



FOR INTERNAL USE ONLY  
 Rating: \_\_\_\_\_  
 Case: \_\_\_\_\_  
 Routing: 2604 HH FEPP FFP

**APPLICATION FOR FIRE DEPARTMENT ASSISTANCE**

VOLUNTEER PROGRAMS: Rural VFD Assistance Programs (2604), Helping Hands, Federal Property (FEPP & FFP)

Name of Fire Department: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(Street) (City) (Zip)

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (Zip)

Email Address: \_\_\_\_\_

County: \_\_\_\_\_

Department Telephone: \_\_\_\_\_

Fax Telephone: \_\_\_\_\_

**Fire Department Officers** (Contact Information)

Name	Title	Telephone Number	Cell Number
	Fire Chief		

State of Texas Charter Number (Required): \_\_\_\_\_  
*If operating under a city government, please print "Under City".*

Year Fire Department was created: \_\_\_\_\_

Membership: Number of Volunteers: \_\_\_\_\_

Number of Paid Full-Time Positions: \_\_\_\_\_

Number of Paid Part-Time Positions: \_\_\_\_\_

Federal Tax Identification Number (Required): \_\_\_\_\_

DUNS # \_\_\_\_\_  
*To obtain a DUNS number call 1-866-705-5711 or [visit fedgov.dnb.com/webform/](http://visit.fedgov.dnb.com/webform/).*  
**Required for grants incorporating Federal Funds.**

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

What is the size of the 911 Protection Area. (Do not include mutual aid response area): \_\_\_\_\_  
(Square Miles)  
*Attach a map of your Primary 911 Protection Area with this application if a map has not been previously submitted.*

Population of your 911 Protection Area: \_\_\_\_\_

Distance to the Nearest Viable Mutual-Aid Department (Station to Station): \_\_\_\_\_  
(Miles)

Name of Department: \_\_\_\_\_

**RURAL VOLUNTEER FIRE DEPARTMENT ASSISTANCE PROGRAM (HB2604) (IRS FORM W-9 Required)**

**Purchases made before a grant approval date are not eligible for reimbursement.**

You may apply for multiple Elements. Applications will remain on file until approved by TFS or cancelled in writing by the VFD.

Compressed Air Foam System (CAFS) Options will be offered at the time of award for the following program elements: Large Brush Truck, Tanker, Small Brush Truck and Slip-On Modules. CAFS Cost Share Rate: 90% up to a maximum of \$18,000.

Manual Calculation (Percentage Conversion: 90%=.9, 75% = .75)

Mark (X)	Program Element	Estimated Total Cost	TFS Cost Share %	Requested Amount	TFS Maximum Allowable Amount
	Tanker				\$200,000
	Large Brush Truck				\$200,000
	Small Brush Truck				\$100,000
	Truck Chassis - Large				\$90,000
	Truck Chassis - Small				\$45,000
	Slip-On Modules				\$18,000
	Rescue Equipment				\$15,000
	Fire Equipment				\$15,000
	Structural Gear				\$8,400
	Wildland Gear				\$8,400
	Training Library				\$8,000
	Training Equipment (Projector)				\$1,000
	Dry Hydrants				\$8,000 \$800/Installation

**TRAINING TUITION (IRS FORM W-9 Required)**

Applications received on or after the course start date are not eligible for reimbursement. Cost Share rates are 100% of the actual cost of tuition not to exceed \$122 per day up to a maximum of \$610 per trainee. The maximum grant assistance per school per department is \$6,100. The Annual Maximum for all Training Tuition grant assistance per department is \$12,000.

Applicants must meet all Federal requirements for meal cards and lodging for the TEEC Municipal Fire School.

Name of School (Required): \_\_\_\_\_

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

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

**HELPING HANDS PROGRAM**

Describe the equipment you are requesting, including size information for all protective clothing, water handling equipment, etc.  
 Attach additional sheets as needed.

**FEDERAL PROPERTY PROGRAMS** DoD Firefighter Property Program (FFP) & Federal Excess Personal Property (FEPP)

<b>FFP (Equipment Ownership)</b>	<b>FEPP (Equipment on Loan)</b>
Choose <b>ONE</b> vehicle per application. Submit additional applications for additional vehicles.	Please describe the requested equipment, including transfer details. Attach additional sheets as needed.
Truck Cargo 1 Ton or 5/4 Ton 4X4                      Truck Tanker	
Truck Cargo 2.5 Ton    Truck Van	
Truck Cargo 5 Ton    Truck Blazer	
Truck Tractor (5th Wheel)                                      Truck Fire	

High Mobility Multi-purpose Wheeled Humvee or Multi-purpose Wheeled Vehicles **are not available** under the DoD-FFP program.  
 There is no guarantee that the Texas A&M Forest Service will be able to provide the requested vehicle.

**POINT OF CONTACT:** The Point of Contact should be an individual who may be easily reached to coordinate with TFS.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**AUTHORIZATION:** This document requires authentication by the department's highest-ranking official.

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

What is your preferred method of communication with Texas A&M Forest Service?

Email    Fax    Direct Mail

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit via Mail or Fax:**

**Rural VFD Assistance Program (2604)**

Texas A&M Forest Service  
 Capacity Building Department  
 200 Technology Way, Suite 1162  
 College Station, Texas 77845-3424

**Fax: (979) 845-6160**

**Email: [2604@tfs.tamu.edu](mailto:2604@tfs.tamu.edu)**

Call 979-458-6505 to confirm it was received.

**Federal Property and Helping Hands Programs**

Texas A&M Forest Service  
 Capacity Building Department  
 P.O. Box 310  
 Lufkin, Texas 75901-0310

**Fax: (936) 639- 8138**

**Email: [fepp@tfs.tamu.edu](mailto:fepp@tfs.tamu.edu) or [ffp@tfs.tamu.edu](mailto:ffp@tfs.tamu.edu)**

**or [helpinghands@tfs.tamu.edu](mailto:helpinghands@tfs.tamu.edu)**

Call 936-639-8100 to confirm it was received.

**Important Notes**

Send all 3 pages of the application with each submission. Rural  
 VFD Assistance Program (HB2604) requires IRS Form W-9. The  
 application and IRS Form W-9 must be signed and dated.