



“WILDLAND FIRE” GRANT APPLICATION

VOLUNTEER FIRE ASSISTANCE

PLEASE PRINT

1. Official Name of Fire Department: _____
2. LA State Fire Marshal’s Fire Department Identification Number (FDID): _____
3. Employer Identification Number (EIN) a.k.a. Federal Tax I.D. Number: _____
4. Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
5. Parish: _____
6. Business Telephone number (include area code): _____
7. E-mail address (departmental): _____
8. Fire Chief’s Name: _____

REQUIREMENTS FOR ELIGIBILITY

All requirements (Questions 9 -14) must be answered “Yes” to qualify VFA funding consideration.

9. Is your department officially recognized and authorized by resolution or ordinance of the legally constituted governing body of the area served? Yes No
10. Does this fire department have a Fire Department Identification Number (FDID) registered with the Louisiana State Fire Marshal’s Office? Yes No
11. Department reports Structural and Wildland Fire data through either the Louisiana Fire Incident Reporting System (LFIRS) or the National Fire Incident Reporting System (NFIRS)?
 Yes No
12. Department provide service to a community with a population of 10,000 or less?
 Yes No
13. Department meets the “80% volunteer/20% paid” minimum ratio of workers for participation in the VFA Grant program? Yes No
 If yes, please list: Paid _____ vs. Volunteer _____
14. Department has readily available or in the VFA – Wildland Fire grant you are requesting to purchase: Wildland PPE’s (minimum of 4 sets of NFPA 177 compliant) pants & shirts OR coveralls for personnel? Yes No



GENERAL INFORMATION

1. Is this an incorporated community? Yes No

Is this a Multi-Community fire department? Yes No

(A department or fire district is considered to be “multi-community” if within the official area served there exists two or more recognized communities, each of which contributes financial support toward, and which combine other resources for the operation of a single department serving all communities involved.)

If yes, list the names and estimated population of the communities served:

Community Name: _____ Estimated Population: _____

Community Name: _____ Estimated Population: _____

Community Name: _____ Estimated Population: _____

2. Total estimated population of communities served: _____

3. Provide the number of fire responses by the department during the **2025** calendar year:

STRUCTURAL FIRES _____

WILDLAND FIRES _____

4. List **TWO INDIVIDUALS** who are knowledgeable regarding your departmental needs and operations that we may contact for information regarding your VFA – Wildland grant:

NAME	RANK/TITLE	TELEPHONE NUMBER



WILDLAND FIRE SECTION

Rural Fire Departments are the “first line” of defense with regards to most fires occurring in Louisiana, including wildland fires. Based on submitted surveys, **94%** of all applying departments respond to more wildland fires per year than structural fires, on average.

This grant is specifically intended to increase “Wildland Fire Suppression” capabilities of rural fire departments. This grant will provide “cost-share” funding for wildland fire operational needs.

1. Does your department provide Wildland Firefighting PPE’s for your personnel on wildland fires?
 Yes No

Structural firefighting gear was designed to keep personnel safe from external threats e.g. thermal, mechanical and liquids hazards, while engaged in suppression operations. The greatest threat associate with utilizing structural gear in wildland operations is cardiovascular strain (heat stress and dehydration) both of which can be dangerous for personnel. Wildland firefighting PPE’s (NFPA 1977) are designed for wildland fire threats and are a safer option for personnel engaged in wildland suppression operations. Wildland PPE’s have been designed to release heat due to thermal activity while protecting that person from radiant and convective heat.

2. Does your department provide Wildland Firefighting Training? Yes No

Numerous wildland firefighting training videos, regarding Command, Operations and Logistics, etc., can be found online at: WFSTAR – Wildland Fire Safety Training Annual Refresher.

3. Does your department worked with the Office of Forestry wildland firefighting crews, on occasions?
 Yes No

4. Does your department use 700/800 MHz radios for communications? Yes No

LDAF Office of Forestry recently swapped to using 800 MHz radios for communications through the LWIN network. Mutual Aid Comms can be established by utilizing one of the two channels available for each parish.

LDAF has established a “24-hour” Emergency Hotline for requesting assistance from the Office of Forestry fire crews or other support functions. The hotline number is 855-452-5323.



REQUESTED ITEMS FOR PURCHASE CONSIDERATION

LIST ALL FIRE EQUIPMENT/SUPPLIES/ETC. THAT YOUR DEPARTMENT PROPOSES TO PURCHASE WITH V.F.A. – WILDLAND FIRE GRANT FUNDING, IF AWARDED.

Only wildland firefighting gear and supplies (EX: hoses 3” or less, nozzles, fittings, communication equipment, N.F.P.A. 1977 compliant PPE’s, hand tools, Smokey Bear Fire Danger signs, etc.) will be eligible for grant assistance.

Structural Fire Gear, including Bunker Gear, SCBA’s, PPV fans, etc. ARE NOT ELIGIBLE for purchase assistance under this specialty grant.

PLEASE READ CAREFULLY...REQUIREMENTS FOR ITEMS TO BE PURCHASED

- A. All purchases **MUST** be made during the 2026 calendar year. Purchases made prior to the date listed on the “2026 Award Letter” will not be eligible for funding.
Only items benefiting the wildland firefighting capabilities of the department will be approved.
- B. Each common item must be listed separately; for example: (5) Bullard wildland helmets.
- C. Any single item costing \$10,000 or more is not eligible for cost-share assistance.

