

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.