

COLORADO DEPARTMENT OF LOCAL AFFAIRS
SEARCH AND RESCUE FUND
INSTRUCTIONS FOR YEAR END AWARD APPLICATIONS

1. COUNTY

Enter the name of the sponsoring County.

2. CONTACT PERSON

Enter the name of the person responsible for the content of the application. This should be the individual who can answer questions regarding the funding request.

3. TITLE

Please indicate the position and/or affiliation of the contact person.

4. ADDRESS

This should be the address of the contact person. The County Sheriff's address should be included in section 10.

5. TELEPHONE

Enter the telephone number of the contact person.

6. E-MAIL ADDRESS

Enter the e-mail address of the contact person.

7. MISSION INFORMATION

This section is to give the Department of Local Affairs an indication of the volume of search activity within the County performed by all organizations over the last calendar year. Please include all missions, whether reimbursed or not.

If you identify missions in the "Other" category, please include a brief description of the type of mission at the bottom of this section. Please include mutual aid missions (those outside of your county) separately. It is assumed that the equipment and training needs itemized under section 9 will bear some relationship to the predominant types of missions quantified under this section.

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

Enter your requests by priority, including the unit/per person cost, quantity and net cost. For example, if your first priority is "high angle rescue training", indicate the cost of the training per person, the number of individuals who will receive the training, and the net cost. Provide a justification for the items and amount requested. Identify the relationship between kinds of missions, items requested, and financial or other local impacts. You will fill out a separate sheet for each priority. You will need to copy the request sheet for subsequent priorities. Once all your priorities have been listed, please add your sub-totals from each sheet and provide a total amount requested in Section 10.

10. REQUEST CERTIFIED AND APPROVED BY

Provide a total amount requested. All Year-End-Award requests must be signed and dated by the County Sheriff or a duly designated representative of the Sheriff's Department with signatory authority. Be sure to include the Sheriff's name, address, e-mail address and federal identification number.

*** * * Send original to:** Search and Rescue Fund
Colorado Department of Local Affairs
222 So. Sixth St., Room 409
Grand Junction, CO 81501

*** * * Send one copy to:** The Board of Commissioners of the sponsoring County