

**REQUEST FOR FUNDS**

**FROM THE MAYOR & COUNCIL OF THE TOWN OF BOONSBORO**

Form must be submitted to the Town Clerk by April 1<sup>st</sup> to receive funds in the next fiscal year (July 1<sup>st</sup> - June 30<sup>th</sup>).  
If approved by the Mayor & Council, the grant will be made to the organization by September 1<sup>st</sup>.

ORGANIZATION NAME Boonsboro Ambulance & Rescue

MAILING ADDRESS P.O. Box 7 Boonsboro Md 21713

AMOUNT OF GRANT REQUEST \$ 2,000 additional

PLEASE DESCRIBE THE REASON FOR THE REQUEST: We are getting ready to order new station units for both units, they are expensive. Trying to cover a portion of the cost of them.

SUBMITTED BY (SIGNATURE) M.J. Blumenstiff

PLEASE PRINT NAME M. J. Blumenstiff

TITLE President.

ADDRESS 108 David Drive Boonsboro

PHONE NUMBER 301-465-0701

EMAIL ADDRESS mjenitp@aol.com

DATE 2-3-2026

**FOR OFFICE USE ONLY**

DATE RECEIVED 2/5/2026

HEARING DATE \_\_\_\_\_

APPROVED DATE \_\_\_\_\_

DATE GRANT ISSUED \_\_\_\_\_