



Record ID #

TRAINING REQUEST

TIFMAS GRANT ASSISTANCE PROGRAM

Name of Fire D	epartment:				
Physical Addres	ss:				. 1
3 6 ·1· A 1 1		street address	city		zip code
Mailing Address: if different		mailing address	city		zip code
County:		E-Mail Address:			
Department Phone Number:		Fax Number:			
State of Texas C	Charter Number:	If operating under a local go	overnment entity, please type	"Under City, Cou	unty, ESD"
	entification Number d copy of IRS Form W-9 is	: required to be submitted with t	his application.		
Membership:	Number of Volunt	nber of Paid Full-Time: Firefigl Administra		aid Positions include: Firefighters, EMS, ministrative Personnel,	
	Number of Paid Fr				
	Number of Paid Pa			Marshals, etc.	
	*Do not include part ti	me members used in a pool to	backfill other paid position	15.	
Name of Schoo	ıl:				
Date(s) of Training	Course Name(s)		Number of Trainees	Tuition Cost per Trainee	
Please attach an	y additional course inform	nation, such as a syllabus, broch	ure, and/or a flyer for eligil	vility determinat	ion purposes.
and a (Required) on b	accurate to the best on the fire de	FION: I certify that the infinger from the infinite from the from	I am duly authorized that knowingly ma	l to certify thi aking false o	s application r fraudulen
		Γ	Date:		
To submit electron	ically·	To submit by mail or fay: Pa	ress the Drint		Mail or Fax to:

To submit electronically: Press the Submit Form button. Your email client will open and you will have the opportunity to attach your supporting documents before sending.

To submit by mail or fax: Press the Print Form button. Be sure to attach your supporting documents before sending.

For questions, please contact us at: tifmasgrants@tfs.tamu.edu or by phone: (979) 458-6505

TIFMAS Grant Assistance Program
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