

TRAINING 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:

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*:

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

Paid Positions include:

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

Name of School:

Date(s) of Training	Course Name(s)	Number of Trainees	Tuition Cost per Trainee

Please attach any additional course information, such as a syllabus, brochure, and/or a flyer for eligibility determination purposes.

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:

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