

## 2016 VOLUNTEER FIRE ASSISTANCE GRANT

Federal Grant ID:  
15-DG-11420004-121, Volunteer Fire Assistance  
16-DG-11420004-294, Volunteer Fire Assistance

### (GENERAL INFORMATION)

The U.S. Department of Agriculture, Forest Service, through the Cooperative Forestry Assistance Act, has allocated funds to Ohio for the Volunteer Fire Assistance Grant Program. These funds will be distributed to fire protection agencies on the basis of the Act and the federal guidelines.

1. The grants are 50/50 matching reimbursement grants. This means a fire department that receives a grant must purchase the equipment prior to receiving reimbursement for 50% of the total project amount. A maximum of \$10,000 has been placed upon the amount of federal reimbursement grant dollars to be awarded to any one multi-community project or individual fire department.
2. Local funding must be available for the initial purchase of all items if the application is approved.
3. Only purchases made after grants are awarded will be eligible for reimbursement. Proof of purchase and payment made by the department should *be submitted by May 19, 2017.*
4. Only communities under 10,000 population qualify. However, for multi-community projects, the 10,000 limit may be exceeded and still qualify, providing none of the participating communities individually exceeds the 10,000 population limit.
5. Priority will be given to departments in greatest need for the following projects.
  - A. Organization of new fire departments (those not yet in operation or recently organized)
  - B. Multi-community projects (county-wide projects or bulk purchases with four or more fire departments) or projects sponsored by county or regional fire associations.
  - C. Purchase of wildland slip in pump units for trucks & all terrain and utility vehicles (ATV/UTV)
  - D. Purchase of wildland personal protective equipment meeting NFPA 1977 Standard for Wildland Fire Protective Clothing.
  - E. Conversion of Federal Excess Personal Property (FEPP) & Fire Fighter Property (FFP) equipment to fire fighting apparatus.
  - F. Purchase of communication equipment with preference given to equipment compatible with Ohio's MARCS system.
  - G. Purchase of Utility Vehicles and All Terrain Vehicles (UTV & ATV)

Projects not in the priority list will receive secondary consideration for funding.

6. Communities imposing strict boundary limits which exclude rural residences or using a subscription or a fee response system will not be considered
7. Departments **must** have a Fire Department Identification number (FDID) to qualify.

*If you have any questions, please call Rick Maier (740) 774-1596 - ext 110*

# 2016 VOLUNTEER FIRE ASSISTANCE GRANT APPLICATION

## GENERAL INSTRUCTIONS

Type or print all information. Each blank must be filled in and the application must be signed by the Chief of the fire department.

**The deadline for return of the application to the Division of Forestry is December 16, 2016.**

NOTE: Multi-Community applications must have data for **all** participating fire protection agencies, with one agency designated as primary.

### LINE BY LINE INSTRUCTIONS

1. **FIRE DEPARTMENT NAME.** Enter the proper name of the fire department.
2. **FIRE DEPARTMENT IDENTIFICATION NUMBER (FDID).** Enter the five digit number you use to identify your fire department on State Fire Report Forms.
3. **DUNS (Data Universal Numbering System) Number:** Enter the nine digit number you use to identify your fire department in the DUNS. If you don't have a DUNS number, you can request one at the following:  
<http://fedgov.dnb.com/webform/displayHomePage.do;jsessionid=81407B1F03F2BDB123DD47D19158B75F>.
4. **ADDRESS:** Fire department mailing address
5. **CITY:** Fire department city
6. **ZIP:** Zip code of fire department
7. **COUNTY.** Enter the county where your fire department is *located*.
8. **TOWNSHIP.** Enter the township where your fire department is *located*.
9. **NUMBER OF FULL-TIME FIREFIGHTERS ON YOUR DEPARTMENT.** In Ohio, full-time firefighters will be members of the Police and Firemen's Pension Fund.
10. **NUMBER OF FIREFIGHTERS WHO ARE PART-TIME PAID OR RECEIVE AN ANNUAL SALARY.** Enter the number of firefighters who are not full-time but who do receive some form of monetary compensation.
11. **NUMBER OF FIREFIGHTERS IN YOUR DEPARTMENT WHO ARE NOT PAID.** Enter the number of firefighters who do not receive any compensation.
12. **TOTAL POPULATION SERVED BY YOUR DEPARTMENT:** Enter the population of the area for which this department provides primary fire protection. Include territory under contract if primary fire protection is provided. DO NOT include territory where you respond under mutual aid agreements to provide supplemental protection. This figure should be as accurate as possible. For multi-community applications separate the population of each jurisdiction out and list individually.

13. **SOURCE OF POPULATION FIGURES:** Indicate where you obtained the population figures.
14. **SQUARE MILES PROTECTED:** Enter the total square miles of the area for which this department provides primary fire protection. Include territory under contract if primary protection is provided. DO NOT include territory where you respond under mutual aid agreements to provide supplemental protection. This figure should be as accurate as possible.
15. **TOTAL OPERATING BUDGET:** Total operating budget includes money provided by taxes and fire protection contracts, as well as from fund raising and donations used for operating expenses.
16. **WILDLAND FIRE REPORTS:** Only fire departments located within the Division of Forestry's designated protection area are eligible to submit reports.
17. thru 22. **SELF-EXPLANATORY**
23. **TYPE OF POLITICAL SUBDIVISION THAT OPERATES THIS FIRE DEPARTMENT:** Public fire departments are operated by one of the governmental units listed on the application. Private volunteer fire companies are normally operated as non-profit corporations that contract their services to a political subdivision.
24. **PAST VFA GRANT RECEIVED:** If your department has received a grant in the past please list the year that the grant was received.
25. **NAME, ADDRESS AND TITLE OF THE FISCAL OFFICER OF THE POLITICAL SUBDIVISION:** We must send the check for the grant to the fiscal officer of the political subdivision. For the private volunteer fire company's account the address shown should be the MAILING ADDRESS OF THE FISCAL OFFICER OR TREASURER.
26. **ENTER THE FEDERAL TAX ID NUMBER:** For a political subdivision, contact the fiscal officer listed on line 25 to obtain this number. Private fire companies will generally have a Federal Tax ID number if they have applied for tax exempt status. If you do not have a Federal Tax ID number, attach a letter to the grant application explaining the situation. EXAMPLE: This number has 9 digits and usually starts with "31" and looks like this: 31-1234567.
- 27 thru 28: **SELF-EXPLANATORY**

