

KFS USE ONLY

Received by _____ Date Received _____

2022 Volunteer Fire Assistance Cooperative Fire Protection Program Application

→ MUST BE POSTMARKED NO LATER THAN APRIL 15, 2022 TO RECEIVE FULL CONSIDERATION. APPLICATIONS RECEIVED AFTER THIS DATE WILL GET LIMITED CONSIDERATION.

Official Fire Dept. /Dist. Name: _____ **FDID#:** _____

CURRENT MAILING ADDRESS:

ADDRESS/PERSONNEL CORRECTIONS



USDA Forest Service
US Department of Agriculture



Kansas Pipeline
Association



Kansas Forest Service
Kansas State University

→RETURN APPLICATION BY APRIL 15, 2022→

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: _____@_____

NOTE – Beginning with VFA Application Period for 2023, KFS will be going to online application and expenditure cards.

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 or more 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

(Department and District are alike)

- 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 **total** number of fire responses for the district from January 1, 2021 to December 31, 2021 (Include false alarms) _____? Of these, how many were wildland fires _____?
- 4. From the previous calendar year, have **all** of your department’s responses been entered into K-FIRS? Yes / No
- 5. During the previous calendar year, have **all** of your firefighters received at least 12 hours of fire related training? Yes / No
- 6. How many **active** firefighters are on your roster? _____
- 7. Of those that have been on the department for more than 6 months, have they successfully completed I-100 and IS-700 NIMS training? Yes / No
- 8. Do you have, signed, mutual aid agreements with your surrounding fire department/districts? Yes / No
- 9. What is the current ISO insurance class rating for the communities served? _____?
- 10. 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:** _____
- 11. Are department resources entered into the Comprehensive, Resource, Management, and Credentialing System (CRMCS)? Yes / No If so, what percentage have been entered? _____%
- 12. Has the department’s Expenditure Card been returned? Yes / No

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Project Request: Please list below the equipment needed. Purchases must be made **after** October 1, 2021.

!!!!WILDLAND PPE, PUMPS, FRONT MONITORS, EQUIPMENT and COMMUNICATION EQUIPMENT ARE A PRIORITY!!!!

Items(s)	Quantity +	Cost/Unit =	Total of each item

Approval given to purchase: _____

ONLY APPROVED ITEMS WILL BE REIMBURSED ON THIS APPLICATION

MATCH \$ _____ TOTAL \$ _____

TOTAL (estimated cost of the entire project): \$ _____

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, 2022 to: Kansas Forest Service, Attn: Fire Management Officer, 2610 Claflin Rd., Manhattan, KS 66502-2798.**



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