2019 Volunteer Fire Assistance
Cooperative Fire Protection Program Application

➔ MUST BE POSTMARKED NO LATER THAN APRIL 15, 2019 TO RECEIVE FULL
CONSIDERATION. APPLICATIONS RECEIVED AFTER THIS DATE WILL GET
LIMITED CONSIDERATION.

Official Fire Dept. /Dist. Name: _______________________________ FDID#:_______________

CURRENT MAILING ADDRESS:

________________________________________
________________________________________
________________________________________

USDA Forest Service                              Kansas Pipeline                             Kansas Forest Service
US Department of Agriculture       Association    Kansas State University

➔ RETURN APPLICATION BY APRIL 15, 2019➔

For assistance with this application, contact Mark Neely (785)532-3314 or e-mail: mneely@ksu.edu
This application can also be found at: www.kansasforests.org/fire/assistance/index.shtml.

All of the following information is true and correct to the best of my knowledge and by my signature, I
certify that this application complies with Volunteer Fire Assistance regulations and that 50% of the
total project cost is currently available and will be paid from local funds.

FIRE CHIEF:                _________________________        __________________________      ________________
Print Name                                                     Signature                              Daytime Phone #

FISCAL OFFICER:       _________________________        __________________________      ________________
Print Name                                                     Signature                               Daytime Phone #

PRIMARY CONTACT EMAIL: ___________________________________@____________________
PURCHASES OF EQUIPMENT THAT IS DESIGNATED PRIMARILY FOR WILDFIRE OR URBAN INTERFACE SUPPRESSION OR THAT WILL BE USED BY MULTIPLE JURISDICTIONS WILL RECEIVE THE HIGHEST PRIORITY.

QUALIFICATION CRITERIA

a. The protection area must be less than 10,000 in population or a larger community that has wildland fire suppression responsibilities to a rural population of less than 10,000.
b. This grant must be used to finance training or purchasing fire equipment.
c. Local funds must be available to pay at least 50% of the total project cost.
d. Sixty percent of the members that have been on the department 6 month must have completed IS-100 and IS-700 (Training required by Kansas Executive Order 05-03, issued April, 2005.)
e. A minimum of 12 hours of training are required to receive full consideration for this grant.

IF YOU HAVE MET THE QUALIFICATION CRITERIA, CONTINUE.

EVALUATION CRITERIA

1. The number of communities served ________ (each town=1, each township=1, each village = 1 community).
2. Population of Incorporated communities ________ Unincorporated area ________ served.
3. What is the approximate size of district’s area in square miles ________?
4. How many stations are within this district ________?
5. What is the total of fire responses for the district from January 1, 2018 to December 31, 2018 (Include false alarms) ________? Of these, how many were wildland fires ________?
6. From October 1, 2017 to September 30, 2018, what PERCENT of the fire incidents have been reported in K-FIRS (Including NO ACTIVITY, each month will have a minimum of one (1) report) ________%?
7. *****VERY IMPORTANT** Training. Provide the average number of DOCUMENTABLE of hours of training per firefighter in CY 2018. (Divide the total hours of training for the department by the number of members on the roster.) (DO NOT include EMS training) Total average hours per person ________.
8. Total hours of wildland fire training, same formula ________.
    Who provided the Wildland Fire Training ________________________________
9. If I visited this department unannounced, how many fire fighters would be on the roster ________?
    How many are volunteer _______, paid-on-call _______, part-time_______, career ______.
10. Of those that have been on the department more than 6 months, how many have successfully completed I-100 and IS-700 NIMS training ________? How many have taken I-200 ________?
11. List the departments/districts this applicant has a written Mutual-Aid Agreement with: ________________________________
12. What is your current ISO insurance class rating for the communities served______________?

13. If the local emergency manager were contacted, how would that person describe their involvement with this department: Very____, Somewhat____, Neutral______, Very little____, Not at all____?
LOCAL EM’S NAME: ___________________________, phone # (____) _____--__________

14. How many members of this department are current members of the Kansas State Fire Fighters Association ___________? Kansas Association of Fire Chiefs ___________?

15. Type 6 Wildland Engines (Brush Trucks carrying 150-399gal) ___________
Type 3-5 Wildland Engines (Brush Trucks carrying 400-750gal) ___________
Type 1-2 Structure Engines (Class A, B) ___________
Tenders (over 1000gal w/ “quick dumps”) ___________
Service or support vehicles (incl. UTV, ATV, service trucks, cars, etc.) ___________
Number of apparatuses operated by the department/district? TOTAL: ___________
FEPP and/or FFP equipment represented on this application. FEPP/FFP ONLY: ___________

16. Are all meetings concerning department purchasing, expenditures, grants, transfer of funds, election of officers and other like decisions in compliance with the Kansas Open Record Act (K.S.A. 45-218(a))? YES NO.
Is there an elected or appointed custodian of those records? YES NO

17. How are FRA funds utilized? _______________________________________________________

18. Are FRA funds kept in accounts totally separate from all other financial accounts? YES NO

Project Request: Please list below the equipment needed. Purchases must be made after October 1, 2017.

!!!!WILDLAND PPE or EQUIPMENT and COMMUNICATION EQUIPMENT ARE A PRIORITY!!!!

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TOTAL (estimated cost of the entire project): $___________________________
20. Has the enclosed EXPENDITURE CARD been returned or included?  

YES  NO

**NARRATIVE OPTIONAL: USE THE NARRATIVE TO DESCRIBE THE BENEFIT IF NECESSARY, OR IF ITEMS ARE WILL NOT BE USED FOR THE “TRADITIONALLY” INTENDED PURPOSE.**

Be sure your narrative supports your project request. Use only if you need to explain your project to a greater degree.

Exemplify any problems that would be resolved as a result of receiving this grant. Illustrating how the department is currently coping with the problems may strengthen your case. You may use a separate sheet.

Return this application and (OPTIONAL) supporting narrative by **APRIL 15, 2019** to: Kansas Forest Service, Attn: Fire Management Officer, 2610 Claflin Rd., Manhattan, KS 66502-2798.

**REREAD ALL THE QUESTIONS TO BE SURE YOU HAVE ANSWERED THEM CORRECTLY. WE WILL NOT GUESS AT WHAT YOU MEANT!!!!!!**

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