\_

County: \_\_\_\_\_

Name of Fire Chief (please print/type): \_\_\_\_\_

Signature of Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Name of County Manager/Fiscal Agent: \_\_\_\_\_

Signature of Fiscal Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be uploaded via the online application form before submitting the application. Digital and wet signatures will be accepted.**