

EMERGENCY APPLICATION
RURAL VOLUNTEER FIRE DEPARTMENT ASSISTANCE PROGRAM
CATASTROPHIC LOSS

Name of Fire Department

FireConnect ID

County

Number in department profile URL

(<https://fireconnect.tfs.tamu.edu/FireDepartments/XXX>)

I certify that my department's information is up to date in [FireConnect](#). This includes having an **active IRS W-9 Form** on FireConnect.

(Required) Guide Videos: [Department Profile](#) , [W-9 Forms](#)

✓	Program Element	Cost-Share	Maximum Allowable Amount
	Water Tender	90%	\$240,000
	Large Brush Truck	90%	\$240,000
	Small Brush Truck	90%	\$120,000
	Large Truck Chassis	90%	\$100,000
	Small Truck Chassis	90%	\$60,000
	Essential Equipment Repairs/Replacement	90%	\$15,000

Note: Purchases made in advance of an award are not eligible for reimbursement.

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

Did the loss occur while responding to a declared state of disaster? Yes No

If yes, state the name of the disaster:

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, as well as a copy of the insurance settlement documentation. Yes \$
No

Settlement
Details:

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

**When did the
damage occur?**

**What was
damaged/lost?**

**How did the
damage occur?**

**What repairs
are/were needed
as a result?**

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

(This section must be certified by authorized Chief Officer 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:

Chief Officer or President

Date:

Submit this form to 2604@tfs.tamu.edu

Questions? 979-458-6505