If you have questions after reading these instructions, please call Rick Maier with the Division of Forestry at (740) 774-1596 ext. 110.

**REMEMBER, APPLICATIONS MUST BE POSTMARKED NO LATER THAN DECEMBER 16, 2016**

**SEND TO:**

**RICK MAIER, FEPP/VFA PROGRAM COORDINATOR  
ODNR - OHIO DIVISION OF FORESTRY  
345 ALLEN AVE.  
CHILLICOTHE, OH 45601**

**ODNR DIVISION OF FORESTRY  
2016 VOLUNTEER FIRE ASSISTANCE GRANT APPLICATION**

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1. Fire Department Name: \_\_\_\_\_
2. Fire Department Identification Number (FDID): \_\_\_\_\_ 3. DUNS#: \_\_\_\_\_
4. Address: \_\_\_\_\_ 5. City: \_\_\_\_\_
6. Zip: \_\_\_\_\_ 7. County: \_\_\_\_\_ 8. Township: \_\_\_\_\_
9. Number of full-time firefighters on your department: \_\_\_\_\_
10. Number of firefighters who are part-time paid or receive an annual salary: \_\_\_\_\_
11. Number of firefighters in your department who are not paid: \_\_\_\_\_
12. Total resident population served by your department: \_\_\_\_\_
13. Source of population figure: (check box) (1)  Census (2)  Government Agency  
(3)  Fire Dept. Estimate (4)  Other: (please list source) \_\_\_\_\_
14. What is the total area, in square miles, that you provide primary fire protection for?  
\_\_\_\_\_ square miles
15. What was your total operating budget last year, including both public and private sources of income?

|                 |    |        |
|-----------------|----|--------|
| Tax Levy Income | \$ | _____. |
| Fund Raisers    | \$ | _____. |
| Total Budget    | \$ | _____. |
16. Does your department submit wildland fire reports to the Ohio Division of Forestry?  
Yes  No
17. List the total number of fires in the following categories for last year:  
Structure \_\_\_\_\_ Vehicle \_\_\_\_\_ Wildland \_\_\_\_\_
18. Do you have mutual aid agreements with other fire departments? (check box)  Yes  No
19. Does your department utilize the Incident Command System (ICS) when planning and responding to incidents? Yes  No

20. Describe the purpose for which you would use the grant. Outline estimated costs and what you will use the money to purchase. The amounts awarded to applicants will be based upon your estimated costs of the project so please be specific. Provide total project cost. (Attach additional sheets if needed) :

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21. List in the chart below all fire suppression vehicles in **ACTIVE** service (examples are engines, wildland engines, trucks, and water tenders). Please list in order of response.

| YEAR OF MANUFACTURE |      | PUMP CAPACITY | TANK CAPACITY | TYPE APPARATUS |
|---------------------|------|---------------|---------------|----------------|
| Example:            | 1978 | 750 GPM       | 800 GALLONS   | ENGINE         |
| 1 <sup>st</sup> Out |      |               |               |                |
| 2 <sup>nd</sup> Out |      |               |               |                |
| 3 <sup>rd</sup> Out |      |               |               |                |
| 4 <sup>th</sup> Out |      |               |               |                |

22. Will the grant be used by: (check one)

- Established fire department
- Newly organizing fire department- if yes, list date of organization \_\_\_\_\_
- Multi-community (county-wide) project-if yes, list other departments involved

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23. Type of political subdivision that operates this fire department: (check the description that applies)

- City  Village  Township  County  Joint Fire Protection District
- None, this is a private company

24. Has your fire department received a VFA grant in the past?

- Yes  No  If yes, what years? \_\_\_\_\_

25. *Print* name, address and title of the **fiscal officer** (i.e. clerk, treasurer or finance director) of the political subdivision or private fire company.

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

26. List your Federal Tax Identification Number: \_\_\_\_\_ - \_\_\_\_\_ (*example: 31-1234567*)

27. *Print* the name and telephone number of a person we may contact with questions about this application.

\_\_\_\_\_  
Name (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Day Phone Cell Phone Night Phone

Email address: \_\_\_\_\_

**CERTIFICATION**

28. I certify that the information contained in this application is correct to the best of my knowledge and that the fire department or political subdivision I represent has the intention to complete this project should the grant be awarded.

X \_\_\_\_\_  
Signature of Fire Chief Date

\_\_\_\_\_  
Print or Type Name of Fire Chief Area Code and Phone Number

\_\_\_\_\_  
Address of Fire Chief

\_\_\_\_\_  
City State Zip Code

**MUST BE POSTMARKED BY DECEMBER 16, 2016**  
**RETURN TO:**  
**RICK MAIER, FEPP/ VFA PROGRAM COORDINATOR**  
**OHIO DIVISION OF FORESTRY**  
**345 ALLEN AVE.**  
**CHILlicothe, OH 45601**