



THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

APPLICATION FOR FIREFIGHTER ASSISTANCE GRANT PROGRAM

FIRE DEPARTMENT INFORMATION

Name of Fire Department:

Name of Person Completing Form:

Physical Address:

(Street)

(City)

(Zip)

Mailing Address:

(Street)

(City)

(Zip)

EMAIL Address:

County:

Fire Department Telephone Number:

Fire Department FAX Number:

Fire Department Identification Number (FDID#):

Federal Tax Identification Number:

What Year was Fire Department Established:

STAFFING INFORMATION

(A)	<u>Total Number of Certified Volunteer Firefighters:</u>	
(B)	<u>Total Number of Firefighters with a Certificate of Compliance:</u>	
(C)	<u>Total Number of Other Members:</u> (Not Certified as Volunteer or Career Firefighters)	
(A + B + C)	<u>Total Number of Persons on Your Fire Department:</u>	

RESPONSE AREA INFORMATION

What are the **Square Miles** of Your Response Area?:

(Do Not Include Mutual Aid Response Area)

What is the **Population** of Your Response Area?:

(Do Not Include Mutual Aid Response Area)

FUNDING INFORMATION

Directions: List the total funding received from ANY taxing authority in your current FISCAL YEAR, or in your current CALENDAR YEAR.

Include any funds and grants received from any local governing authority, County, Town, City, Municipality, Independent Special District, Dependent Special District, Special District, Municipal Service Taxing Unit (MSTU), or Municipal Service Benefit Unit (MSBU).

DO NOT INCLUDE DONATIONS OF ANY TYPE.

Total Funds Received: \$ _____ Total Grants Received \$ _____

Calendar Year _____

Fiscal Year _____

REQUESTED ASSISTANCE

Which of the following items are you requesting? (Please select ALL that apply)

I AM REQUESTING A GRANT TO TRAIN PERSONS TO BECOME VOLUNTEER FIREFIGHTERS

Please provide the following information in the narrative section:

- The NUMBER of proposed students to be trained.
- The proposed DATES that the volunteer firefighter practical skill training will be conducted.
- The NAMES of each instructor that will be conducting the training.
- The INSTRUCTOR ID numbers of each instructor that will be conducting the training.
- The LOCATION where the training will occur.
- The LOCATION where the live fire training will occur.

I AM REQUESTING A GRANT TO RECEIVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

Please provide the following information in the narrative section:

- The NAMES of each person who will be assigned the PPE.
- The FCDICE numbers of each person who will be assigned the PPE.
- The INVENTORY of all PPE currently in use by your fire department to include:
 - Manufacturer of PPE
 - Date each set of PPE was made, or age of each PPE set.

What percentage of your firefighters are equipped with personal protective equipment (PPE)?

0% 1-25% 26-50% 51-75% 76-99% 100%

What percentage of your firefighters personal protective equipment (PPE) is at least ten (10) years old?

0% 1-25% 26-50% 51-75% 76-99% 100%

I AM REQUESTING A GRANT TO RECEIVE SELF-CONTAINED BREATHING APPARATUS (SCBA)

Please provide the following information in the narrative section:

- List each fire apparatus in your department.
- Include the type, year, and model, of each fire apparatus
- Include the number of seated riding positions for each fire apparatus
- The INVENTORY of all SCBA currently in use by your fire department to include:
 - Manufacturer of SCBA
 - Date each SCBA unit was made, or age of SCBA unit.

What percentage of your firefighters on an emergency response can be equipped with SCBA?

- 0% 1-25% 26-50% 51-75% 76-99% 100%

What percentage of your SCBA are at least ten (10) years old?

- 0% 1-25% 26-50% 51-75% 76-99% 100%

I AM REQUESTING A GRANT TO SUBSIDIZE THE COST SHARE OF AN ASSISTANCE TO FIREFIGHTERS GRANT (AFG) TO OBTAIN A NEW PUMPER FIRE APPARATUS

Please provide the following information from your FEMA AFG Summary Award Notification in the narrative section:

- Name of grantee
- Amount awarded
- Description of award and type of vehicle
- Grantee share of cost
- Period of grant performance

I AM REQUESTING A GRANT TO RECEIVE A NEW PUMPER FIRE APPARATUS

Please attach an inventory list of ALL apparatus owned and available for use by your department. For each fire apparatus list the following information in the narrative section:

- Manufacturer and model of each apparatus
- Year each apparatus was manufactured
- Number of miles on each apparatus
- Current engine hours on each apparatus if equipped with an engine hour meter

Please attach photos (four sides) of all apparatus owned and available for use by your department.

Enter the number of each type of apparatus that is owned and available for use by your fire department?

Age (Years)	Engines / Pumpers		Ladders / Aerials		Tankers / Tenders	
	In Service	Reserve	Inservice	Reserve	Inservice	Reserve
0 - 14						
15 - 19						
20 - 29						
30 or more						

GRANT NARRATIVE (use additional sheets if necessary)

Directions:

Please contact the State Fire Marshal if you have any questions: firegrantquestion@myfloridacfo.com

Please provide required information for your grant request here. Include any additional information you feel is important to your grant request. This narrative must demonstrate the financial need of the department.

GRANT NARRATIVE (use additional sheets if necessary)

Provide an itemized list and costs of requested items:

AUTHORIZATION TO SUBMIT GRANT REQUEST

To be completed by the **Fire Chief, or Fire Service Agency Head** of the municipality or county, the state, or any political subdivision of the state, including authorities and special districts, employing firefighters or utilizing volunteer firefighters to provide fire extinguishment or fire prevention services for the protection of life and property. The term "fire service provider" includes any organization under contract or other agreement with such entity to provide such services.

Note: Administration of resources awarded by the Department to the recipient may be subject to audits and/or monitoring by the Department.

Person Submitting Request:

(Last Name)

(First Name)

Mailing Address:

(Street)

(City)

(Zip)

EMAIL Address:

Telephone Number:

FAX Number:

I attest that the information contained in this application is accurate, and that I am authorized to submit this grant request on behalf of the local governing authority, County, Town, City, Municipality, Independent Special District, Independent Special District, Special District, Municipal Service Taxing Unit (MSTU), or Municipal Service Benefit Unit (MSBU)

Printed Name

(Last)

(First)

(Title)

Signature (Notary Required)

(Date)

NOTARY REQUIRED

All applications must be notarized.

STATE OF FLORIDA

COUNTY OF _____

This instrument was acknowledged before me this _____ day of _____, 20____, by

(Name of Person)

(Notary Seal Here)

Signature of Notary _____

Print Notary Information or Stamp _____

Personally Known _____ or, Produced Identification _____

Type of Identification Produced _____