

FOR INTERNAL USE ONLY RATING: \_\_\_\_\_\_ CASE NO: \_\_\_\_\_\_ ROUTING: <u>2604 HH</u>

# APPLICATION FOR FIRE DEPARTMENT ASSISTANCE

VOLUNTEER PROGRAMS: Rural VFD Assistance Programs (HB2604), Helping Hands

Name of Fire Department:	Name of Eiro Dr	anartment:				
(Breet)       (Co)       (Zp)         Mailing Address;       (Street or PO Box)       (Co)       (Zp)         Email Address;		·				
Mailing Address:	Physical Addres	SS:(Str	eet)	(City)		(Zip)
Email Address:	Mailing Address	(Street or				( <b>7</b> in)
Fax Number:	Email Address:			(City)		(Ziþ)
Fax Number:	County:		Depart	ment Telephone:		
Name       Title       Telephone Number       Cell Number         Fire Chief						
Fire Chief	Fire Departmer	nt Officers (Contact Informat	ion)			
State of Texas Charter Number (Required):       If operating under a city government, please print "Under City".         Year Fire Department was Created:       Image: Comparison of Volunteers:         Membership:       Number of Volunteers:         Number of Paid Full-Time:       Image: Comparison of Volunteers:         Number of Paid Part-Time:       Image: Comparison of Volunteers:         Federal Tax Identification Number (Required):       Image: Comparison of Volunteers:         DUNS #       Image: Comparison of Volunteers:         To obtain a DUNS number call 1-866-705-5711 or visit:       http://ledgov.dnb.com/webform/         Required for grants incorporating Federal Funds.       Image: Comparison of Volunteers:         Do you have a designated protection area under a 911 Public Service Answering Point?       Yes         Yes       No         Size of Protection Area (Do not include mutual aid response area):       (Square Miles)         Attach a map of your Primary 911 Protection Area with this application if a map has not been previously submitted.         Population of your 911 Protection Area:       Image: Comparison of Volume:         Distance to the Nearest Viable Mutual-Aid Department (Station to Station):       (Miles)         Name of the Mutual Aid Department:       (Miles)		Name	Title	Telephone Numbe	r Ce	ell Number
If operating under a city government, please print "Under City".         Year Fire Department was Created:			Fire Chief			
If operating under a city government, please print "Under City".         Year Fire Department was Created:						
If operating under a city government, please print "Under City".         Year Fire Department was Created:						
If operating under a city government, please print "Under City".         Year Fire Department was Created:						
Year Fire Department was Created:	State of Texas (	Charter Number (Required)		ng under e eity gevernment pl	acco print "Under C	N:4, /"
Membership:       Number of Volunteers:	Year Fire Depar	tment was Created:	n operaur	g under a city government, pr	ease print Onder O	му.
Number of Paid Full-Time:						
Number of Paid Part-Time:         Federal Tax Identification Number (Required):         DUNS #         To obtain a DUNS number call 1-866-705-5711 or visit:         Inttp://fedgov.dnb.com/webform/         Required for grants incorporating Federal Funds.         Do you have a designated protection area under a 911 Public Service Answering Point?         Yes       No         Size of Protection Area (Do not include mutual aid response area):	•		<b>7.</b>			
Federal Tax Identification Number (Required):         DUNS #         To obtain a DUNS number call 1-866-705-5711 or visit:         Ittp://fedgov.dnb.com/webform/         Required for grants incorporating Federal Funds.         Do you have a designated protection area under a 911 Public Service Answering Point?         Yes       No         Size of Protection Area (Do not include mutual aid response area):			<u>م.</u>			
DUNS #         To obtain a DUNS number call 1-866-705-5711 or visit:       http://fedgov.dnb.com/webform/         Required for grants incorporating Federal Funds.         Do you have a designated protection area under a 911 Public Service Answering Point?         Yes       No         Size of Protection Area (Do not include mutual aid response area):						
Required for grants incorporating Federal Funds.         Do you have a designated protection area under a 911 Public Service Answering Point?         Yes       No         Size of Protection Area (Do not include mutual aid response area):	DUNS #					
Do you have a designated protection area under a 911 Public Service Answering Point? Yes No Size of Protection Area (Do not include mutual aid response area): (Square Miles) Attach a map of your Primary 911 Protection Area with this application if a map has not been previously submitted. Population of your 911 Protection Area: Distance to the Nearest Viable Mutual-Aid Department (Station to Station): (Miles)	To obtain a DUNS n	number call 1-866-705-5711 or v	visit: <u>http://fedgov</u>	dnb.com/webform/		
Yes       No         Size of Protection Area (Do not include mutual aid response area):						
Size of Protection Area (Do not include mutual aid response area): (Square Miles)  Attach a map of your Primary 911 Protection Area with this application if a map has not been previously submitted.  Population of your 911 Protection Area: Distance to the Nearest Viable Mutual-Aid Department (Station to Station): (Miles) Name of the Mutual Aid Department:	Do you have a c	designated protection area	a under a 911 Pub	lic Service Answering P	oint?	
(Square Miles) Attach a map of your Primary 911 Protection Area with this application if a map has not been previously submitted. Population of your 911 Protection Area: Distance to the Nearest Viable Mutual-Aid Department (Station to Station): (Miles) Name of the Mutual Aid Department:	Yes	No				
Attach a map of your Primary 911 Protection Area with this application if a map has not been previously submitted.         Population of your 911 Protection Area:	Size of Protection	on Area (Do not include mutua	al aid response area):	(Square Miles	<u></u>	
Distance to the Nearest Viable Mutual-Aid Department (Station to Station): (Miles) Name of the Mutual Aid Department:	Attach a map of you	ır Primary 911 Protection Area v	vith this application if a		,	
Name of the Mutual Aid Department:	Population of yo	our 911 Protection Area:				
Name of the Mutual Aid Department:				ion to Station):		
Does your department serve a rural area or rural community with a population of 10,000 or less? Yes	Name of the Mu	tual Aid Department:			(Miles)	
	Does your depa	rtment serve a rural area	or rural community	/ with a population of 10	,000 or less?	Yes

