



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Florida Forest Service
VOLUNTEER FIRE ASSISTANCE GRANT APPLICATION

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| LEGAL NAME | | FORM OF ORGANIZATION: (Municipal, Fire District, Non-Profit, County) | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | |
| CITY | | IF COUNTY, LIST VFD'S BENEFITING FROM GRANT: | | | | | | | | | | | |
| STATE | ZIP | | | | | | | | | | | | |
| COUNTY | COUNTY # | | | | | | | | | | | | |
| EMPLOYER IDENTIFICATION NUMBER (EIN) | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> | | | | | | - | | | | | | | |
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| IS FIRE DEPARTMENT LOCATED IN AN INCORPORATED TOWN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, NAME OF TOWN: <input style="width: 150px;" type="text"/> POPULATION OF TOWN: <input style="width: 80px;" type="text"/> PROTECTED AREA: EST. POPULATION: <input style="width: 60px;" type="text"/> SIZE: (SQ. MILES) <input style="width: 60px;" type="text"/> | WHAT IS THE FIRE DEPARTMENT ISO RATING? <input style="width: 80px;" type="text"/> IS FIRE DEPARTMENT NIMS COMPLIANT? YES <input type="checkbox"/> NO <input type="checkbox"/> CURRENT COOPERATIVE AGREEMENT WITH FFS? YES <input type="checkbox"/> NO <input type="checkbox"/> DISTANCE OF CLOSEST MUTUAL AID FIRE DEPARTMENT: <input style="width: 100px;" type="text"/> NAME OF FIRE DEPARTMENT: <input style="width: 200px;" type="text"/> |
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| NUMBER OF FIREFIGHTERS: PAID: <input style="width: 40px;" type="text"/> VOLUNTEERS: <input style="width: 40px;" type="text"/> NO. OF INCIDENTS PAST YEAR: WILDLAND FIRE: <input style="width: 40px;" type="text"/> OTHER: <input style="width: 40px;" type="text"/> NO. OF FIREFIGHTERS CERTIFIED AS: WILDLAND FIREFIGHTER I <input style="width: 40px;" type="text"/> WILDLAND FIREFIGHTER II <input style="width: 40px;" type="text"/> | HAS APPLICANT RECEIVED GRANT FUNDS FROM ANY SOURCE IN THE PAST 12 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHERE? <input style="width: 250px;" type="text"/> AMOUNT: \$ <input style="width: 150px;" type="text"/> LIST TOTAL FUNDS RECEIVED FROM OTHER TAXING AUTHORITIES SUCH AS CITY, COUNTY, TAXING DISTRICTS (Past 12 Months) AMOUNT: \$ <input style="width: 100px;" type="text"/> |
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| LIST OF FIREFIGHTING VEHICLES: | | | |
|--------------------------------|---------------|---------------------|-----------------------|
| TYPE | MAKE/YR.MODEL | PUMP CAPACITY (GPM) | WATER CAPACITY (GAL.) |
| | | | |
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| ESTIMATED GRANT FUNDING REQUEST: | | LIST OF EQUIPMENT OR SUPPLIES TO PURCHASE WITH GRANT FUNDS: | | |
|--|----|---|-------------|--------|
| | \$ | NUMBER | DESCRIPTION | AMOUNT |
| FEDERAL | \$ | | | |
| APPLICANT | \$ | | | |
| COUNTY | \$ | | | |
| TOTAL | \$ | | | |
| (Federal not more than 50% of total. Applicant at least 50% of total in matching funds.) | | | | |

We understand that this is a 50 percent maximum cost-share program (Cooperative Forestry Assistance Act of 1978, PL 95-313), and that funds on deposit up to 50 percent of the actual purchase price of the items approved will be committed to our project. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED THIS DOCUMENT.

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| Type Name of Authorized Representative | Title | Telephone Number: () |
| Signature of Authorized Representative | Date Signed and Submitted | FAX: () |
| | | Email: |