



# ASSESSMENT FORM

<p>Are you requesting PPE for members that currently <b>do not</b> have the requested equipment?</p> <p>If so, how many sets or pairs are you requesting?</p>	<p>Yes                      No</p> <p>Turnout Gear              SCBA</p>
<p>Enter the number of members that currently do not have the PPE being requested.</p>	<p>Members without gear</p>
<p>Are you attempting to replace <b>obsolete</b> equipment?</p> <p>If so, how many sets or pairs are you replacing?</p>	<p>Yes                      No</p> <p>Turnout Gear              SCBA</p>
<p>Are you attempting to obtain 2nd sets of PPE?</p> <p>If so, how many sets or pairs are you seeking?</p>	<p>Yes                      No</p> <p>Turnout Gear              SCBA</p>

**If applicable, provide a detailed breakdown of the age of your jurisdiction's current inventory, in which you are seeking to replace/update.**

Item and Model Year	Inventory Quantity	Replacement Quantity	Additional Information


**If applicable, describe the condition of the current inventory. Please account for ALL items within your department's inventory - not just the items you are wishing to replace - include damaged or inoperable items.**

**Financial Need: Describe your financial need and how consistent it is without the intent of the Mini- Grant program.**

**Include details describing your organization's financial distress such as summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of your control.**

**Additional Information: Please utilize the space provided below to include any pertinent information regarding your jurisdiction's needs as it relates to this project, which have not been mentioned previously.**