

**EMERGENCY APPLICATION**  
**RURAL VOLUNTEER FIRE DEPARTMENT ASSISTANCE PROGRAM**  
**CATASTROPHIC LOSS**

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 Primary 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).*

	<i>Program Element</i>	<i>Estimated Total Cost</i>	<i>TFS Cost Share</i>	<i>Requested Amount</i>	<i>TFS Maximum Allowable Amount</i>
	Water Tender		x 90%		\$200,000
	Large Brush Truck		x 90%		\$200,000
	Small Brush Truck		x 90%		\$100,000
	Truck Chassis Large		x 90%		\$90,000
	Truck Chassis Small		x 90%		\$45,000
	Essential Equipment Repairs/ Replacement		x 90%		\$15,000

Was the fire truck/essential equipment lost in a catastrophic event?      Yes      No

Does the department have remaining firefighting vehicles/  
equipment that can fulfill the functions of the lost truck/equipment?      Yes      No

Is community fire protection compromised due to the loss?      Yes      No

Is there nearby mutual aid assistance available?      Yes      No

Was there an insurance settlement on the loss? If yes, please  
provide details and the settlement amount.      Yes \$  
No

Details:

Is there an accident report? If so, please attach a copy.      Yes      No

***Please attach photos of the department's remaining fleet (if applicable).***

*Please describe the catastrophic event.*

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*(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:

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**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:  
2604@tfs.tamu.edu or by phone:  
(979) 458-6505*

Mail or Fax to:

**Rural VFD Assistance Program**  
Texas A&M Forest Service  
Capacity Building Department  
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