

## APPLICATION FOR FIRE DEPARTMENT ASSISTANCE Helping Hands 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 **FireConnect**.

(Required) Guide Video: Department Profile

**Self Contained Breathing Apparatuses** 

SCBAs are available for \$105/ea and bottles are \$25/ea.\*

Packs, bottles, and masks are separate items, requested individually

SCBAs: @ \$105 ea = **Bottles:** @ \$25 ea = Masks: @ \$0 ea

Total Due =

\*Prices are subject to change

SCBA Requested Options							
Scott							
	MSA						
	HP						
	LP						

<b>Bottles</b> Requested Options							
	Carbo	n		Aluminum			
	30 min.		45 min.			60 min.	

Structural Darcanal Protective Equipment

Structural	Personal I	Protective E	quipment	Please indicate size and quantity requested for each item, below.				
	Size	Dimensions		Quantity	Quantity	Special Instructions	- I I materia de la cons	
		Chest	Sleeve	Requested	Issued	Special Instructions		
	XSmall	34"						
	Small	36"-38"						
COATS	Medium	40"-42"						
	Large	44"-46"						
	XLarge	48"-50"						
	2XLarge	52" - 54"						
	3XLarge	56"-58"						
		Dimen	sions	Quantity Requested	Quantity Issued			
	Size	Waist	Inseam			Special Instructions		
	XSmall	28"						
	Small	30"- 32"						
<b>PANTS</b>	Medium	34"- 36"						
	Large	38" - 40"						
	XLarge	42" - 44"						
	2XLarge	46"- 48"						
	3XLarge	50" - 52"						
	Color	Quantity Requested	Quantity Issued		Special Instru	ctions		
HELMETS								

TFS-FO-403 Revision 2/22/2024

	Size	Quantity Requested	Quantity Issued	Special Instructions	OTHER	Size	Quantity Requested	 Special Instructions
	5				Suspenders	One Size		
	6				Hood	One Size		
	7				Gloves	X-S		
воотѕ	8				Gloves	Small		
	9				Gloves	Medium		
	10				Gloves	Large		
	11				Gloves	XL		
	12				Gloves	XXL		
	13				Gloves	XXXL		

## **Other Items**

Describe the equipment you are requesting. For Example - thermal cameras, wildland gear, vehicles, etc.

Do not include SCBAs, bottles, or structural protective clothing in this field.

Quantity	Description of Used Equipment

If additional lines are needed, please add a second page.

## (This section must be certified by authorized Chief Officer or President)

**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:	Chief Officer or President
	Date:	

Submit this form to <a href="mailto:helpinghands@tfs.tamu.edu">helpinghands@tfs.tamu.edu</a>

Questions? 936-639-8134

(Required)