

**Colorado Department of Local Affairs**  
**Search and Rescue Fund**  
 Year End Award Application  
 FY2010

|                           |                            |                            |
|---------------------------|----------------------------|----------------------------|
| 1. COUNTY<br><hr/>        | 2. CONTACT PERSON<br><hr/> | 3. TITLE<br><hr/>          |
| 4. ADDRESS<br><hr/>       | 5. TELEPHONE<br><hr/>      |                            |
| Street or PO Box<br><hr/> |                            |                            |
| City<br><hr/>             | Zip<br><hr/>               | 6. E-Mail Address<br><hr/> |

7. MISSION INFORMATION

Enter number of missions, by kind, for both in county and out-of-county response. Then provide total for each column.

\*For missions categorized as "other" please provide a description below.

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|              | 2009 In-County | 2009 Out-of-County |
|--------------|----------------|--------------------|
| Climber      |                |                    |
| Hiker        |                |                    |
| Hunter       |                |                    |
| Angler       |                |                    |
| Snowmobiler  |                |                    |
| Bicyclist    |                |                    |
| River        |                |                    |
| Lake         |                |                    |
| OHV          |                |                    |
| Skier        |                |                    |
| Horseback    |                |                    |
| Camper       |                |                    |
| Aircraft     |                |                    |
| *Other       |                |                    |
| <b>TOTAL</b> |                |                    |

8. COUNTY PROFILE: Please give a detailed description of your county. Your description should include:

- A. The nature of your County
  - a. Size
  - b. Terrain
  - c. Population
  - d. Level of outdoor activity
- B. Special search and rescue impacts
  - a. State or federal lands, parks, or attractions
  - b. Seasonal influx of tourists/sportsmen
  - c. Out of county missions conducted under mutual aid agreements

9. REQUESTS – Use this sheet to identify county priorities. Use a separate sheet for each priority. Indicate priority number in the upper left hand cell on the form. You may need to copy this sheet multiple times to include all of your requests. Enter the items requested, unit cost, quantity and net cost. Sub-total each sheet and enter the **total in section 10**. Include a justification narrative at the bottom of each sheet. Please see instructions (attached) for more detail.

| PRIORITY # | <i>ITEM</i>      | <i>UNIT or PER PERSON COST</i> | <i>QUANTITY</i> | <i>NET COST</i> |
|------------|------------------|--------------------------------|-----------------|-----------------|
|            |                  |                                |                 |                 |
|            |                  |                                |                 |                 |
|            |                  |                                |                 |                 |
|            |                  |                                |                 |                 |
|            |                  |                                |                 |                 |
|            |                  |                                |                 |                 |
|            |                  |                                |                 |                 |
|            |                  |                                |                 |                 |
|            |                  |                                |                 |                 |
|            |                  |                                |                 |                 |
|            | <b>Sub-total</b> |                                |                 |                 |

**Justification:** Provide a justification for the items and amount requested. Identify relationship between kinds of missions, items requested, and financial or other local impacts.

10.

TOTAL REQUEST: \$ \_\_\_\_\_

REQUEST CERTIFIED AND APPROVED BY (Sheriff's Signature):

DATE:

\_\_\_\_\_

\_\_\_\_\_

(PRINT SHERIFF'S NAME):

\_\_\_\_\_

STREET ADDRESS OR P.O. BOX

E-MAIL ADDRESS

CITY

ZIP

Sheriff's Department Federal ID