

# APPLICATION FOR FIRE DEPARTMENT ASSISTANCE

## DEPARTMENT OF DEFENSE FEDERAL FIREFIGHTER PROPERTY 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:

Point of Contact:

Contact Phone Number:

Fire Department Officers:

Name	Title	Phone:	Cell:
	Fire Chief		
	Assistant Chief		
	President		

Do you provide fire protection services to a designated primary protection area, identified by the county?

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.*

Year Department was Created:

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.

Population of the 911 Protection Area:

*Please provide the following information regarding the nearest viable mutual-aid department.*

Name of Mutual Aid Department:

Distance, in miles, to the nearest viable mutual aid department (station to station):

*Size of Primary 911 Protection Areas are acquired from governmental entities responsible for maintaining local map data. To learn how to verify the size of your protection area, or how to update this information, please visit [TexasFD.com/ProtectionAreas](http://TexasFD.com/ProtectionAreas).*

## **FFP APPARATUS SELECTION**

Please choose **ONE** vehicle per application.

*Available options: 1 ton, 5/4 ton, 2.5 ton, 5 ton, tractor truck chassis, tanker, van, firetruck*

*High Mobility Multipurpose Wheeled Vehicles (Humvees) **are not available** under the DoD-FFP Program.  
There is no guarantee that Texas A&M Forest Service will be able to provide the requested vehicle.*

Slip-on Unit Yes  No

I wish to apply for a slip-on unit in conjunction with this FFP application.

*Cost-share rate: 100% of the actual cost of components, not to exceed \$20,000 in grant assistance (with or without CAFS.)  
NOTE: Only available for 2.5 ton cargo, 5 ton cargo, and tractor style DoD firefighting conversions.*

---

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

**(Required)** **APPLICANT CERTIFICATION:** 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)

Title:

*Fire Chief, Assistant Chief, or President*

Date:

---

### **To submit electronically:**

Press the **Submit Form** button or download and email this PDF form to: [ffp@tfs.tamu.edu](mailto:ffp@tfs.tamu.edu)

**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:  
[ffp@tfs.tamu.edu](mailto:ffp@tfs.tamu.edu) or by phone:  
(936) 639-8100*

Mail or Fax to:  
**FFP Program**  
Texas A&M Forest Service  
Capacity Building Department  
481 Texas Forest Service Loop  
Lufkin, Texas 75904  
Fax: (936) 639-8138