

Rural Volunteer Fire Department Insurance Program

Application For Grant Assistance

Calendar Year 2016



Case # _____

Name of Fire Department: _____

Mailing Address : _____
(Street or P.O. Box) (City) (Zip Code)

Email Address: _____

County: _____ Department Telephone: _____

State of Texas Charter Number (Required) _____

Federal Tax Identification Number (Required) _____

Include completed copy of IRS Form W-9 when returning the application

Membership --	Number of Volunteers :	Total	Number to be Insured
	Number of Paid Full-Time :	_____	_____
	Number of Paid Part-Time :	_____	_____

Is your Department participating in a firefighter certification program administered under Section 419.071 of the Texas Government Code (Texas Commission on Fire Protection), or by the State Firemen's and Fire Marshals' Association of Texas, or by the National Wildfire Coordinating Group?

Yes No

Does your department currently have Workers' Compensation Insurance, and/or Death, and/or Disability Insurance on its members?

Yes No

I certify that the information entered on this application is true and accurate and that I, the undersigned, am authorized by the _____ Volunteer Fire Department to represent their interests in acquiring funds for the department.

Name (Print): _____

Date: _____

Signature: _____

Telephone: _____

Title: _____

Cell Phone: _____

Address: _____

Email: _____

Awards are provided on a first come basis until all available grant funds are exhausted.

Mail or fax a complete application package to:

Texas A&M Forest Service
200 Technology Way, Suite 1162
College Station, TX 77845-3424
Fax (979) 845-6160 Telephone: (979) 458-6505
Email: ffins@tfs.tamu.edu