



COMMUNITY FIRE ASSISTANCE 80/20 REIMBURSEMENT GRANT APPLICATION FY 2022



General Guidelines

1. Eligible applicants are legal entities (cities, towns, fire departments or districts) under a population level of 10,000.
2. Major Categories of expenditure:
 - A. Fire Station Construction.
 - B. Fire Equipment.
3. Funding limits per application are:
 - A. \$30,000 Limit of State Funds for fire station construction or \$20,000 Limit of State Funds for purchase of fire equipment.
 - B. **No advance payments will be made.** Grant amounts may be claimed only on a reimbursement basis; 80% of expenses will be reimbursed up to the grant award amount. (Station Grant Example: Must spend \$37,500 to receive \$30,000 reimbursement.) Up to three (3) partial payments may be requested during the grant period.
 - C. Recipients can only make purchases **after** their fire department has been officially awarded a grant and received a copy of the **State Purchase Order** issued by the Department of Agriculture. **Purchases prior to the State Purchase Order date will not be eligible for this grant.**
 - D. Recipients must submit their **Federal Employers Identification (FEI)** number before a State Purchase Order can be issued.
4. Communities imposing strict boundary limits, which exclude rural residences logically part of the community, or using strict subscription response systems will not be eligible for funds under this program.
5. **APPLICATION DEADLINE IS SEPTEMBER 1, 2021.**
Application must be received by your Rural Fire Coordinator by the close of business, SEPTEMBER 1, 2021. (See attached map for your Rural Fire Coordinator's name, telephone number and mailing address.)

THIS IS A REIMBURSEMENT GRANT

LEGAL APPLICANT:

DATE: _____

NAME: _____



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ADDRESS: _____ CITY: _____

ZIP CODE + 4: _____ COUNTY: _____ RF COORDINATOR: _____

E-MAIL: _____ FEI: _____

CONTACT PERSON: _____ PHONE: _____

CONTACT ADDRESS: _____

PROJECT FUNDING: *APPLY FOR FIRE STATION OR EQUIPMENT. List the materials or equipment and the cost of the items your fire department intends to purchase with the Community Fire Matching Grant. **Please Note: Any change from the items listed below must be approved by Oklahoma Forestry Services and your OFS Rural Fire Coordinator prior to purchase.***

Station / Equipment	Estimated Cost
Project Total:	

PROJECT NARRATIVE: Give a brief explanation of the intended use of the above listed equipment or materials and explain how it will benefit your fire department or your community.

CERTIFICATION: To the best of my knowledge and belief, data in this application are true and correct, the documents have been duly authorized by the governing body of the applicant, and the applicant will comply with the attached assurances. Applicant further certifies the local funds are available to match the grant request.

I am authorized to apply for this grant in behalf of the above named entity. **(Both Signatures Required)**

Fire Chief: _____ **Date:** _____



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Mayor or Board Chairperson: _____ **Date:** _____

TRAINING INFORMATION

1. What is the total area (in square miles) protected by your fire department? _____
2. Does your fire department have a written plan of action or standard operating procedure? *If yes, attach copy.* _____
3. Provide the name of your fire department training officer. _____
4. (a) Total training hours recorded for your firefighters during the past 12 months.
 OSU certified Training: _____ In House Training: _____
 (b) How many of your firefighters have completed the following training? (Cumulative Total)

Hazardous Materials (Awareness, Ops or Tech)		Wildland Fire Fighting	
Emergency Vehicle Operation		First Responder	
Incident Command		Firefighter I or Essentials	
Structural Firefighter Practices		Volunteer Firefighting Practices	

Training Officer Signature

FINANCIAL INFORMATION

5. Are the proposed expenditures made with this grant essential for the fire department to reach ISO/CRS Protection Class 9? Circle one: Yes No
6. What is your Department's OFIRS (Oklahoma Fire Incident Reporting System) reporting number?



