



**APPLICATION FOR FIRE DEPARTMENT ASSISTANCE**  
VOLUNTEER PROGRAMS: Rural VFD Assistance Programs (HB2604), Helping Hands

Name of Fire Department: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
(Street) (City) (Zip)  
Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (Zip)  
Email Address: \_\_\_\_\_  
County: \_\_\_\_\_ Department Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**Fire Department Officers** (Contact Information)

Name	Title	Telephone Number	Cell Number
	Fire Chief		

State of Texas Charter Number (Required): \_\_\_\_\_  
*If operating under a city government, please print "Under City".*

Year Fire Department was Created: \_\_\_\_\_

Membership: Number of Volunteers: \_\_\_\_\_

Number of Paid Full-Time: \_\_\_\_\_

Number of Paid Part-Time: \_\_\_\_\_

Federal Tax Identification Number (Required): \_\_\_\_\_

DUNS # \_\_\_\_\_ DUNS # Expiration Date \_\_\_\_\_

To obtain a DUNS number call 1-866-705-5711 or visit: <http://fedgov.dnb.com/webform/>

**Required for grants incorporating Federal Fund.**

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)

Name of the Mutual Aid Department: \_\_\_\_\_

Does your department serve a rural area or a rural community with a population of 10,000 or less? Yes No

**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				\$15,000
	Wildland Gear				\$8,400
	Training Aids				\$8,000
	Dry Hydrants				\$8,400
					<b>\$1,200/Installation</b>

**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

