

Idaho State Search & Rescue Fund

Equipment Matching Fund Application

Name of Unit: _____

Address: _____

Brief description of equipment needed:

Unit Commander: _____

Amount requested: _____ (65%)

Amount Matched: _____ (35%)

Purpose of request:

Commander Signature: _____

Sheriff Signature: _____

This fund has priority for medical or communications equipment.

Maximum amount for matching funds per fiscal year is **\$2,000.00**. (Fiscal year is 1 July to 30 June)

At no time will the money from the matching funds exceed the maximum amount in fund divided by Idaho Search & Rescue Units, per single request.