Colorado
Department of
Local Affairs
#_____

# Colorado Department of Local Affairs
# Search and Rescue Fund
# Year End Award Application
# FY2013

1. _____ County

2. _____ Contact Person

3. _____ Title

4. _____ Address

5. _____ Telephone

6. _____ City Zip

7. _____ E-Mail Address

8. 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. Attach additional pages if needed.

_____
_____
_____
_____
_____
_____
_____

| | 2012 In-County | 2012 Out-of-County |
|---|---|---|
| Climber | | |
| Hiker | | |
| Hunter | | |
| Angler | | |
| Snowmobiler | | |
| Bicyclist | | |
| River | | |
| Lake | | |
| OHV | | |
| Skier | | |
| Horseback | | |
| Camper | | |
| Aircraft | | |
| *Other | | |
| TOTAL | | |

9. TOTAL REQUEST AMOUNT: $_____

10. ITEMS REQUESTED – Use this sheet to identify county priorities. Use a separate sheet for each priority. You may 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 provide a TOTAL REQUESTED AMOUNT. Include a justification narrative at the bottom for each priority item requested. Attached are instructions for more detail if needed.

| PRIORITY #_____ | *ITEM* | *UNIT or PER PERSON COST* | *QUANTITY* | *NET COST* |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Total | | | |

JUSTIFICATION: Please provide a justification for the items and amounts requested. Identify relationship between kinds of missions, items requested, and financial or other local impacts.

_____

_____

_____

_____

_____

_____

11. Please answer the following questions and check those items that apply to teams and agencies within the county this past year: NOTE: these questions are a beta test and will not be used for funding allocation decisions during this award cycle.

a. Is there a search and rescue line item in the sheriffs operating budget?

YES_____ NO _____ If yes provide amount: $_____

b. Does the county impose user fees to off-set the costs of search and rescue operations under the powers of the board of commissioners?

YES_____ NO _____ If yes provide amount: $_____

c. Local effort to promote the CORSAR card: (check all that apply to the past calendar year):

_____ One or more teams or agencies sent a letter to vendors within the county encouraging them to promote the CORSAR card.

_____ One or more teams or agencies sponsored a meeting with vendors within the county encouraging them to promote the card on behalf of SAR teams.

d. Team fundraising: (check all that apply to the past calendar year):

_____ At least one team held one team fundraiser.

_____ At least one team or the sheriff applied for one grant other than from the Colorado SAR fund. If yes provide amount: $_____

_____ Teams and/or the sheriff applied for two grants other than Colorado SAR fund. If yes provide amount: $_____

e. Please suggest at least one action the State SAR Program could initiate to help promote sales.

_____

_____

_____

f. Please provide comments regarding the use of these questions to evaluate local effort in regard to funding search and rescue operations.

_____

_____

_____

12. REQUEST CERTIFIED AND APPROVED BY:

SHERIFF SIGNATURE DATE

PRINT SHERIFF'S NAME

ADDRESS CITY ZIP

EMAIL ADDRESS TELEPHONE #

Sheriff's Department Federal ID