

APPLICATION FOR TIFMAS GRANT ASSISTANCE
REQUEST for PPE/ SCBA/ TRAINING TUITION

1 Name of Fire Department: _____

2 Physical Address: _____
(Street) (City) (Zip)

Mailing Address: _____
(Street or PO Box) (City) (Zip)

3 Email Address: _____

4 County: _____ Department Telephone: () _____
 Fax Telephone: () _____

5 State of Texas Charter Number **(REQUIRED)**: _____
 ▶ If operating under city government, please indicate "Under City".

6 Federal Tax Identification Number **(REQUIRED)**: _____
 ▶ Please attach a completed Form W-9.

7 Personnel - Number of Volunteers: _____
 Number of Paid Full-Time: _____
 Number of Paid Part-Time: _____

8 Do you have a designated protection area under a 911 Public Service Answering Point (PSAP)?
 Yes No

9 Population of your Primary 911 Protection Area _____

10 Fire Department Budget \$ _____
 ▶ Please attach a current copy of the fire department's budget summary page.

11 Percentage of FD Budget Allocated to Personnel _____ %

12 Call Volume: (Total Fires + Overpressure Ruptures, Explosion, Overheat + Hazardous Condition) _____
 ▶ Please attach an NFIRS report summarizing the calls as identified above for the previous calendar year.

13 PERSONAL PROTECTIVE EQUIPMENT (Attach additional sheets if necessary)

Please summarize your request: (i.e. 5 Sets of Structural PPE - Total Cost \$ 9,333) _____ Total Cost: _____
 \$ _____

14 SCBA (Attach additional sheets if necessary)

Please summarize your request: (i.e. 4 SCBAs - Total Cost \$ 17,666) _____ Total Cost: _____
 \$ _____

15 TRAINING TUITION (Attach multiple sheets for additional schools)

Name of School (REQUIRED): _____

| Number of Trainees: | Date(s) of Training: | Course Name(s): | Tuition Cost per Trainee: |
|---------------------|----------------------|-----------------|---------------------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

16 FIRE DEPARTMENT REPRESENTATIVE(S) (Primary & Alternate Contacts)

| Name | Title | Mailing Address | Telephone |
|-------|-------|-----------------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I certify that the information entered on this application is true and accurate and that I, the undersigned, am authorized by the _____ Fire Department to represent their interests in acquiring funds and equipment for the Department.

Name (Print): _____ Telephone: (____) _____

Signature: _____ (REQUIRED) Cell: (____) _____

Title: _____ Date: _____

Email Address: _____

To Apply, Please Submit:

- 1) Application for TIFMAS Grant Assistance (TFS-FO-420)
- 2) Fire Department's Budget Summary Page
- 3) NFIRS Summary Report (Total Fires + Overpressure Ruptures, Explosion, Overheat + Hazardous Condition)
- 4) Request for Taxpayer Identification Number and Certification (Form W-9)

Via Mail or Fax To: Texas Forest Service
 2127 South First Street
 Lufkin, Texas 75901
 Attn: Emergency Services Grants Unit
 Fax (936) 639-8138 -- Tel (936) 639-8130

IMPORTANT!

Once we are in possession of your application, you can expect to receive a "Notification of Receipt" letter within approximately 10 business days. If not, please contact our office to confirm receipt of application.