

**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: ( ) \_\_\_\_\_  
 Fax Telephone: ( ) \_\_\_\_\_

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 Cost-Share Assistance or Training Tuition only.**

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

⑩ 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: (1) a map has not been previously submitted, OR (2) there has been a change in the size of your Primary 911 Protection Area.**

⑪ Population of your 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:

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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 the type of donated equipment you are requesting. If requesting items such as protective clothing, water handling equipment, etc., please provide us with detailed size information.

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**16 TRAINING TUITION** (Attach multiple sheets for additional schools)

Name of School (REQUIRED): \_\_\_\_\_

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

17 FIRE DEPARTMENT OFFICERS (Contact information)

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.

What is your preferred method of communication with Texas Forest Service?

- Email
- Fax
- Direct Mail

Name (Print): \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Signature: \_\_\_\_\_

Cell: (     ) \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Texas Forest Service  
Emergency Services Grants Unit  
200 Technology Way, Suite 1162  
College Station, Texas 77845-3424  
Fax (979) 845-6160 -- Tel (979) 458-5540