TENNESSEE DEPARTMENT OF AGRICULTURE
DIVISION OF FORESTRY
P.O. BOX 40627
NASHVILLE, TN 37204
(615) 837-5091
FAX: (615) 837-5129
April 1, 2009

Dear Fire Department Representative:

The Division of Forestry is now accepting grant applications for the **2009 Volunteer Fire Assistance (VFA) Program.** Volunteer fire departments serving communities with populations of 10,000 or less are eligible. The maximum 50/50 match amount per fire department is $3,000; the minimum is $500. In other words, eligible purchases totaling $1,000 to $6,000 may have half the total amount reimbursed by grant funds.

Applications will be accepted from **May 1 through June 30, 2009.**

Requests for funding will **not** be considered for the following:

- Repair or construction of buildings
- Land acquisition, water lines or hydrants
- Emergency medical equipment
- Any equipment not fire related
- Applications for a single piece of equipment exceeding $5,000 in cost
- Purchases made **before July 1, 2009 or after April 30, 2010**

Please complete and send the following to your Assistant District Forester (ADF) [see page 3 of application] no later than **June 30, 2009**:

- Application for Assistance (Signed Originals only- no Faxes)
- Substitute W-9
- Authorization Agreement for Automatic Deposit form with requested attachment

Your fire department **must** have a current "Memorandum of Understanding" with the Division of Forestry that is dated after **June 30, 2004**. If you do not have one, contact your ADF.

If you have any questions, please contact your ADF or myself.

Sincerely,

Jeffrey K. Piatt, CF
Fire Program Specialist

TENNESSEE DEPARTMENT OF AGRICULTURE
DIVISION of FORESTRY

2009 VOLUNTEER FIRE ASSISTANCE (VFA) PROGRAM GUIDELINES

Application Phase:

1. Grantee volunteer fire departments (VFD's) are to submit with their application a list of proposed purchases including estimated unit prices. Purchases must be made from this list. **Purchases made before July 1, 2009 or after April 30, 2010 will not be eligible for reimbursement**. Applications must be received by your Assistant District Forester (see page 3 of application) on, or before **June 30, 2009**.

2. Grantee VFD's must complete and sign a current "Authorization Agreement for Automatic Deposits (ACH Credits) forms" along with a voided check or deposit slip. All reimbursement payments will be made by direct deposit to the grantee's bank.

3. Grantee VFD's are required to submit with their application a current Substitute W-9 form verifying the accuracy of their Federal Tax Identification Number. A Federal Tax Identification Number **IS REQUIRED.** A social security number will not be accepted as a substitute.

4. Only Grantee VFD's serving communities with populations of 10,000 or less are eligible.

Contract Phase:

5. Grant contracts will be awarded based on the VFD's rating determined from information provided on the application.

6. This is a 50/50 Federal matching grant program. No contract shall be issued for less than $500 or more than $3,000.

Reimbursement Phase:

7. A one time reimbursement will be made after the grantee has submitted sufficient proof of purchases in the form of copies of **paid invoices** for twice the amount of the grant.

Restrictions:

8. Requests for funding will not be considered for the following:
   - Repair or construction of buildings
   - Land acquisition, water lines or hydrants
   - Emergency medical equipment or equipment not fire related
   - Single items costing more than $5,000

9. Communities imposing strict boundary limits, which exclude rural residences or use a subscription response system, **will not** be considered.

10. The grantee VFD must maintain a permanent file containing all information and correspondence relating to the grant.

11. Grantee VFD must have a current **Memorandum of Understanding** with the Division of Forestry dated after June 30, 2004.

Must be received by 4:00 PM June 30, 2009

2009 VOLUNTEER FIRE ASSISTANCE PROGRAM

APPLICATION FOR ASSISTANCE

FIRE DEPT.: _____ **DATE:** _____

CONTACT: _____ **TITLE:** _____

ADDRESS: _____ **CITY:** _____

ZIP CODE: _____ **COUNTY:** _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): _____

DAY TIME PHONE: _____ **EMAIL:** _____

FAX NUMBER: _____

APPLICATION FOR FIRE SUPPLIES: List the tools and materials along with the estimated cost of the items your fire department intends to purchase with the Grant. Any change from the items listed below must be requested **IN WRITING** to your Assistant District Forester (see page 3) prior to purchase.

