



VOLUNTEER FIRE ASSISTANCE 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	County

Type of Grant (Check one)
 County-wide Multi-Department Individual Department

Are you currently debarred or suspended for participation in Federal Assistance Programs: Yes No
 (for more information see project priority information)

Applicant Contact Information	Applicable Township/City/Village Clerk or Treasurer NOTE - <u>Not</u> your fire department treasurer
Name	Name of Township / City / Village Clerk or Treasurer
Title	Government Unit and Title
Address	Address
City, State, ZIP	City, State, ZIP
Telephone (8 a.m. - 5 p.m.)	Telephone (8 a.m. - 5 p.m.)
Email	Email

Description and cost estimate of proposed project(s). Please number projects by priority.

<u>Priority #</u>	<u>Project Description</u>	<u>Estimated Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Area Protected (Municipality, Township, etc.)	Square Miles	Population
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<u>Equipment</u>	<u>Truck</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUESTIONNAIRE

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 _____
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.