APPLICATION **Required Submission Information**

Department Name _____

Department Address _____

Name _____

Street _____

Town _____ State _____ Zip _____

Type of Department

- ❑ All Career
- ❑ All Volunteer,
- ❑ Combination,
- ❑ Federal

Number of Members _____

Chief of Department _____

Contact Representative for Submission _____

Best Contact Phone Number _____

Best Contact email Address _____

Name/Title of "Best Practice" _____

"Best Practice" Category

- Firefighter safety
- Firefighter health and wellness
- Fire operations
- EMS operations
- Training and education
- Administrative support
- Fiscal management
- Recruitment and retention
- Fire prevention
- Maintenance and logistics
- Fire and public safety education
- Customer service initiatives

"Best Practice" Description

_____

_____

_____

_____

Cost to Implement _____

Potential Cost Savings _____

Submission approved by: _____