



COLORADO FIREFIGHTER
HEART, CANCER & BEHAVIORAL HEALTH
BENEFITS TRUST

Firefighter Fitness Grant Application

Member Name: _____

Contact Name: _____

Contact Position: _____

Contact Phone: _____

Contact Email: _____

No. of Firefighter Tested: _____

Amount Requested: _____

Provider Name: _____

Doctor Name: _____

Provider Phone: _____

Provider Email: _____

Description of Services:

Contact Signature

Date

Please return completed application to cfhtrust@mcgriff.com along with the Heart Disease Screening Confirmation Form (for heart screening reimbursement requests only) and any provider invoice/receipts.