

Walton County Department Agenda Request

Department Name: **Walton County Sheriff's Office**

Department Head/Representative: **Kim McCord**

Meeting Date Request: **04/14/2026**

Has this topic been discussed at past meetings? **No**

If so, When?

TOPIC: **Firehouse Subs Foundation Grant Application for Equipment**

Wording For Agenda: **Firehouse Subs Grant Application**

This Request: Informational Purposes Only Needs Action by Commissioners* **Yes**

*What action are you seeking from the Commissioners? **Acceptance**

Department Comments/Recommendation:

Additional Documentation Attached? **Application Checklist**

Is review of this request or accompanying documentation by the County Attorney required? **Yes**

If so, has a copy of the documentation been forwarded to County Attorney? **Yes**

Date forwarded to County Attorney: **4/06/2026**

Has the County Attorney review been completed? **No**

If this request involves the expenditure of county funds, please answer the following:

Approved in current budget?

Budget information attached?

Comments:

Purchasing Department Comments:

County Attorney Comments:

Chairman's Comments:

SAMPLE- Visit FirehouseSubsFoundation.org to apply online.

APPLICATION CHECKLIST

Before submitting, please check that your application has been submitted completely by reviewing the checklist below. Your application will not be considered if any of information requested throughout the application is missing.

Applicant & Alternate Contact Information

- Main applicant contact information must differ from alternate contact information
 - First and last name, email address and phone number must differ

Background/History Attachment

- Has the following documentation been submitted?
- Background/History- Brief history of your department or organization, and how this grant will benefit your community

Vendor Equipment Quote/Bid

- Does the submitted vendor equipment quote/bid include the following information?
 - Vendor sales representative first and last name
 - Vendor email address
 - The name & *physical* address of your organization
 - The first & last name of a contact person from your organization
 - Only one vendor quote has been submitted
 - The quote must be itemized
 - The quote is dated within six months of the application deadline
 - The quote *only* includes item(s) pertaining to your grant request
 - The total dollar amount and equipment quantities in the vendor quote **MATCH** the total that your department is requesting
 - Include sales tax if applicable and freight charges, if applicable. Firehouse Subs Public Safety Foundation will not be responsible for additional shipping costs or sales tax not included in the submitted quote.
 - Sales tax and freight charges are included, if applicable

Please note: The cost of maintenance plans and extended warranties are not permissible and should not be included in submitted quotes.

Most Recent Financial Information

- Does the submitted financial information include the following information?
 - The organization, city or county name
 - Both revenue and expenses
 - One of the following:
 - A recent - within one month - Balance Sheet which consists of Assets and Liabilities
 - A recent - within one month - Profit & Loss Statement also called an Income Statement
 - A current year annual budget showing projected income and expenses
 - A previous year audit or 990

Equipment Inventory

- Does the submitted equipment inventory include the following information?
 - A list of your organization's apparatus, vehicles and other specialized equipment

NOTE: Equipment inventory is only required for first responder organizations. If your organization does not have apparatus, vehicles or specialized equipment, please upload a document noting that the organization does not have any applicable inventory.

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Internal Revenue Service Form W-9 (Rev. October 2018)

- Does the submitted W-9 include the following requirements?
 - Name as shown on your income tax return
 - Entity Name, *if different from line 1*
 - Federal Tax Classification (including Other explanation if required)
 - Exempt payee code (if any)
 - Address
 - City, State & Zip Code
 - Employer ID Number
 - Signed by an official of the organization
 - Dated no more than one year from the submission date of this application

SAMPLE