



APPLICATION FOR FIRE DEPARTMENT ASSISTANCE
VOLUNTEER PROGRAMS: Rural VFD Assistance Programs (HB2604), Helping Hands

Name of Fire Department: _____
Physical Address: _____
(Street) (City) (Zip)
Mailing Address: _____
(Street or PO Box) (City) (Zip)
Email Address: _____
County: _____ Department Telephone: _____
Fax Number: _____

Fire Department Officers (Contact Information)

Name	Title	Telephone Number	Cell Number
	Fire Chief		

State of Texas Charter Number (Required): _____
If operating under a city government, please print "Under City".

Year Fire Department was Created: _____

Membership: Number of Volunteers: _____

Number of Paid Full-Time: _____

Number of Paid Part-Time: _____

Federal Tax Identification Number (Required): _____

DUNS # _____ SAM.GOV Registration Expiration Date _____

To obtain a DUNS number call 1-866-705-5711 or visit: <http://fedgov.dnb.com/webform/>

Required for grants incorporating Federal Fund.

Do you have a designated protection area under a 911 Public Service Answering Point?

Yes No

Size of Protection Area (Do not include mutual aid response area): _____
(Square Miles)

Attach a map of your Primary 911 Protection Area with this application if a map has not been previously submitted.

Population of your 911 Protection Area: _____

Distance to the Nearest Viable Mutual-Aid Department (Station to Station): _____
(Miles)

Name of the Mutual Aid Department: _____

Does your department serve a rural area or a rural community with a population of 10,000 or less? Yes No

RURAL VOLUNTEER FIRE DEPARTMENT ASSISTANCE PROGRAM (HB2604) (IRS FORM W-9 Required)

Purchases made before a grant approval date are not eligible for reimbursement.

You may apply for multiple Elements. Applications will remain on file until approved by TFS or cancelled in writing by the VFD.

Compressed Air Foam System (CAFS) Options will be offered at the time of award for the following program elements: Large Brush Truck, Water Tender, Small Brush Truck and Slip-On Unit. CAFS Cost Share Rate: 90% up to a maximum of \$18,000.
Manual Calculation (Percentage Conversion: 90%=.9, 75% = .75)

Mark (X)	Program Element	Estimated Total Cost	TFS Cost Share %	Requested Amount	TFS Maximum Allowable Amount
<input type="checkbox"/>	Water Tender		x 90%		\$200,000
<input type="checkbox"/>	Large Brush Truck		x 90%		\$200,000
<input type="checkbox"/>	Small Brush Truck		x 90%		\$100,000
<input type="checkbox"/>	Truck Chassis - Large		x 90%		\$90,000
<input type="checkbox"/>	Truck Chassis - Small		x 90%		\$45,000
<input type="checkbox"/>	Slip-On Unit		x 90%		\$20,000
<input type="checkbox"/>	Rescue Equipment		x 75%		\$15,000
<input type="checkbox"/>	Fire Equipment		x 75%		\$15,000
<input type="checkbox"/>	Structural Gear		x 90%		\$15,000
<input type="checkbox"/>	Wildland Gear		x 90%		\$8,400
<input type="checkbox"/>	Training Aids		x 100%		\$8,000
<input type="checkbox"/>	Dry Hydrants		x 100%		\$8,400 \$1,200/Installation

TRAINING TUITION (IRS FORM W-9 Required)

Applications received on or after the course start date are not eligible for reimbursement. Cost share rates are 100% of the actual cost of tuition not to exceed \$125 per day up to a maximum of \$625 per trainee. The Annual Maximum for Training Tuition grant assistance per department is \$12,500.

Name of School (Required): _____

Please attach additional course information, such as a syllabus, brochure, and/or a flyer for eligibility determination purposes.

Date(s) of Training	Course Name (s)	Number of Trainees	Tuition Cost per Trainee

HELPING HANDS PROGRAM

Describe the used equipment you are requesting, including size information protective clothing, water handling equipment, etc.
 Attach additional sheets as needed.

Quantity	Description of Used Equipment

POINT OF CONTACT: The Point of Contact should be an individual who may be easily reached to coordinate with TFS.

Name: _____ E-mail: _____
 Home Phone: _____ Cell Phone: _____
 Fax Number: _____ Work Phone: _____

AUTHORIZATION: This document requires authentication by the department's highest-ranking official. 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.

What is your preferred method of communication with Texas A&M Forest Service?
 E-mail Fax Direct Mail

Name:(Print) _____ Title: _____
Signature: _____ Date: _____

Submit via Mail or Fax:

Rural VFD Assistance Program (HB2604)

Texas A&M Forest Service
 Capacity Building Department
 200 Technology Way, Suite 1162
 College Station, Texas 77845-3424

Fax: (979) 845-6160
[Email: 2604@tfs.tamu.edu](mailto:2604@tfs.tamu.edu)

Call (979) 458-6505 to confirm it was received.

Helping Hands Program

Texas A&M Forest Service
 Capacity Building Department
 2127 S. First Street
 Lufkin, Texas 75901

Fax: (936) 639-8138
[Email: helpinghands@tfs.tamu.edu](mailto:helpinghands@tfs.tamu.edu)

Call (936) 639-8100 to confirm it was received.

Important Notes:

Send all 3 pages of the application with each submission.
 Rural VFD Assistance Program (HB2604) requires IRS Form W-9.
 The application and IRS Form W-9 must be signed and dated.

Reset

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