

APPARATUS 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:

Fire Department Officers:

| Name | Title | Phone: | Cell: |
|------|-----------------|--------|-------|
| | Fire Chief | | |
| | Assistant Chief | | |
| | | | |
| | | | |

State of Texas Charter Number:

If operating under a local government entity, please type "Under City, County, ESD"

Federal Tax Identification Number:

A signed and dated copy of IRS Form W-9 is required to be submitted with this application.

Membership: Number of Volunteers:

Number of Paid Full-Time:

Number of Paid Part-Time*:

Paid Positions include:

*Firefighters, EMS,
Administrative Personnel,
Fire Marshals, etc.*

**Do not include part time members used in a pool to backfill other paid positions.*

Department Eligibility Details:

Number of Current Carded TIFMAS Personnel:

Does the Department Report to TXFIRS*:

Y/N

Does the Department Report to TFS Fire Department Reporting System*:

Y/N

**As an audit step, TFS will verify that reports have been submitted within the past 12 months.*

Is the Department Listed as Having Adopted NIMS with the TDEM:

Y/N

As an audit step, TFS will verify accuracy through analysis of the NIMS compliance listing as maintained by TDEM. To confirm or update your department's status on the NIMS list, please contact TDEM at 512-424-2450.

Time Required for TIFMAS Apparatus to Mobilize:

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

Department Eligibility Details: *(continued)*

Number of Past Statewide Deployments, verifiable by Resource Order:

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

Please List Previous Deployments by Resource Order, Incident Name, and Year:

If None, Write N/A

(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