### RURAL VOLUNTEER FIRE DEPARTMENT ASSISTANCE PROGRAM (HB2604) (IRS FORM W-9 Required)

#### Purchases made before a grant approval date are not eligible for reimbursement.

You may apply for multiple Elements. Applications will remain on file until approved by TFS or cancelled in writing by the VFD.

Compressed Air Foam System (CAFS) Options will be offered at the time of award for the following program elements: Large Brush Truck, Water Tender, Small Brush Truck and Slip-On Unit. CAFS Cost Share Rate: 90% up to a maximum of \$18,000. Manual Calculation (Percentage Conversion: 90%=.9, 75% = .75)

Mark (X)	Program Element	Estimated Total Cost	TFS Cost Share %	Requested Amount	TFS Maximum Allowable Amount
	Water Tender				\$200,000
	Large Brush Truck				\$200,000
	Small Brush Truck				\$100,000
	Truck Chassis - Large				\$90,000
	Truck Chassis - Small				\$45,000
	Slip-On Unit				\$20,000
	Rescue Equipment				\$15,000
	Fire Equipment				\$15,000
	Structural Gear				\$8,400
	Wildland Gear				\$8,400
	Training Aids				\$8,000
	Dry Hydrants				\$8,400 \$1,200/Installation

#### TRAINING TUITION (IRS FORM W-9 Required)

Applications received on or after the course start date are not eligible for reimbursement. Cost share rates are 100% of the actual cost of tuition not to exceed \$125 per day up to a maximum of \$625 per trainee. The Annual Maximum for Training Tuition grant assistance per department is \$12,500.

Name of School (Required):

Please attach additional course information, such as a syllabus, brochure, and/or a flyer for eligibility determination purposes.

Date(s) of Training	Course Name (s)	Number of Trainees	Tuition Cost per Trainee

## **HELPING HANDS PROGRAM**

Describe the equipment you are requesting, including size information for all protective clothing, water handling equipment, etc.

Attach additional sheets as needed. Please submit the Structural PPE Worksheet to specify the quantity and size.

