

# APPLICATION FOR FIRE DEPARTMENT ASSISTANCE

## RURAL VOLUNTEER FIRE DEPARTMENT ASSISTANCE PROGRAM

### TRAINING TUITION GRANTS

Name of Fire Department:

Physical Address:

*street address*

*city*

*zip code*

Mailing Address:

*if different*

*mailing address*

*city*

*zip code*

County:

E-Mail Address:

Contact Phone Number:

Fax Number:

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.*

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.

Do you have a designated protection area under a 911 Public Service Answering Point?

*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 \$133 per day up to a maximum of \$665 per trainee per school. The annual maximum for training tuition grant assistance per department is \$12,500.*

Name of School:

Begin Date	End Date	Course Name(s)	Number of Trainees	Tuition Cost Per Trainee

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

**IRS FORM W-9:** A completed IRS Form W-9 must accompany this application. Please ensure **(Required)** completeness to assist in the timely processing of your application.

**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 **(Required)** 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:

Date:

**To submit electronically:**

Press the **Submit Form** button or download and email this PDF form to: 2604@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:  
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  
200 Technology Way, Suite 1162  
College Station, Texas 77845  
Fax: (979) 845-6160