



## Volunteer Fire Assistance Grant Application

### Infrastructure Investments and Jobs Act (IIJA)

Montana Department of Natural Resources

and Conservation

Fire Protection Bureau

For DNRC Use  
Date Received \_\_\_\_\_

**Application Period: December 1, 2025 – February 1, 2026**

This application shall be completed by the County Fire Warden, Chairperson of the Rural Fire Council or Rural Fire Department, Authorized Representative. All responses subject to verification

### Organization Information

What is the OFFICIAL Name of the Organization

Address

Tax ID #

Active UEI #

City

State

Zip

County

Website

Insurance Coverage

Project Manager - Name

Project Manager - Title

Project Manager - Phone

Secondary Phone

Project Manager - Email Address

Authorized Representative

The Authorized Representative is the person who has legal authority to enter into an agreement with DNRC and will sign any agreement documents.

DNRC utilizes the DocuSign electronic signature service for agreement execution. The Authorized Representative will receive any agreement for signature at the email address provided.

Authorized Representative - Name

Authorized Representative - Title

Authorized Representative - Phone

Secondary Phone

Authorized Representative Address

Authorized Representative - Email

Name of Person Completing Application

Title

Primary Phone

Secondary Phone

Email Address

### County and Fire Department Information

Are all fire service organizations contained within this application, organized, funded, and operated under Montana Code Annotated Title 7, Chapter 33?

☐ Yes ☐ No

Please list the community's serviced by this application:

Is the County/Fire Department reporting all wildland fire occurrences on State or Private land to the local DNRC office?

☐ Yes ☐ No

Does the County /Fire Department have an active Rural Fire Council or Chiefs Meeting?

☐ Yes ☐ No

How often does the organization meet?

When was the County CWPP last updated (including a wildfire update to the County All-Hazard Mitigation Plan)?

Has the County identified and mapped the Wildland Urban Interface?

☐ Yes ☐ No

### Fire Departments Participating and Requesting Funds Under This Application

Fire Department Name	FDID	Individual Project Cost Estimates (From Appendix A)	Appendix A Completed and Attached?
County-Wide/Fire Department Estimated Total Project Costs\$			

Appendix A form must be included for each Department listed on this application.

# Volunteer Fire Assistance Grant Application

## Appendix A

Application Period: December 1, 2025 – February 1, 2026

To be completed by any organization requesting VFA funds and attached to main

Due to the USDA Forest Service purchase requirements and five-year monitoring process, the cost of a single item may not exceed **\$4999.00** total.

Fire Department Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Category	Eligible Cost-Share Item	Quantity	Unit Cost	Total Cost
Fire Equipment and Hand Tools	<i>(Please clearly circle items to be purchased)</i>			
	5 gal. Backpack Bladder Bags			
	Fire Rake / Collapsible Fire Rake			
	Fire Swatter / Fire Broom			
	(Hand tool) Shovel / McLeod/ Pulaski Tool			
	Chain Saws and Basic Saw Accessories			
	Fire Belt Weather Kit / Kestrel Weather Meters			
	Fusees / Drip Torch			
	GPS Units			
	Other (Fill in Item)			
				Total \$
Wildland Personal Protective Equipment	<i>(Please clearly circle items to be purchased)</i>			
	Nomex Shirts			
	Nomex Pants			
	Nomex Coveralls / Brush Coats			
	Nomex Neck Shrouds			
	Goggles / Safety Glasses (wildland fire safe)			
	Gloves (wildland fire safe)			
	Helmets: (wildland fire safe)			
	Headlamps (wildland fire safe)			
	Safety Equipment / Safety Vest / Earplugs			
	Chain Saw Chaps			
	Fire Packs / Web Gear			
	Radio Harness			
	New Generation Fire Shelters			
	Training Shelters			
	Gear Bags			
	Other (Fill in Item)			
				Total \$
Communications Equipment	Base Radios <i>(Must be P25 Compliant)</i>			
	Handheld/Programmable Radios <i>(Must be P25 Compliant)</i>			
	Mobile Radios <i>(Must be P25 Compliant)</i>			
	Pagers			
	Batteries (for radios)			
	Other <i>(Must be P25 Compliant)</i> (Fill in Item)			
			Total \$	

Category	Eligible Cost-Share Item	Quantity	Unit Cost	Total Cost
Water Handling Equipment	Slide-In Fire Units			
	Foam Units, Foam Mixers and/or Foam			
	Portable Tanks			
	Portable Pumps			
	Hoses, Not to Exceed 3" Diameter			
	Hose Reel			
	Nozzles and Fittings			
	Other (Fill in Item)			
				Total \$
Fire Training				
			Total \$	
Organization and Planning				
			Total \$	
Community Preparedness	FireWise Community Education and Outreach			
	Fuels Mitigation Equipment			
			Total \$	
Totals	In-Kind Donation/Match (Time/Labor Calculated at \$30.84/hour)			
Total Project Cost \$				

## Grant Request Narrative

Briefly describe the need for VFA grant assistance and how it will benefit this department:

By signing this application, I acknowledge the following:

- I have reviewed this application in its entirety, and the answers are accurate to the best of my knowledge.
- I have completed a detailed description and price quotes for the funds being requested.
- All fire organizations requesting funding have completed an **Appendix A** form and it has been included in this application package.
- The VFA grant is reimbursable. This means the fire department must pay the entire invoice for items purchased before submitting paperwork for reimbursement. Federal guidelines prohibit payment to the fire department without proof of the fire department expending funds on awarded items.
- I understand the deadline for reimbursement is **December 31, 2026**.
- If there is a change in leadership, all criteria and deadlines remain in place.
- Purchases must match the application request, Appendix A, otherwise the department will not be reimbursed.
- I understand that I cannot put in for items to be reimbursed unless the purchase date is after the date on the award.

SIGNATURES I hereby authorize the proposal for funding submitted for this Volunteer Fire Assistance Grant.

I certify that, based on my personal knowledge, the information provided is accurate and true.

Project Manager

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Authorized Representative

The Authorized Representative is the person who has legal authority to enter into an agreement with DNRC and will sign any agreement documents.

DNRC utilizes the DocuSign electronic signature service for agreement execution. The Authorized Representative will receive any agreement for signature at the email address provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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