Tools/Supplies	Estimated Cost

(Use additional sheet if needed) **Total:** _____

PROJECT NARRATIVE: Give a brief explanation of the intended use of the above listed tools/supplies and how it will benefit your fire department and community.

_____

_____

_____

Fire Department currently has this equipment:	Number		Number
Pumpers 750 gpm +	_____	Rescue Vehicles	_____
Pumpers 250 - 500 gpm	_____	Jaws of Life	_____
Pumpers <250 gpm	_____	SCBAs	_____
Brush Trucks	_____	Extra SCBA bottles	_____
Tanker Trucks	_____	Sets of Wildland PPE	_____

Amount of NFPA/OSHA approved protective clothing your fire department has:

Turnout (bunker) Coats	_____	Turnout (bunker) Pants	_____
Helmets with eye protection	_____	Hoods	_____
Pairs of boots	_____	Pairs of gloves	_____

1. What is the total area (in square miles) protected by your fire department? _____

2. If requested, does your department respond to structure fires/other emergency incidents in:
   Your community only_____ 2-5 Communities_____ County wide_____ Multi-County_____

3. Geographic location (latitude/longitude) of your fire department: _____

4. Does your fire department have a written plan of action or standard operating procedures? (Yes / No)
   If yes, do they include a plan of action or standard operating procedure for wildfire incidents? (Yes / No)
   If yes, attach a copy of the wildfire standard operating procedures.

   Do you have written mutual aid agreements with other fire departments? (Yes / No)

   What is the effective date of your department's MoU with the Division of Forestry? _____

5. How many active firefighters are on roll for your department? _____
   Total training hours recorded for your firefighters during the past 12 months, either in-house or State certified? _____ Number of firefighters _____

   How many of your firefighters have completed the following training?

Hazardous Materials	_____	Wildland Fire Fighting	_____
Communicable Disease	_____	Emergency Vehicle Operation	_____
Incident Command	_____	Firefighter 1 or Essentials	_____

6. Are the proposed expenditures made with this grant essential for the fire department to reach a lower ISO Protection Class? (Yes / No) If yes, what ISO rating will it allow? _____

7. How many structure fires did your department report to the State Fire Marshal in 2008? _____
   How many wildfires did your department report to the State Fire Marshal in 2008? _____

8. How much money was expended to operate your fire department during the last fiscal year?
   $_____

   How much of that money came from the following sources?

Municipal government	$ _____	Memberships & fees	$ _____
Property tax/assessments	$ _____	Donations & fund raisers	$ _____

9. Are your firefighters covered by Workers Compensation Insurance? (Yes / No)

10. Do you have liability insurance coverage on all fire department vehicles? (Yes / No)

_____ _____

Signature and Title of Department Representative Date

PLEASE SEND YOUR APPLICATION PACKAGE TO THE FOLLOWING DIVISION OF FORESTRY ASSISTANT DISTRICT FORESTER IN YOUR AREA:

DISTRICT OFFICES

District's One and Two Nathan Waters, Assistant District Forester Tennessee Division of Forestry P.O. Box 2666 Knoxville, TN 37901-2666 Voice: (865) 594-6432 Fax: (865) 594-8907	**District Five** Jonathan Boggs, Assistant District Forester Tennessee Division of Forestry 3497 Church Street Burns, TN 37029 Voice: (615) 797-3117 Fax: (615) 797-3113
District Three Robert Rhinehart, Assistant District Forester Tennessee Division of Forestry P.O. Box 160 Hixson, TN 37343 Voice: (423) 634-3091 Fax: (423) 634-6083	**District Six** Philip Blakley, Assistant District Forester Tennessee Division of Forestry P.O. Box 438 Lexington, TN 38351 Voice: (731) 968-6676 Fax: (731) 968-5356
District Four James Dale, Assistant District Forester Tennessee Division of Forestry 390 South Lowe, Suite 10 Cookeville, TN 38501-4702 Voice: (931) 526-9502 Fax: (931) 526-2279	

APPLICATION PACKAGE MUST INCLUDE:

- ☐ Application Form (**Original only- no copies or faxes**)
- ☐ Substitute W-9 Form
- ☐ Authorization Agreement for Automatic Deposit (**with voided check or deposit slip**)

NOTE-Application Package must be received your local Assistant District Forester by 4:00 pm June 30, 2009.

