



**FIRE DEPARTMENT REPRESENTATIVE(S) (Primary & Alternate Contacts)**

Name	Title	Telephone	Mailing Address

I certify that the information entered on this application is true and accurate and that I, the undersigned, am authorized by the \_\_\_\_\_ Fire Department to represent their interests in acquiring funds and equipment for the Department.

Name (Print) \_\_\_\_\_

Title: \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(Required)

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

**To Apply, Please Submit:**

- 1) **Application for TIFMAS Grant Assistance (TFS-FO-420)**
- 2) **Request for Taxpayer Identification Number and Certification (Form W-9)**
- 3) **NFIRS Summary Report (Total Fires+Overpressure Ruptures, Explosion, Oveheat+Hazardous Condition)**
- 3) **Fire Department's Budget Summary Page**

**Via Mail or Fax to:**

ATTN: Emergency Service Grants Unit  
Texas A&M Forest Service  
2127 South First Street  
Lufkin, Texas 75901  
Telephone: (936) 639-8130  
Fax: (936) 639-8138  
Email: [tifmasgrants@tfs.tamu.edu](mailto:tifmasgrants@tfs.tamu.edu)