

Volunteer Fire Assistance (VFA) Program

Date Rcv'd.: _____
For DNRC Use Only

Application Period: April 1, 2016 to May 16, 2016

APPLICANT:

Date _____

Name of Organization _____

Address _____

City _____ County _____, Montana / Zip _____

Person to Contact (name) _____ (Title) _____

Phone _____ Cell _____ Email _____

Chief Officer _____ (Title) _____

Federal Identification number to be used for grant: # 81 - _____

DUNS number: _____

JURISDICTION

Briefly describe your jurisdiction. _____

Do you protect all property/residents in your community, district or area? Yes___ No___

Are all listed applicants organized, funded and operate under Title 7, Chapter 33 of Montana Code Annotated?
Yes___ No___ (Explain)

PROJECT INVOLVEMENT - Countywide Application

Communities involved (names) _____

List Departments involved (complete Appendix A for each dept) _____

DOES THE PROJECT HAVE, OR HAVE THEY APPLIED FOR AN FHA COMMUNITY FACILITY LOAN THAT RELATES TO IMPROVE FIRE PROTECTION? Yes___ No___ If "Yes", when _____

DOES FIRE DEPARTMENT HAVE A CURRENT COOPERATIVE WILDLAND FIRE AGREEMENT WITH

(circle one) **DOI** **Tribal** **State** **USFS** **None**

IS THE FIRE DEPARTMENT A TRIBAL DEPARTMENT? Yes _____ No _____

WHAT ASSISTANCE DOES THIS APPLICATION COVER?

Organizing Wildland Fire Protection _____

Wildland Training _____

Wildland Fire Equipment _____

Wildland PPE _____

ESTIMATED TOTAL PROJECT COST: *From Appendix "A"* \$ _____

FIRE SERVICE INFORMATION:

Do you file your fire reports using the NFIRS system? Yes No (Would you like information or assistance to begin doing so? Please remember that it's the law to do so.)
Number of wildland urban intermix acres protected by applicant:
Number of wildfire responses within primary response area in 2015 - DOI lands: USFS lands:
Total number of wildfire responses in 2015: # of Initial Attack # of Extended Attack
Number of mutual aid responses in 2015 (include ALL agencies):
Total number of all Fire Department responses in 2015 (wildfire, structure, EMS, all-risk):
Minimum number of firefighters responding to wildland fire in past three years:
Maximum response distance (do not include mutual aid):
How many members of department meet basic wildland firefighter safety training (S130,S190)?
How many members meet advanced wildland firefighter qualifications (ENGB,STEN,ICT3,etc)?
What basic/advanced wildland fire training courses are necessary to meet department's needs?
Does the department currently have wildland fire PPE for all active members? How many members are equipped with PPE? How many NOT equipped?
Do you have a Community Wildland Fire Protection Plan (CWPP) or equivalent plan? Yes No

NIMS CERTIFICATION: *I certify that our organization has adopted and uses the National Incident Management System (NIMS) in day-to-day emergency operations.* Yes____ No____

False, missing or misleading information, statements or claims in any part of this application may result in removal of the application from consideration.

Application Prepared By: _____ **Date:** _____

Signature: _____

NOTE:

- **One Appendix "A" must be included for each department included in this application.**
- **Contracts are valid for six months from date of issuance; all allocated funds are to be expended by the contract expiration date.**
- **ONLY Countywide applications will be considered for grant participation, with exception of departments in counties without a countywide organization. In the case of departments in counties without a county fire association or fire council, countywide fire department, etc., your applications may be submitted through your County Fire Warden.**

Mail application and appendix to:

**Montana DNRC
Forestry Division/ Fire & Aviation
ATTN: VFA Grant Program
2705 Spurgin Road
Missoula, MT 59804-3199**

DNRC contacts:

Doug Williams 406-622-5455 DWilliams4@mt.gov
Ann Evans 406-542-4233 aevans@mt.gov

APPENDIX "A"
VOLUNTEER FIRE ASSISTANCE (VFA) GRANT PROGRAM
DEPARTMENT: _____

F-219

Contact Name, Phone, email:

TRAINING Description: _____

<u>TOTAL \$\$</u>	<u>COURSE TITLE</u>	<u># TRAINEES</u>	<u># OF HOURS PER TRAINEE</u>
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EQUIPMENT / PPE Description: _____

<u>ITEM</u>	<u>ESTIMATED COST</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____

|| *NOTE: Capital Equipment requests must be accompanied by Capital Equipment Form* ||

ORG/PLANNING Description: _____

<u>ITEM</u>	<u>ESTIMATED COST</u>
	\$ _____
	\$ _____
	\$ _____

Contributed Labor: Description of Project: _____
(Volunteer labor that does not result in a billing to you.)

Number of Hours _____

Cost at \$7.50/hour \$ _____

TOTAL ESTIMATED PROJECT : \$ _____