VFA- 2009

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION

ACH (AUTOMATED CLEARING HOUSE) CREDITS (Not Wire Transfers)

NAME _____

Federal Identification Number or Social Security Number _____
(under which you are doing business with the State.)

I (We) hereby authorize the State of Tennessee, hereafter called the STATE, to initiate credit entries to my (our) *(select type of account)* _____ CHECKING or _____ SAVINGS account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

This authority is to remain in full force and effect until the STATE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.
****

Do you currently receive payments from the State through ACH? _____ (Yes or No). If yes, do you intend for this account information to replace other existing account information currently used by the State? _____ (Yes or No). If yes, please specify the account that should be changed: ABA No. _____ Account No. _____.
Is this authorization only for certain types of payments? _____ (Yes or No). If yes, please indicate types:

_____

_____

_____
****
Many banking institutions use different numbers for ACH. Please call your bank for verification of ACH transit and account number.

Bank official contacted: _____ Phone No. _____
****

DEPOSITORY/BANK NAME _____ BRANCH _____

CITY _____ STATE _____

ACH TRANSIT / ABA NO. _____ ACCOUNT NO. _____

NAME(S) _____
(Please print names of authorized account signatory)

DATE _____ SIGNED X _____ SIGNED X _____

PLEASE ATTACH A VOIDED CHECK (OR FOR SAVINGS ACCOUNTS, A DEPOSIT SLIP):

PLEASE INDICATE ADDRESS TO WHICH YOU WOULD LIKE YOUR REMITTANCE ADVICES ROUTED WHEN PAYMENTS ARE PROCESSED:

_____

_____

_____

_____

Contact name: _____
Telephone no.: _____

FOR STATE USE ONLY:
Contact Agency: _____
Contact Person: _____
Telephone No.: _____

FA-0825(Rev. 4/96)

Examples of items purchased in 2008 by VFD's using VFA grant funds

Air pack test
Antennas
Appliances
Attic ladder
Axes
Back packs
Backpack pumps
Battery chargers
Booster hose
Bolt cutters
CAF Backpacks
Camera systems
Carrier
Chainsaws
Chemguard monitor
Class A Foam
Coupling adapters
Engine for pump
Entry tool
Extension cords
Fan
Fire boots
Fire coats
Fire extinguishers
Fire helmets
Fire pants
Fire pole w/light
Fire simulator software
Fire tools
Floating pump
Floating strainer
Foam proportioners
Forestry hose
Frame materials
Freight
Gate valve
Gated wye
Gloves
GPM monitor
GPS
Halligan tool
Hand lights
Handheld computer
Headlamp & batteries
Helmets
Helmet shield
3/4" hose
1" hose
1.75" hose
Hose brackets
Hose clamp
Hose coiler
ID tags & board
Ladders
Laptop computer
Lug tires for tanker
Mag Lite mounts
Mask test kit
Misc. materials for lights
Nozzles
Nozzle tips
Pager programmer
Pagers
PASS heat sensor
/Pickhead axes
Pike poles
Portable generator
Portable radios
Power supply
Pro Pac
Projector
Projector Screen
800 psi hose
PTO control
PPE's
Pump rebuild
Radio batteries
Safety markers
Safety vests
Salvage covers
SCBA brackets
Spanner wrenches
Speaker mics
Strainers
Streamlights
Strobe lights
Suction hoses
125 gallon tank
225 gallon tank
2500 gal drop tank
300 gallon poly tank
Tires
Tools
Training materials
Truck
VHF mobile radios
VX radio batteries
Water extinguisher
Wildfire coveralls
Winch

SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number_____

Business Name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

2. Circle the most appropriate category below: (please circle only one)

1) Individual (not an actual business)
2) Joint account (two or more individuals)
3) Custodian account of a minor
4) a. Revocable savings trust (grantor is also trustee)
   b. So-called trust account that is not a legal or valid trust under state law
5) Sole proprietorship (using a social security number for the taxpayer ID)
6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
7) A valid trust, estate, or pension trust
8) Corporation
9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
10) Partnership
11) A broker or registered nominee
12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

3. Fill in your taxpayer identification number below: (please complete only one)

1) If you circled number 1-5 above, fill in your Social Security Number.

____ ____ ____ - ____ ____ - ____ ____ ____ ____

2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

____ ____ - ____ ____ ____ ____ ____ ____ ____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable)_____