



**CALIFORNIA FIRE FOUNDATION
APPLICATION FOR GRANT**

Financial hardship should not prevent anyone from attempting the **Candidate Physical Ability Test (CPAT)**.

The California Fire Foundation, in coordination with the **California Fire Fighter Joint Apprenticeship Committee (CFFJAC)**, is making grants available to pay the CPAT fees for individuals who demonstrate a financial hardship. To receive this assistance, candidates must complete a grant application. To qualify for a grant through the California Fire Foundation, you must provide documentation demonstrating that you meet either one of the following criteria:

1. You or your family are receiving public assistance from the Aid to Families with Dependent Children or Temporary Assistance to Needy Families (AFDC/TANF) or Supplemental Security Income (SSI), or have certification from the California Department of Veterans' Affairs.
2. You meet the following 2012-2013 income standards*:

NUMBER IN HOUSEHOLD (including yourself)	TOTAL FAMILY INCOME LAST YEAR (adjusted gross income and/or untaxed income)
1	\$16,335
2	\$22,065
3	\$27,795
+	Add \$5,730 for each additional dependent

3. You are the child of a firefighter who died in the line of duty, or as the result of an occupationally related illness. Supporting documentation must be provided.

If you think you qualify, please complete the appropriate attached application, and **attach documentation of proof of income (such as a copy of last year's tax return)**. If you have any questions regarding the grant, please contact the **California Fire Foundation at (800) 890-3213**.

The grant will provide for the required pre-test program. The pre-test program is two orientation sessions within 8 weeks of the scheduled test and two timed practice runs within 30 days of the scheduled test. If the grantee fails the CPAT test, and has not attended all four required sessions of the pre-test program, they will not qualify for another grant.

When grant applicants have received confirmation from the California Fire Foundation of grant approval, they can call (877) 648-2728 to schedule their CPAT events.

Test must be completed within six (6) months of notice of grant approval.

An individual may apply for a grant a total of two (2) times. A separate application must be made for each grant request.

* Subject to change annually.

CALIFORNIA FIRE FOUNDATION APPLICATION FOR GRANT

This is an application to have your **California Fire Fighter Joint Apprenticeship Committee (CFFJAC) Candidate Physical Ability Test (CPAT)** paid by a grant provided through the California Fire Foundation. Please complete this form and submit it with all supporting documentation to:

CALIFORNIA FIRE FOUNDATION
1780 Creekside Oaks #200
Sacramento, CA 95833

GENERAL INFORMATION: (please print)

Name: _____
Last First

Email: _____ Phone No. () _____ Driver's License No. _____

Address: _____
Street City State Zip

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

DEPENDENCY STATUS

1. Are you over the age of 18? Yes No
 2. Are you married (answer "yes" if you are separated but not divorced)? Yes No
 3. 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)? Yes No
 4. Are you an orphan or a ward of the court, or were you a ward of the court until your 18th birthday? Yes No
 5. Are you a veteran of the U.S. Armed Forces? Yes No
- If you answered "Yes" to any of questions 1-5, 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 1-5, 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 1-5 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? Yes No
SSI/SSP? Yes No
General Assistance? Yes No

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9. If you are a **DEPENDENT** candidate, are your parent(s) receiving TANF/CalWORKS or SSI/SSP as their sole source of income? Yes No

10. Do you have certification from the California Dept. of Veterans Affairs or the National Guard Adjutant General that you are eligible for a dependent's fee waiver? Yes No

- If you answered "Yes" to questions 8, 9, or 10, 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 all questions 8, 9, and 10, continue to "Method B".

METHOD B

12. **DEPENDENT** candidate: How many persons are in your parent(s)' household? (Include yourself, your parent(s), and anyone who lives with your parent(s) and receives more than 50% of their support from your parent(s)) _____

13. **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) _____

14. 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) _____

15. Total income from the last tax year (sum of a + b) _____

Attach a copy of last year's tax return for verification. The California Fire Foundation will review your application and let you know if you qualify for a grant.

CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW

I hereby swear or affirm, under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. **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. This information will be maintained confidential and used only by the California Fire Foundation, and 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**

IF YOU ARE APPLYING FOR A GRANT AS THE CHILD OF A FIREFIGHTER KILLED IN THE LINE OF DUTY OR AS THE RESULT OF AN OCCUPATIONALLY RELATED ILLNESS, PLEASE CONTACT OUR OFFICE TOLL FREE 800-890-3213:



CALIFORNIA FIRE FOUNDATION GRANT CFFJAC CPAT REGISTRATION



Please send the completed registration form and Grant Application to:

California Fire Foundation
1780 Creekside Oaks Drive, #200
Sacramento, CA 95833

CANDIDATE INFORMATION: (please print)

Name: _____
Last First

Email: _____

Phone: () _____ Driver's License No: _____

Address: _____
Street City State Zip

Date of Birth: _____ Ethnicity: _____ Gender: _____
Month / Day / Year (Optional)

Select Testing Center:

- Orange City (626 N. Eckhoff St., Orange, CA 92868)
- Livermore (526 Commerce Way, Livermore, CA 94551)

Select desired dates (for current Schedule see www.cpatonline.org):

Orientation Dates*	_____	_____
	First	Second
Timed Practice Run Dates*	_____	_____
	First	Second
Test Date	_____	

**The international standards of the Candidate Physical Ability Test pre-test program requires that CFFJAC ensure that all candidates have the opportunity to attend at least two (2) orientation sessions within 8 weeks of taking the CPAT. Additionally, the pre-test program offers each candidate the opportunity to perform two (2) timed practice runs within 30 days prior to the CPAT.*

The grant provides for the cost of the required pre-test program, as described above. A candidate may take the Candidate Physical Ability Test 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 will also 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 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 six (6) months from date of award. If the grantee has not completed the activities associated with this grant within those six months, they will have to apply and qualify for a second grant. An individual may be awarded up to two (2) grants.

Candidate / Grantee Signature: _____ Date: _____