

Attachment (4)  
Professional Fire Fighters of Maine  
Application Form for Financial Assistance from the Emergency Dispute Fund

Affiliate Local Number \_\_\_\_\_ Date of Application \_\_\_\_\_

Affiliates Name \_\_\_\_\_

Name of Local President \_\_\_\_\_

Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Cell # \_\_\_\_\_ Office # \_\_\_\_\_ Fax # \_\_\_\_\_

Is PFFM Direct and/or On-Site Providing Assistance/Service [ ] Yes [ ] No

If Yes, Describe the service being provided \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If no, is the Affiliate Self-Representing or has t the Affiliate retained legal counsel or other consultant or paid representative? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name, Address, Phone/Fax Numbers, E-Mail Address for retained legal counsel or other representative

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Affiliate's Monthly Dues Structure \$ \_\_\_\_\_

Monthly Wage of entry-level full-time Fire Fighter \$ \_\_\_\_\_

Does Affiliate have dues equivalent to 1% of entry-level Fire Fighters Pay [ ] Yes [ ] No

If no, what other revenue source does the affiliate have? \_\_\_\_\_

Monthly/Annual Amounts \_\_\_\_\_

Has Affiliate applied and/or received Financial Assistance from the IAFF for this matter?  Yes  No

If yes, when was request submitted to IAFF HQ? Date \_\_\_\_\_

Was Request Approved by IAFF HQ  Yes  Pending  No

Amount of IAFF Assistance Received \$ \_\_\_\_\_

Did Affiliate's Membership approve request for PFFM Financial Assistance  Yes  No

What type of Financial Assistance is being requested?  Grant  Loan [Interest Free]

Reason for Request for Financial Assistance

- Lawful Job Action
- Employer's Refusal to Implement Award/Decision
- Administrative Challenge to substantial disciplinary action taken against a union officer for union-related activities.
- Situation where the affiliate has been forced to pursue resolution of a contract negotiation impasse before a 3<sup>rd</sup> Party.
- Unfair Labor Practice Charge against the Employer
- Grievance involving the application or interpretation of a contract or personnel policy and/or practice provision before a 3<sup>rd</sup> Party Adjudicator.
- Other bona fide emergency [defined as a serious situation that could not have been anticipated by the affiliate, for which an adverse outcome would result in significant loss of jobs, companies, stations and/or a precedent setting labor-management issue.

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior IAFF or PFFM EDF Assistance

IAFF Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  Grant or  Loan

PFFM Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  Grant or  Loan

If your affiliate has obtained EDF assistance for two (2) or more matters separate from any matter related to this application within the five (5) years preceding this application, please indicate any extraordinary circumstances that you believe would justify the Executive Board waiving this policy limitation for your affiliate:

Recovery of Attorney's Fees and Costs for EDF Grants

The affiliate agrees that, if the PFFM awards the grant, the PFFM's expenditure of any grant is subject to continues service review and oversight of the PFFM Executive Board, which has the sole discretion to award both initial and subsequent funding for the matter.

Initial: \_\_\_\_\_

The affiliate agrees that, if they are awarded an EDF grant, they and any legal counsel/representative they retain to pursue the matter for which assistance is awarded will pursue, to the fullest extent possible, the recovery of any attorney's fees and costs incurred in the case, and that failure to abide by this requirement could adversely affect the Executive Board's decision regarding funding of this matter and our applications for future EDF assistance.

Initial: \_\_\_\_\_

The affiliate agrees that, if they are awarded an EDF grant, and they recover attorney's fees and/or court costs in the matter, they will promptly return any EDF grants covering those fees or costs to the PFFM's EDF, and they will notify the PFFM Secretary-Treasurer's office regarding the resolution or outcome of the matter, including whether attorneys' fees and/or costs were recovered.

Initial: \_\_\_\_\_

Has your affiliate informed its PFFM District Vice-President of all the details and circumstances relating to this request?     Yes     No

PFFM District Vice-President Contacted \_\_\_\_\_ Date \_\_\_\_\_

Additional Information:

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Has a complete copy of the case file and any and all necessary information/data been provided to the District Vice President? [ ] Yes [ ] No

Date provided: \_\_\_\_\_ Date to be provided: \_\_\_\_\_

We have read and are familiar with the PFFM's Emergency Dispute Fund Policy, and certify that the information contained in our application is accurate. We believe that our affiliate meets the policy requirements for the assistance requested, and, if awarded assistance under the EDF policy, our affiliate agrees to abide by the Policy's terms and conditions.

\_\_\_\_\_  
President [Signature]

\_\_\_\_\_  
President [Print Name]

\_\_\_\_\_  
Secretary-Treasurer [Signature]

\_\_\_\_\_  
Secretary-Treasurer [Print Name]

\_\_\_\_\_  
PFFM's District Vice-President Signature

\_\_\_\_\_  
Date

