



Volunteer Fire Assistance Grant



VFA Grant Application

Grant# 15-11020000-035--035

Organization Profile

Tell us about your fire department

FDID *

Fire Dept. ID#

Date FD established *

Full Legal Organization Name *

Fire Department Address *



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Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Department website *

Main Number *

Area Code + 7

Dispatch#

() -

Resident County *

Pick from the list

School District Name *

Fire Marshal/Training Officer Name and Title *

Organization Chief/Executive Director *

Title *

Cell Phone *

Direct Phone# *

Email Address *

example@example.com

Financial Representative *



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Financial Representative Title

Phone

Email Address *

example@example.com

Community Profile

*Preference will be given to fire departments comprised of 80% volunteers

Size of Jurisdiction (Square miles) *

Population Served *

Department Type *

Workforce *

FMO Region *

Volunteer staff % ? *

Staffing Composition *

	Total Staff	Paid	Volunteer
Total # of Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>

Annual Call Volume and Type

Please provide information regarding the total number of calls your agency responded to over the past three (3) years for each of the categories listed below.

Call Volume and Type *



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	2015	2016	2017
Structure Fires	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle Fires	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brush / Wildlands	<input type="text"/>	<input type="text"/>	<input type="text"/>
Auto Accidents	<input type="text"/>	<input type="text"/>	<input type="text"/>
Auto Accidents Requiring Extraction	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Materials Response	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMS Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technical Rescue (water/ice/high and low angle)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mutual Aid Given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mutual Aid Received	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (false alarms, good intent, service calls)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide any additional comments or concerns regarding call volume. (1,000 character limit)

Is the department operating under written cooperative fire agreements with other agencies, communities, or legal entities? If yes, list the agreement(s).

Community Insurance Service Office (ISO) rating ? *

Does your community/department provide wildland fire statistics to DFPC and/or the State Forester? *

Budgetary Overview

Item Request **A single item cannot exceed \$4,999.00/the entire application cannot exceed \$10,000.00 unless it is used for a community project. Those will be evaluated on a case by case basis**

Please provide the dollar amount in your budget for for the past (3) years, in each category. *

	2015	2016	2017
Total Budget	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Salaries and Benefits (include volunteer pension contributions)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total for Training & Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total for Operating Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total for Capital Expenditures	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Funding Sources: Percentage of Budget that comes from the following areas. *

	2015	2016	2017
Taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cash Funded Programs/Fee for Service	<input type="text"/>	<input type="text"/>	<input type="text"/>
Federal Grants	<input type="text"/>	<input type="text"/>	<input type="text"/>
State Grants	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private Grants	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fundraisers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

List the last year your department was awarded a VFA grant? *

Unsuccessful Funding Attempts

	2015	2016	2017
Grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundraisers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe unsuccessful attempts made to secure external funding for this request(s) in the past three (3) years. (1,000 character limit) *

i.e. applied for an AFG Grant...

VFA funding is not authorized for purchasing, construction, or renovation of capital improvements. This includes, but is not limited to, building or improving fire stations and pressurized water systems.



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Planned Project(s) or Equipment. This must list the item(s) you wish to purchase, the cost per item/unit and the quantity. Please include the project total. Also, indicate the estimated completion date of the project. *

	Item(s) to be Purchased/Community Project	Quantity required	Estimated Total Cost	Estimated Completion Date (Month/Year)
Item 1				
Item 2				
Item 3				
Item 4				
Item 5				
Item 6				
Item 7				
Item 8				
Item 9				
Item 10				
Grand Total				

You may attach your bid or specification sheet for your equipment. You may also include scope of work if you are applying for a project.

No file chosen

Multi-Agency Project? *

Multi-Agency Project

FDID

VFD Name

Contribution\$

If this is a multi-agency project, please list all the departments involved and the amount each department is contributing. (1000 character limit)

Total Program Budget *



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Requested Grant Amount to Complete Project *

\$

Describe how this request will impact day-to-day operations, including the surrounding community. If this is a community project, be sure to include if this will help the ISO rating and other beneficial information. (1,000 character limit) *

By checking this box, I verify I have read the training manual and all the information, in this application, is true and accurate. The Fire Chief and the Financial Representative has reviewed this form. Both agree with the scope(s) of the project and agree the department has the required 50% match prior to applying for this VFA Grant. *

Validation of Grant Application

The VFA Grant APPLICATION DEADLINE is June 8, 2018!

045 : 04 : 56 : 51

45 days, 04 hours, 56 minutes and 51 seconds left!