

Grant Request Form
Polar Breeze
Statim Technologies, LLC.

This form must is specific for Fire Department or Fire Colleges. 4.14.17

Today's Date: _____

Name of the Fire Department or Fire College

Fire Dept/College's Telephone Number _____

Fire Dept/College's Address

The primary contact person at the Fire Dept or College who we liaise with:
Name:

Their contact information:

The assigned Statim Technologies – Grant Writer's name

1) Have they read the Polar Breeze White Paper – How and Why the Polar Breeze machine is considered a Disruptive Innovative Technology?

Yes or No

2) Have they taken the Fire Department Survey – dated 2.23.17

Yes or No

3) How many Polar Breeze machines are desired?

4) How many Polar Breeze carts are desired?

5) How many Polar Breeze Hoods are desired? _____

6) How much has the Fire Department budgeted for this purchase?

7) What is their budget cycle period: i.e. Calendar year, or fiscal year?

Calendar or Fiscal

8) How much can they contribute as a matching grant or pay?

9) What are the Fire Dept. or College's sources of funding for grants in their local area or region?

10) Has the Fire Dept. or College explored on their own yet ways of funding outside of their general operating budget? If so, with who?

11) Does the Fire Dept or College have a designated grant writer or grants department or any Fundraising events where donations for Polar Breeze could be gotten? If so, what or who?

12) What is the approximate number of individuals or fire departments that will be benefitting from the use of the Polar Breeze machine/s on a monthly basis?

13) Are there other fire departments and or Fire Colleges that will benefit from the Polar Breeze device being used at your location?

End of Grant Request Form