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7. How many fire runs did your fire department report to the State Fire Marshal in the previous calendar year? _____
8. How much money was expended to operate your fire department during the last fiscal year? (Exclude salaries and benefits for personnel) _____
9. How much money was designated (your share) to your fire department last year from
- a. City, County, State, or Other Taxes and/or Assessments (list total) \$ _____
 - b. Membership Fees \$ _____
 - c. Donations & Fund Raisers \$ _____

Municipal fire departments must attach a statement from the municipal clerk or treasurer certifying the amount listed above.

Chief Financial Officer Signature

OPERATIONS AND PREVIOUS GRANT INFORMATION

10. Do you have written mutual aid agreements with other fire departments? Circle one: Yes No
11. Are your firefighters covered by Worker’s Compensation Insurance? Circle one: Yes No
12. Do you have liability insurance coverage on all fire department vehicles? Circle one: Yes No
13. How many complete sets of NFPA/OSHA approved protective clothing does your fire department have? (a complete set include gloves, boots, hood, helmet, bunker pants and coat) _____

14. List all State Community Fire Assistance matching grants, and/or CDBG grants, and/or other State Special Project grants your fire department has been awarded in the last three years.
(Forestry Operational Grants Do Not Apply)

Year	Amount	Type of Grant



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**THE FOLLOWING SECTION APPLIES TO APPLICATIONS
FOR FIRE STATION CONSTRUCTION**

No monies from the fund shall be expended or obligated for construction of buildings for fire stations unless the participant proposing to expend or obligate monies distributed from the Community Fire Assistance Program Fund for that purpose holds a lease for a period of not less than ten (10) years, with provision for renewal annually, to land on which it proposes to construct such building. Provided, however that this provision shall not prohibit construction or location of a fire station on land donated in whole or in part to the participant for the purpose, and use of the Community Fire Assistance Program Fund monies for the construction or location, where the donor has received the right of reversion of such land under the stated conditions, if such use be appropriate and reasonable.

15. Do you have a fire station now? Circle one: Yes No

ANSWER ONLY ONE OF THE FOLLOWING QUESTIONS

16. Is the grant you are seeking for expansion of your existing fire station? Circle one: Yes No

If circled yes, what is the proposed additional square footage _____



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- a. Is the proposed expansion to provide adequate space for apparatus?
Circle one: Yes No
- b. Is the proposed expansion to provide room for class space, officer’s desk(s), files, etc.?
Circle one: Yes No
- c. Is the proposed expansion for fund raising occasions (may include kitchen and restrooms)?
Circle one: Yes No

- OR -

- 17. Is the grant you are seeking for the purpose of completing or repairing your fire station (insulation, concrete floor, heating, etc.)?
Circle one: Yes No

- OR -

- 18. If adequate space exists for apparatus but it is comprised of two or more structures well apart from one another, or if the fire department or city owns one such structure but must arrange or borrow second or third building in order to house all apparatus, it may be expected that the fire department may want to consolidate all apparatus under one roof.

Is application being made for such purpose? Circle one: Yes No

- OR -

- 19. Is the grant you are seeking for construction of a sub-station, when such station is necessary to satisfy ISO response time or distance requirements?
Circle one: Yes No

If answer is yes, attach a map showing the location of the new sub-station and each existing fire station within a five (5) mile radius of the proposed sub-station. Map shall depict usable roads and highways and the concentration of population to be served by the proposed sub-station.

FIRE DEPARTMENT CONTACT INFORMATION - PLEASE PRINT

- A. List the name, address, and phone number of person(s) who can be contacted concerning the Community Fire Assistance Program Grant.

Mayor: _____ Phone Number: _____



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City Clerk: _____ Phone Number: _____

Fire Chief: _____ Phone Number: _____

Other Persons: _____ Phone Number: _____

B. List the name, address, and phone number of person(s) responsible for the following:

Filing Grant Forms: _____ Phone Number: _____

Handling Invoices: _____ Phone Number: _____

Ordering Equipment: _____ Phone Number: _____