State Fire Assistance Grant Application

FOR OFFIC	IAL	USE	ONLY	
State Submitting Project:				
State Priority Number:				

Dollar Amount Requested:

Matching Share:

*For guidance on filling in each box in this application, refer to the *Criteria and Instructions*

	Applicant Information				
	Applicant:				
	Contact Person:				
1	Address:				
	City/Zip Code:				
	Phone (Work/Cell):				
	Email:				
	Fax:				
	Federal Tax ID\DUNS #:				

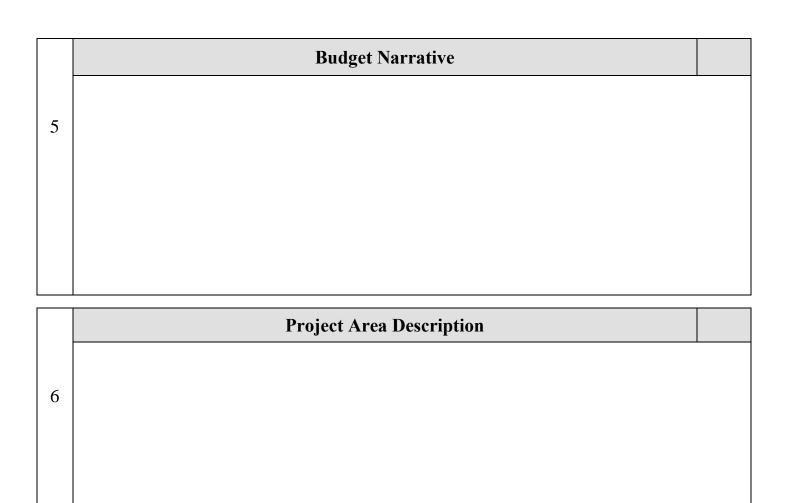
	Community At Risk Information				
	Name of Project:				
2	Community Name:				
	County(ies):				
	Congressional District:				
	Latitude:	Longitude:			

Grant Contributors (Matching Share)

(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception) Specify each match contributor and the dollar amount of each contribution. DO NOT show grant requested funds in this table. This is for matching share only.

3	Contributors Name:							TOTAL
Ĵ	Dollars (Hard Match):							
Ì	In-Kind (Soft Match):							
	TOTAL:							

	Total Project Expense (break down matching share totals from block #3)							
	Budget Detail (Provide additional information in Block 7)	Grant Share (\$ Amount Requested)	Match (fro	m block #3)	TOTAL			
4			Dollars	In-Kind				
4	Personnel / Labor:							
	Fringe Benefits:							
	Travel:							
	Equipment:							
	Supplies:							
	Contractual:							
	Construction:							
	Other:							
	Indirect Costs:							
	TOTAL:							



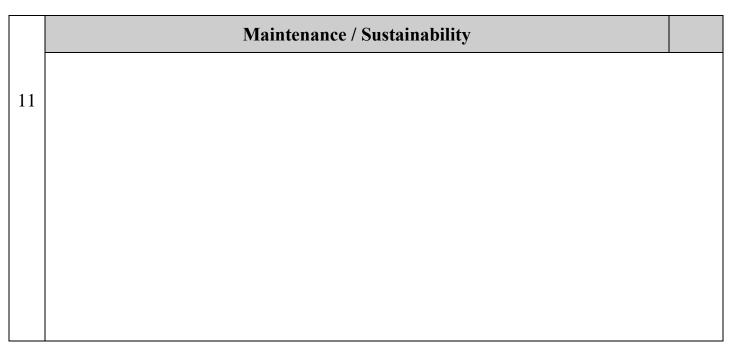
	Scope of Work	
7		

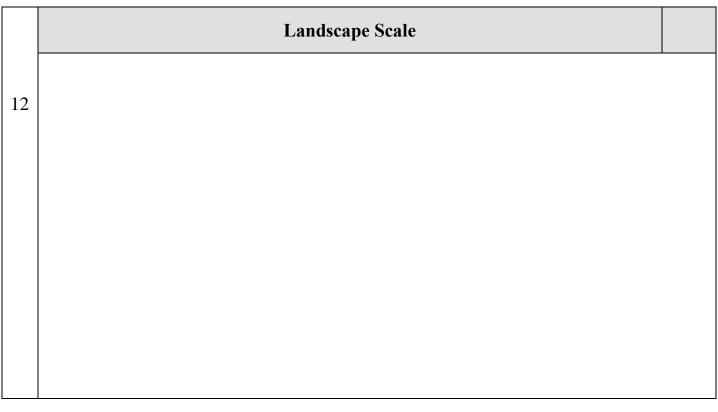
	Project Summary (check all that apply and answer related questions)					
	ation					
8	Number of acres to be treated: Estimated cost per acre:					
	Number of communities directly affected by this project: Project Category 2: Information & Education					
	Number of citizens to be reached:					
	Project Category 3: Planning					
	Number of residences affected:					

	Interagency Collaboration	
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	Community Wildfire Protection Plan (CWPP)	
	Does this community have a wildfire protection plan that follows the Healthy Forest Restor Act CWPP guidelines?	ration
	Is this project part of the plan?	
	Where would we obtain a copy of this plan?	
	Is this project identified in your Statewide Forest Resource Assessment and Strategy?	

Project Timeline

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ALL INFORMATION MUST FIT INTO THE BOXES PROVIDED. ATTACHMENTS AND/OR MODIFICATIONS WILL NOT BE CONSIDERED BY THE COMMITTEE.