

For Internal Use Only:

Record ID # Incident # 241

## **DECLARED STATE OF DISASTER - EMERGENCY APPLICATION**

RURAL VOLUNTEER FIRE DEPARTMENT ASSISTANCE PROGRAM

Name of Fire Department

FireConnect ID Number in department profile URL (https://fireconnect.tfs.tamu.edu/FireDepartments/XXX) County

*I certify that my department's information is up to date in <u>FireConnect</u>. This includes having (<i>Required*) an *active IRS W-9 Form* on FireConnect. Guide Videos: <u>Department Profile</u>; <u>W-9 Forms</u>

## Name of Disaster

$\checkmark$	Program Element	Cost-Share	Maximum Allowable Amount
	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
	Essential Equipment Repairs/Replacement	100%	\$15,000

Note: Truck category purchases made in advance of an award are not eligible for reimbursement.

When did the damage occur?

What was damaged/lost?

How did the damage occur?

Please attach photos of the department's remaining fleet (if applicable).

	This section must be completed by authorized Chief Officer or President.
(Required)	I certify that this request is associated with a loss that occurred in responding to the declared state of disaster listed above.
(Required)	I certify that my department has not and will not receive assistance for these same damages from insurance or other government programs.
(Required)	<b>APPLICANT CERTIFICATION:</b> 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.

Name:	(print)
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Title:

Chief Officer or President

Date:

Submit this form to <u>2604@tfs.tamu.edu</u> Questions? 979-458-6505