



VOLUNTEER FIRE CAPACITY GRANT PROGRAM APPLICATION FOR FUNDING

Requested pursuant to Part 515 of Act 451 of 1994, CFDA 10.664 as amended. Completion is voluntary.

Name of Organization		Date	
Address		MFIRIS I.D. Number	
City, State, ZIP Code		County	
Type of Grant (Check one) <input type="checkbox"/> County-Wide <input type="checkbox"/> Multi-Department <input type="checkbox"/> Individual Department			
Are you currently debarred or suspended for participation in Federal Assistance Programs: <input type="checkbox"/> Yes <input type="checkbox"/> No (for more information see project priority information)			
Applicant Contact Information			
Name		Title	
Address		City, State ZIP Code	
Telephone Number Including Area Code (8 a.m. - 5 p.m.)		Email Address	
Applicable Township/City/Village Clerk or Treasurer NOTE: <u>Not your fire department treasurer</u>			
Name of Township/City/Village Clerk or Treasurer		Government Unit and Title	
Address		City, State, ZIP Code	
Telephone Number Including Area Code (8 a.m. - 5 p.m.)		Email Address	
Description and cost estimate of proposed project(s). Please number projects by priority.			
<u>Priority Number</u>	<u>Project Description</u>	<u>Estimated Cost</u>	
Area Protected (Municipality, Township, etc.)		Square Miles	Population
<u>Equipment</u>	<u>Truck</u>	<u>Year</u>	

QUESTIONNAIRE
DEADLINE – June 23, 2023

Check appropriate answer or write in, if necessary.

1. Number of fire departments involved in this project?
 1 department
 2 - 4 departments
 County-wide
2. Number of communities served:

3. Population of area served by the fire department:
 5,000 to 10,000
 1,000 to 5,000
 1,000 or less
4. Number of formal, written, non-pay mutual aid agreements?

5. What is your approximate annual budget?
 \$15,000 or above
 \$10,000 to \$15,000
 \$10,000 or less
6. Organization:
 Part paid, 1 - 3 full-time fire personnel
 Volunteer, fire personnel reimbursed (per run, etc.)
 All volunteer, no reimbursement
 New department established within the last year
7. Is your community presently participating in a Farmer's Home Administration Community Facilities Loan?
 Yes
 No
8. Are you under a commercial loan?
 Yes
 No
9. Usual fire hazards?
 Natural gas or bulk petroleum storage facilities
 Nursing home(s) or hospital(s)
 Other, briefly explain below:

10. Water supply?
 Community has a hydrant system
 Water is transported with a separate tank unit
 Draft or return to station for additional water
11. Insurance Classification (protection class):
 1 through 6
 7 through 8
 9 through 10

DNR FRD Management Unit Priority: _____

**Please mail completed application to the appropriate Management Unit Office listed on attachment IC4267-
A. DEADLINE – June 23, 2023**