DINT OF CONTACT: The Point of Contact should be a contact should be contact should be contact should be a	uld be an individual v	who may be easily reached to coordinate with TFS.
ame:		Home Phone:
mail:		Work Phone:
		Cell Phone:
certify that the information entered on this an authorized by the	application is tru	e and accurate and that I, the undersignedVolunteer Fire Departme
certify that the information entered on this m authorized by the represent their interests in acquiring fund	application is tru s and equipmen	e and accurate and that I, the undersigned Volunteer Fire Department.
certify that the information entered on this an authorized by the	application is tru s and equipmen	e and accurate and that I, the undersigned Volunteer Fire Department.
certify that the information entered on this a m authorized by the prepresent their interests in acquiring fund /hat is your preferred method of communication Email	application is tru s and equipmen n with Texas A&M Fax	Volunteer Fire Department. Forest Service? Direct Mail
certify that the information entered on this m authorized by the o represent their interests in acquiring funds /hat is your preferred method of communication Email ame (Print):	application is trues s and equipmen n with Texas A&M Fax	Le and accurate and that I, the undersigned Volunteer Fire Department t for the Department. Forest Service? Direct Mail Date:
certify that the information entered on this m authorized by the o represent their interests in acquiring funds /hat is your preferred method of communication Email ame (Print): ignature: ubmit via Mail, E-mail or Fax:	application is trues s and equipmen n with Texas A&M Fax	e and accurate and that I, the undersigned Volunteer Fire Department t for the Department. Forest Service? Direct Mail Date:
certify that the information entered on this in authorized by the	application is trues s and equipmen n with Texas A&M Fax	Le and accurate and that I, the undersignedVolunteer Fire Department t for the Department. Forest Service? Direct Mail Date: Helping Hands Programs
certify that the information entered on this in authorized by the	application is trues s and equipmen n with Texas A&M Fax	e and accurate and that I, the undersigned Volunteer Fire Department t for the Department. Forest Service? Direct Mail Date:
certify that the information entered on this m authorized by the	application is trues s and equipmen n with Texas A&M Fax	Le and accurate and that I, the undersignedVolunteer Fire Department t for the Department. Forest Service? Direct Mail Date: Date:  Helping Hands Programs Texas A&M Forest Service Capacity Building Department P.O. Box 310
certify that the information entered on this in authorized by the	application is trues s and equipmen n with Texas A&M Fax	Le and accurate and that I, the undersigned Volunteer Fire Department t for the Department. Forest Service? Direct Mail Date:  <u>Helping Hands Programs</u> Texas A&M Forest Service Capacity Building Department P.O. Box 310 Lufkin, Texas 75901-0310
certify that the information entered on this is a authorized by the	application is trues s and equipmen n with Texas A&M Fax	Le and accurate and that I, the undersigned Volunteer Fire Department t for the Department. Forest Service? Direct Mail Date:  <u>Helping Hands Programs</u> Texas A&M Forest Service Capacity Building Department P.O. Box 310 Lufkin, Texas 75901-0310 helpinghands@tfs.tamu.edu
certify that the information entered on this is a authorized by the	application is trues s and equipmen n with Texas A&M Fax	Le and accurate and that I, the undersigned Volunteer Fire Department t for the Department. Forest Service? Direct Mail Date:  <u>Helping Hands Programs</u> Texas A&M Forest Service Capacity Building Department P.O. Box 310 Lufkin, Texas 75901-0310
certify that the information entered on this is m authorized by the	application is trues s and equipmen n with Texas A&M Fax	Le and accurate and that I, the undersigned Volunteer Fire Department t for the Department. Forest Service? Direct Mail Date:   <u>Helping Hands Programs</u> Texas A&M Forest Service Capacity Building Department P.O. Box 310 Lufkin, Texas 75901-0310 helpinghands@tfs.tamu.edu Fax: (936) 639-8138
certify that the information entered on this is m authorized by the	application is trues and equipmen with Texas A&M Fax	Le and accurate and that I, the undersigned Volunteer Fire Department t for the Department. Forest Service? Direct Mail Date:   <u>Helping Hands Programs</u> Texas A&M Forest Service Capacity Building Department P.O. Box 310 Lufkin, Texas 75901-0310 helpinghands@tfs.tamu.edu Fax: (936) 639-8138
m authorized by the o represent their interests in acquiring fund: /hat is your preferred method of communication	application is trues s and equipmen n with Texas A&M Fax	Le and accurate and that I, the undersigned Volunteer Fire Department t for the Department. Forest Service? Direct Mail Date:   <u>Helping Hands Programs</u> Texas A&M Forest Service Capacity Building Department P.O. Box 310 Lufkin, Texas 75901-0310 helpinghands@tfs.tamu.edu Fax: (936) 639-8138