

**Rural Volunteer Fire Department Insurance Program**

**Application For Grant Assistance**

**Calendar Year 2017**



**Case #** \_\_\_\_\_

Name of Fire Department: \_\_\_\_\_

Mailing Address : \_\_\_\_\_  
( Street or P.O. Box) (City) (Zip Code)

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

County: \_\_\_\_\_ Department Telephone: \_\_\_\_\_

State of Texas Charter Number (Required) \_\_\_\_\_

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

*Include completed copy of IRS Form W-9 when returning the application*

Membership --	Number of Volunteers :	Total	Number to be Insured
	Number of Paid Full-Time :	_____	_____
	Number of Paid Part-Time :	_____	_____

Is your Department participating in a firefighter certification program administered under Section 419.071 of the Texas Government Code (Texas Commission on Fire Protection), or by the State Firemen's and Fire Marshals' Association of Texas, or by the National Wildfire Coordinating Group?

Yes No

Does your department currently have Workers' Compensation Insurance, and/or Death, and/or Disability Insurance on its members?

Yes No

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

Name (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

*Awards are provided on a first come basis until all available grant funds are exhausted.*

**Mail or fax a complete application package to:**

Texas A&M Forest Service  
200 Technology Way, Suite 1162  
College Station, TX 77845-3424  
Fax (979) 845-6160 Telephone: (979) 458-6505  
Email: [ffins@tfs.tamu.edu](mailto:ffins@tfs.tamu.edu)