



For Internal Use Only:

Record ID #

# APPLICATION FOR FIRE DEPARTMENT ASSISTANCE

## RURAL VOLUNTEER FIRE DEPARTMENT ASSISTANCE PROGRAM - FEDERAL FUNDS (VFA)

### VOLUNTEER RECRUITMENT RESOURCES ASSISTANCE GRANT

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.*

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

This grant reimburses **100%** of the actual cost, not to exceed **\$3,000**. Provided by Volunteer Fire Assistance (Federal) Funds on a first-come, first-served basis.

**Applicants must meet all of the following federal requirements to be eligible for VFA Funds:**

- 1) Department must serve a rural area or rural community with a population of 10,000 or less
- 2) Certified by Texas Division of Emergency Management (TDEM) as having adopted NIMS
- 3) Department must not be debarred, suspended, or declared ineligible by any federal department or agency
- 4) 80% or more of department personnel must be volunteers

Allowed			Not Allowed	
Banners	Booth Signage	Promotional Items	Postage	Apparel
Billboards	Flyers/Door Hangers	Postcards/Mailouts	Lease/Rental	Media Advertisements

**Not a conclusive list; Contact us with questions about other types of recruitment resources.**

**Resources must convey a call to action for the purpose of recruiting volunteers. Items branded with only the department name will not be approved.**

**(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:

**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