

**MONTANA SEARCH AND RESCUE ACCOUNT
EQUIPMENT MATCHING FUND APPLICATION
(For equipment purchases made beginning July 1, 2021)**

Unique local number: _____

County: _____

SAR Organization: _____

Address: _____

Brief description of equipment and how utilized:

Total cost of Equipment: _____

Amount Requested: _____ -65%

Local match: _____ -35%

Receipts/Invoices must be attached

I hereby certify that all expenses hereon have been paid in full and provide documentary evidence to support this application will retain original invoices and other documentation available for review for 3 (three) years following payment of this claim. Additionally, I certify all procurement policies were followed.

Typed or printed name of SAR POC: _____

Signature of SAR POC	Date Submitted	SAR Contact Phone Number(s)
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Typed or printed name of Sheriff or Designee	Signature of Sheriff or Designee
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Mailing address for reimbursement

E-Mail for Sheriff's Office

E-Mail for SAR Organization

Please email this completed form to:

Montana DES
ATTN: Jake Ganieany 406-417-9234
1956 Mt. Majo Street
PO Box 4789
Fort Harrison, MT 59636
email: Jake.Ganieany@mt.gov

Approved by SAR Program Manager: Y N Date: _____