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**2024 Volunteer Fire Assistance Grant Application**

**State of Delaware Department of Agriculture Forest Service**

1. **Contact Information:**

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| --- | --- |
| **Volunteer Fire Department Name:** |  |
| **Project Lead:** |  |
| **Mailing Address:** |  |
| **Phone Number:** |  |
| **Fax Number:** |  |
| **Email:** |  |
| **Dept. Federal EI#:** |  |

1. **Project Description:**

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| --- | --- |
| **Project Name:** |  |
| **Project Start Date:** |  |
| **Project Completion Date:**  ***Must be completed by December 31th 2024*** |  |
| **Total Amount Requested:**  *Cannot exceed $4,500.00* |  |
| **Total Project Amount:** |  |
| **Description:** *Please describe the scope of work for the proposed project in the area below and how it aligns with our goals outlined in the cover page.* | |
|  | |

1. **Match Summary:** *Match must take place during the course of the project*

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| --- | --- |
| **Match Description:**  *Please describe how match will be generated towards this project. Match can be cash and/or In-Kind services towards the project you are requesting funding for.* |  |
| **Cash Match Amount:** |  |
| **In-Kind Match Amount:** *Volunteer rate is $33.49 per hour* |  |
| **In-Kind Match Volunteer Hours:** |  |

1. **Work Summary: *All items that are to be purchased with these funds MUST have a quote attached which show the cost of each item. These quotes can be from local vendors, internet vendors etc.***

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| --- | --- |
| **Items to be purchased** | **Cost** |
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1. **Company Information:*****All items that are to be purchased with these funds MUST have a quote attached which show the cost of each item. These quotes can be from local vendors, internet vendors etc.***

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| --- | --- |
| **Is the project part of a county protection plan?** |  |
| **Current ISO Classification:** |  |
| **Will this project upgrade your ISO Classification?** |  |
| **Does your department provide mutual aid?** |  |
| **How many active firefighters have received wildland fire training in the last 2 years?** |  |
| **How many woods, brush, field etc fires has your department ran during 2023-2024?** |  |

1. **Signature Page:** *Please provide a signature, date and contact number for the positions below.*

|  |  |
| --- | --- |
| **Project Lead:**  *Must be the project contact* | *Signature Date Phone Number* |
| **Department Chief:**  *Must be a council official other than the Mayor and project lead.* | *Signature Date Phone Number* |

**Delaware Forest Service Wildland Fire Program**

**Subject: VFA Grant Application**

**2320 S DuPont Hwy**

**Dover, DE 19901**

**(302) 515-1027**

**sam.topper@delaware.gov**