

REVISION REQUEST

TIFMAS GRANT ASSISTANCE PROGRAM

Name of Fire Department:

Physical Address:

*street address**city**zip code*

Mailing Address:

*if different**mailing address**city**zip code*

County:

E-Mail Address:

Department Phone Number:

Fax Number:

Number of Current Carded TIFMAS Personnel:

Reports to TXFIRS:

Y/N

Listed as having adopted NIMS with the TDEM:

Reports to TFS FD Reporting System:

*Y/N**Y/N*

Number of Past Statewide Deployments, verifiable by Resource Order:

Please Select: More than 5, 3-5 deployments, 1-2 deployments, or None

Time Required for TIFMAS Apparatus to Mobilize:

Please Select: Less Than 2 Hours, 2-4, 4.1-6, or More Than 6 Hours

Revision Description: (ex: to revise application, update department information, change tax ID number, etc.)

If revising an application, provide a copy of the original application or approval letter associated with this request.

(This section must be signed by authorized Fire Chief, Assistant Fire Chief or President.)

APPLICANT CERTIFICATION: I certify that the information contained in this revision request is true and accurate to the best of my knowledge and that I am duly authorized to sign 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.

Name: (print)

Title:

Fire Chief, Assistant Chief, or President

Signature:

Date:

To submit electronically:
Press the **Submit Form** button. Your email client will open and you will have the opportunity to attach your supporting documents before sending.

To submit by mail or fax: Press the **Print Form** button. Be sure to attach your supporting documents before sending.

*For questions, please contact us at:
tifmasgrants@tfs.tamu.edu or by phone:
(979) 458-6505*

Mail or Fax to:
TIFMAS Grant Assistance Program
Texas A&M Forest Service
Capacity Building Department
200 Technology Way, Suite 1162
College Station, Texas 77845
Fax: (979) 845-6160