

## EMERGENCY APPLICATION

### RURAL VOLUNTEER FIRE DEPARTMENT ASSISTANCE PROGRAM

Name of Fire Department

FireConnect ID

County

Number in department profile URL

(<https://fireconnect.tfs.tamu.edu/FireDepartments/XXX>)

**I certify that my department's information is up to date in [FireConnect](#).** This includes having an **active IRS W-9 Form** on FireConnect.

**(Required)** Guide Videos: [Department Profile](#) , [W-9 Forms](#)

Did the loss/damage occur while responding to a declared state of disaster?      Yes      No

**If Yes:**

1. State the name of the declared disaster:
2. Attach a copy of an **incident report** from the event.

#### Repair/Replacement of Essential Equipment

*In the event of a severe damage or loss of essential equipment, the following is available:*

✓	<i>Assistance Type</i>	<i>Cost-Share</i>	<i>Maximum Allowable Amount</i>
	Repair/Replacement	100%	\$15,000

#### Apparatus Replacement

*In the event of a total loss of a truck, the following categories are available:*

✓	<i>Apparatus Type</i>	<i>Cost-Share</i>	<i>Maximum Allowable Amount</i>
	Water Tender	90%	\$240,000
	Large Brush Truck	90%	\$240,000
	Small Brush Truck	90%	\$120,000
	Large Truck Chassis	90%	\$100,000
	Small Truck Chassis	90%	\$60,000

**Please Note:**

**Purchases made in advance of an award are only allowed for Repair/Replacement in the case of a Declared State of Disaster.** All other cases must be assessed and approved before purchases may be made, in order to be eligible for reimbursement.

Apparatus replacement of converted military trucks is **not available through this program**. For those instances, please submit an [Emergency FFP Application](#).

Was the fire truck/essential equipment lost in a catastrophic event?      Yes      No

Is community fire protection compromised due to the loss?      Yes      No

Is there nearby mutual aid assistance available?      Yes      No

Is your department receiving financial assistance for the loss from insurance or another agency? If yes, please provide the total amount received from these sources, as well as a copy of the documentation showing the assistance received.

Yes \$

No

Details of  
Financial  
Assistance  
Received  
From Other  
Sources:

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**When did the  
damage occur?**

**What was  
damaged/lost?**

**How did the  
damage occur?**

**What repairs  
are/were needed  
as a result?**

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***This section must be completed by authorized Chief Officer or President.***

**APPLICANT CERTIFICATION:** I certify that the information contained in this application is true and accurate to the best of my knowledge and that I am duly authorized to certify this application on behalf of the fire department. I understand that knowingly making false or fraudulent statements or representations may result in program sanctions and/or criminal penalties.

(Required)

Name: (print)

Title:

*Chief Officer or President*

Date:

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**Submit this form to [2604@tfs.tamu.edu](mailto:2604@tfs.tamu.edu)**

Questions? 979-458-6505