

Department: \_\_\_\_\_  
Grant Number: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

# **VOLUNTEER FIRE ASSISTANCE GRANT APPLICATION**

CFDA# 10.664 Cooperative Forestry Assistance

## **SOUTH DAKOTA DEPARTMENT OF AGRICULTURE WILDLAND FIRE DIVISION**

In Cooperation with  
The USDA Forest Service



## INSTRUCTIONS

The application is divided into four parts. They are:

A. GENERAL INFORMATION - Name and address of applying department or organization and total costs.

B. QUALIFICATION CRITERIA - General information necessary to qualify under the provision of Cooperative Forestry Assistance Act of 1978 - fill in all blanks.

C. EVALUATION CRITERIA

- This part of the application is divided into three areas. Hazard and Risk, Project Benefits, and Department Efforts. It is important that you answer all of the questions in this section of the application. These questions establish the need for this project.

D. NARRATIVE - This is an important part of the application. Describe the need for this assistance and tell how the project will address the needs of your community. To help support your project include the following information:

1. Discuss and describe the problem areas, such as hazardous fuel and/or risk situations, safety problems, communication, etc.
2. Discuss how your department is presently handling the situation, such as: special training, prevention plans, mutual aid agreements, special fund raising projects, etc.
3. Discuss how this grant money, if you receive it, would benefit your department and the community you protect.
4. Supporting documentation (testimonies - letters of interest) should and can be used.

E. PROJECT CONTENT - In this part of the application, list the type of equipment, training, organizing costs associated with the project.

1. You must provide reasonable cost estimates for each item. (Estimates may be obtained from fire equipment suppliers.) Remember for VFA funds 50% of the total planned cost of your request up to the awarded amount must be provided from local funds. Warranties, service contracts and shipping costs are not to be included, they do not qualify for cost share.

F. ASSISTANCE - IF YOU NEED ASSISTANCE IN FILLING OUT THIS APPLICATION, CONTACT THE RURAL FIRE ASSISTANCE SPECIALIST IN RAPID CITY AT 393-8055.

G. REMITTANCE - MAIL YOUR APPLICATION TO:

RURAL FIRE ASSISTANCE SPECIALIST  
SD Department OF Agriculture  
3305 West South Street  
Rapid City, SD 57702

## A. GENERAL INFORMATION

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<b>Full Legal Organization Name</b>		<b>Federal Tax Number</b>
<b>Street Address</b>		<b>DUNS Number</b>
<b>Mailing Address</b>		<b>Fire Chief</b>
<b>City</b>	<b>State</b>	<b>Phone Number</b>
<b>Zip Code</b>	<b>County</b>	<b>E-mail Address</b>

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<b>Contact Person if not Chief</b>	<b>Title</b>
<b>Phone Number</b>	<b>E-Mail Address</b>

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## B. QUALIFICATION CRITERIA

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<b>1. Is the requesting community under 10,000 population?</b>	Yes No, Do not qualify	<b>2. Is this request for assistance in organizing, training or equipping?</b>	Yes No, Do not qualify	<b>3. Does the applicant presently have at least 50% of the project costs available for matching federal funds? (Cannot use federal funds)</b>	Yes No
<b>4 Has your organization received federal grant funding in the last five years?</b>	Yes, fill in type and year(s) No	<b>Type(s)</b>	<b>Year(s)</b>		
<b>5. Do you report wildfires (Crop, Grass, Forest) to the SD Wildland Fire Division by postcard or on-line through the Fire Marshall's Office?</b>	Yes No, You must start in order to be eligible!	<b>6. Does you department currently have Personal Protective Equipment (PPE)for its members?</b>	Yes No	<b>7. Is PPE use required?</b>	Yes No
<b>8. Does your department use the Incident Command System in training and exercises?</b>	Yes No	<b>9. DO YOU HAVE DOCUMENTAION TO SUPPORT THIS?</b>	Yes No		

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## C. EVALUATION CRITERIA

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1. What is your current ISO rating?

2. What is the approximate size of your protection area for your department?

- a. 0-100 square miles
- b. 100-200 square miles
- c. 200-300 square miles
- d. 300 + square miles

3. What is your average number (last five years) of fire responses for your department (non-EMS)?

- a. 0-24
- b. 25-49
- c. 50-74
- d. 75-99
- d. 100 +

What percentage of your firefighters have completed the following types of documented training?

NWCG Wildland Firefighter 2

SD Certified Structural Firefighter

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5. Does your department attend (Check all that apply):

- District Fire Schools
- State Fire School
- SD Wildland Fire Academy

7. Average number of firefighter training hours per firefighter last year? (Non- EMS)

- 0-10
- 11-20
- 21-25
- 26 +

8. What is your department's yearly budget?

9. How is your department funded? (City, Fund Raisers, District, etc.)

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## D. NARRATIVE

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Describe the need for this assistance and tell how the project will address the need. Supporting documentation or other testimonies from concerned interests other than the applicant may be attached.

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## E. PROJECT CONTENT

List the types and costs of equipment, training, prevention and organizing requested.

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### EQUIPMENT

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#### BREATHING APPARATUS OR RELATED EQUIPMENT

<b>Complete Set (Minimum of two)</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Tanks</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Compressor</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Other (Specify)</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Description and Narrative</b>			

**Breathing Apparatus Total**

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#### COMMUNICATIONS (If radios, must have VFIRE21, 22 and 23, and VCALL10, and VTAC11,12,13 and 14 and VMED28 Channels installed)

<b>Base Station</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Mobile Radio</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Portable Radio</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Pager</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Other (Specify)</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Description and Narrative</b>			

**Communications Total**

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#### PERSONAL PROTECTIVE EQUIPMENT (PPE)

<b>Helmet</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Coat</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Pants</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Shirt</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Shelter</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Boots</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Gloves</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Other</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Description and Narrative</b>			

**PPE Total**

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**OTHER EQUIPMENT**

**Descriptions,  
Quantities, Cost  
and Narrative**

**Other Equipment  
Total**

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**TRAINING EQUIPMENT**

**Description, Cost  
and Narrative**

**Training  
Equipment Total**

**All Equipment  
Subtotal**

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**FIRE TRAINING**

<b>Class(es)</b>	<b>Sponsoring Agency</b>	<b>Cost</b>
<b>Description of training and Narrative</b>		

**Fire Training  
Subtotal**

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**ORGANIZING**

**Description, Cost  
and Narrative**

**Organizing  
Subtotal**

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**PREVENTION (Specify Projects(s))**

**Description, Cost  
and Narrative**

**Prevention Subtotal**

**TOTAL  
PROJECT  
COST**

The Grantee gives the grantor agency or through any authorized representative the access to examine all records, books, papers, or documents related to this grant request. The Grantee shall hold harmless the grantor and his employees for any liability or injury suffered through the use of property or equipment acquired under this grant. The applicant certifies that to the best of their knowledge and belief the data in this application is true and correct, and that they will comply with the listed assurances if they receive the grant.

**Name:**

**Title:**

I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

**Signature:** \_\_\_\_\_

**Date:**