



# Helping Minnesota Heroes

## First Responder Fund

### *Fund Request Application*

#### **Instructions:**

Please complete the following information in its entirety so Helping Minnesota Heroes can respond to your request in a timely manner. You will be notified if further information is required.

#### **Section 1: Agency/Applicant Information**

Date of Request:

Agency/Applicant Requesting Funds:

Agency/Applicant Contact Name:

Agency/Applicant Contact Phone & Email:

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#### **Section 2:**

Amount of Request:

Type of Request: Event Equipment LOD Injury/Death Other

Date Funds Needed By:

Who Should Payment Be Made To?

*(HMH does not make payments directly to individuals unless in the event of LOD injury or death.)*

Description of Need:

Is There Any Other Information That Would Be Pertinent to the Approval of this Application?

How will Helping Minnesota Heroes be recognized for this donation *(non-LOD donations only)*?

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Signature of Requestor