

Idaho State Search & Rescue Fund
Equipment Matching Fund Application

Date of Application _____

Name of Unit: _____

Address:

Brief description of equipment needed:

Unit Commander: _____

Amount requested: _____ (65%)

Amount Matched: _____ (35%)

Purpose of request:

Commander Signature: _____

Sheriff Signature: _____

This fund has priority for medical or communications equipment.

Maximum amount for matching funds per fiscal year is \$2,000.00. (Fiscal year is July 1st to June 30th)

At no time will the money from the matching funds exceed the maximum amount in fund divided by Idaho Search & Rescue Units, per single request.