

FIRE DEPARTMENT REPRESENTATIVE(S) (Primary & Alternate Contacts)

Name	Title	Telephone	Mailing Address

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

Name (Print) _____

Title: _____

Signature: _____
(Required)

Date: _____

Telephone: _____

Email: _____

Cell: _____

To Apply, Please Submit:

- 1) Application for TIFMAS Grant Assistance (TFS-FO-420)**
- 2) Request for Taxpayer Identification Number and Certification (Form W-9)**
- 3) NFIRS Summary Report (Total Fires+Overpressure Ruptures, Explosion, Oveheat+Hazardous Condition)**
- 3) Fire Department's Budget Summary Page**

Via Mail or Fax to:

ATTN: Emergency Service Grants Unit
Texas A&M Forest Service
2127 South First Street
Lufkin, Texas 75901
Telephone: (936) 639-8130
Fax: (936) 639-8138
Email: tifmasgrants@tfs.tamu.edu