

**2004 VOLUNTEER FIRE ASSISTANCE & RURAL FIRE ASSISTANCE  
ALASKA PROJECT APPLICATION FOR FUNDS**

- a. Volunteer Fire Assistance (VFA) Application \_\_\_\_\_
- b. Rural Fire Assistance (RFA) Application \_\_\_\_\_
- c. Date of Last VFA or RFA Grant \_\_\_\_\_
- d. In Compliance with Past Grants    Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Registered With Fire Marshall    Yes \_\_\_\_\_ No \_\_\_\_\_
- f. Less Than 10,000 Population    Yes \_\_\_\_\_ No \_\_\_\_\_
- g. Final Score \_\_\_\_\_

Public Law 95-313 Section 7 and Federal Rural Assistance (RFA) Program  
(Please Print or Type: illegible applications will be rejected)

Request for VFA assistance is not to exceed \$5,000. This is a 50-50 cost share program. Funds received must be equally matched by the fire department.

Request for RFA assistance is not to exceed \$20,000. The amount received must be matched by 10 percent from the fire department.

Date of Request \_\_\_\_\_ Amount of Grant Requested \$ \_\_\_\_\_

Business (Legal) name and address of fire department making request:

\_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Numbers:    Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

Best time(s) to be contacted: \_\_\_\_\_ am \_\_\_\_\_ pm

Federal Tax I.D. # \_\_\_\_\_

1. Indicate the types of funding your organization receives:

Source	Percent
State Shared Revenue	_____
Local Tax Supported	_____
Subscription	_____
Donations	_____
Other (Must Specify)	_____

2. Is this a multi-fire department project? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details:

3. What is your present ISO rating? \_\_\_\_\_

Will this project improve your rating? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Has your department been newly organized since January 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is fire protection available to all residences, businesses and lands with in your primary fire protection area without additional charge? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, describe how additional charge assessed:

6. Does your fire department respond to fires outside your service area? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you provide protection to any Federal or State-owned lands other than Highway Right-of-way? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe:

8. Does your department have a cooperative agreement with the Alaska Division of Forestry, the BLM-Alaska Fire Service, or the U.S. Forest Service to attack wildland fires within your services area? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Average annual number of fire calls over the last three years. Wildland \_\_\_\_\_ Other \_\_\_\_\_

10. How many hours of fire training do you average per person per month? \_\_\_\_\_ hours.

11. What percent is related to wildland fire training? \_\_\_\_\_%

12. How many members does your fire department have? \_\_\_\_\_

13. What is the total population within your service area? \_\_\_\_\_

14. Have you received VFA or RFA matching funds within the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give years and amounts:

Year \_\_\_\_\_ Amount \_\_\_\_\_

Year \_\_\_\_\_ Amount \_\_\_\_\_

15. Does your department have any federal excess equipment acquired through the Alaska Division of Forestry? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please list:

16. Are fire reports submitted to the Alaska Division of Forestry, BLM-Alaska Fire Service, or the U.S. Forest Service for all forest and grassland fires attacked? Yes\_\_\_\_\_ No\_\_\_\_\_

17. Do you have a mutual aid agreement with surrounding fire departments?

Yes\_\_\_\_\_ No\_\_\_\_\_ No surrounding departments\_\_\_\_\_

18. List below in order of priority, what you plan to spend the VFA or RFA grant and your matching dollars (or in kind efforts) for (attached sheet if needed). (The total estimated cost must be equal to twice the amount of VFA grant money requested. The total for RFA funds must include at least 10% matching dollars or in kind efforts)

Priority	Item	Total Cost	Cost share
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total		

Add additional sheets if needed

Amount Requested (Total Cost –Cost Share) \$\_\_\_\_\_

19. Are matching funds or appropriate matching activities available as of this date?

Yes \_\_\_\_\_ No \_\_\_\_\_

20. Is the department registered with the State Office of the Fire Marshall Yes \_\_\_ No \_\_\_

If Yes date registered \_\_\_\_\_

If No is the department seeking registration Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes when do you expect to be registered \_\_\_\_\_

The funding amounts available through the VFA and RFA programs are limited. There is often more request than resources available. Due to this limitation some request may go unfilled, others may receive an amount less than requested, and some will get the full amount requested.

I AM A DULY APPOINTED OFFICAL OF THE NAMED DEPARTMENT AND CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Fire Department