

APPLICATION FOR RURAL FIRE DEFENSE ASSISTANCE

① Name of Fire Department: _____

② Physical Address: _____
(Street) (City) (Zip)

Mailing Address: _____
(Street or PO Box) (City) (Zip)

③ Email Address: _____

④ County: _____ Department Telephone : () _____
 Department Fax : () _____

⑤ State of Texas Charter Number **(REQUIRED)**: _____

⑥ Year Fire Department was Created: _____

⑦ Membership - Number of Volunteers: _____
 Number of Paid Full-Time: _____
 Number of Paid Part-Time: _____

⑧ Federal Tax Identification Number **(REQUIRED)**: _____
Include completed copy of Form W-9 when returning application for Cost-Share Assistance or Training Tuition only.

⑨ Do you have a designated primary protection area under a 911 Public Service Answering Point (PSAP)?
 Yes _____ No _____

⑩ Size of your Primary 911 Protection Area **(DO NOT INCLUDE MUTUAL AID RESPONSE AREA)**: _____
Attach a map of your Primary 911 Protection area to this application if: (1) a map has not been previously submitted, OR (2) there is a change in the size of the primary 911 protection area. **(Square Miles)**

⑪ Population of your Primary 911 Protection Area: _____

⑫ Distance to the Nearest Viable Mutual-Aid Department **(STATION TO STATION)**: _____
(Miles)

Name of Department: _____

⑬ List the Total Funds Received from Taxing Authorities (such as City, County, Rural Fire Prevention Districts, etc.). DO NOT INCLUDE DONATIONS.

14 COST-SHARE ASSISTANCE (Attach additional sheets if necessary)

Please describe what type of cost-share assistance you are requesting and the total cost of the item:

Estimated Total Cost: _____

Total Cost-Share Amount You Are Requesting: _____

15 HELPING HANDS/FEDERAL EXCESS PROPERTY (Form W-9 not required for these programs)

Please describe what type of donated equipment you are requesting. For water handling equipment (i.e., connections, hoses, nozzles, etc.), please specify size.

16 TRAINING TUITION (Attach multiple sheets for additional schools)

Name of School: _____

Number of Trainees:	Date(s) of Training:	Course Name(s):	Tuition Cost per Trainee:
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

①7 FIRE DEPARTMENT OFFICERS

Name	Title	Mailing Address	Telephone
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

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 and equipment for the Department.

Name (Print): _____ Telephone: () _____
Signature: _____ () _____
Title: _____ Date: _____
Address: _____ Email Address: _____

**Mail or fax completed application and W-9
to the following:**

Texas Forest Service
John B. Connally Building
301 Tarrow, Suite 304
Attn: Emergency Services Grants Division
College Station, Texas 77840-7896
Fax (979) 845-6160 -- Tel (979) 458-6505