NOTE: Should a department wish to modify the submitted type of equipment or to purchase equipment not listed, prior approval is required. Any request of this type shall be made by either e-mail or letter. Notification of determination will follow shortly. This will provide documentation for both parties.

V.F.A – WILDLAND FIRE GRANT

FIRE DEPARTMENT NAME: _____

TO BE COMPLETED BY FIRE DEPARTMENT		TO BE COMPLETED BY VFA GRANT PERSONNEL ONLY	
QUANTITY & NAME OF ITEM	ESTIMATE TOTAL COST	APPROVED. This item is “approved” for purchase consideration.	DISAPPROVED. This item is not allowed under the program’s guidelines.
TOTAL ESTIMATED COST			

If additional sheets are required, please copy this page and attach it to this sheet.



ATTESTMENT AND AUTHORIZATIONS

I, (print name of fire department’s representative) _____, of the
 (print official name of fire department) _____

have READ and UNDERSTAND the eligibility and purchasing guidelines attached and outlined in the Volunteer Fire Assistance Desk Guide. To view all federal VFA Guidelines, please visit:
www.fs.fed.us/fire/partners/vfa/help/table_of_contents.htm

The person who filled out the VFA – Wildland Fire grant application shall provide the following information:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Title/Organization Affiliation: _____

Signature: _____ **Date:** _____

The Grantee gives the Grantor agency (Louisiana Department of Agriculture and Forestry) through any authorized representative the access and right to examine all records and documents related to the V.F.A. grant. The Grantee shall hold harmless the Grantor and their employees for any liability or injury suffered through the use of property or equipment acquired under this grant. The Grantee, by their signature below, certifies that V.F.A. guidelines and requirements have been reviewed and agreed to for the purpose of grant consideration.

GRANTEE NAME (please print): _____ SIGNATURE: _____

TITLE: _____ DATE: _____



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CIVIL RIGHTS COMPLIANCE**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write:
USDA, Director
Office of Civil Rights
1400 Independence Avenue, Room 326-W
Washington D.C. 20250-9410

Or call (202) 720-5964.

USDA is an equal opportunity provider and employer.

“As an applicant to the USDA Forest Service Volunteer Fire Assistance grant, I hereby acknowledge that the Fire Department is an “Equal Opportunity Provider and Employer.”

Fire Department Name: _____

Representative Name: _____

Position: _____

Signature: _____

Date: _____

Contact Name:

Contact Phone Number:

Contact Fax Number:

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
or	
Employer identification number	

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



AUDIT COMPLIANCE FORM

Print VFD's Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Phone Number: _____

I certify that _____ Volunteer Fire Department has met the requirements of Section 17 (B) (1) of Page 9 Act 18 of 2007, which states:

B.(1) No funds appropriated in this Act shall be transferred to a public or quasi-public agency or entity which is not a budget unit of the state unless the intended recipient of those funds presents a comprehensive budget to the legislative auditor and the transferring agency showing all anticipated uses of the appropriation, an estimate of the duration of the project, and a plan showing specific goals and objectives for the use of such funds, including measures of performance. In addition, and prior to making such expenditure, the transferring agency shall require each recipient to agree in writing to provide written reports to the transferring agency at least every six months concerning the use of the funds and the specific goals and objectives for the use of the funds. In the event the transferring agency determines that the recipient failed to use the funds set forth in its budget within the estimated duration of the project or failed to reasonably achieve its specific goals and objectives for the use of the funds, the transferring agency shall demand that any unexpended funds be returned to the state treasury unless approval to retain the funds is obtained from the division of administration and the Joint Legislative Committee on the Budget. Each recipient shall be audited in accordance with R.S. 24:513. If the amount of the public funds received by the provider is below the amount for which an audit is required under R.S. 24:513, the transferring agency shall monitor and evaluate the use of the funds to ensure effective achievement of the goals and objectives.

Fire Chief's Signature: _____

Fire Chief's Printed Name: _____



ASSURANCES AND TIMELINE INFORMATION

CHECK LIST:

- All questions answered?
- All required documents provided?
- Civil Rights Compliance sheet completed?
- Telephone numbers supplied?
- Proper signatures and dates where required?
- Employer Identification Number provided?
- LA. FDID # provided?
- Audit Compliance Form completed and attached?
- W-9 completed and attached?
- Application double-checked before mailing?

COMPLETED APPLICATIONS MUST BE RECEIVED AT THE OFFICE OF FORESTRY HEADQUARTERS BY JULY 1, 2026.

Please mail to:

LDAF - Forestry

Attn: VFA – Wildland Fire Grant

5825 Florida Blvd., Suite 6000

Baton Rouge, LA. 70806

If you have any questions, please contact:

Matt Polk or Nicole Hawes

PH: 225-925-4500

Email: ForestProtection@ldaf.state.la.us



TIMELINES

July 1, 2026: Deadline for completed applications to arrive at the Baton Rouge Headquarters.

September 1, 2026: Applicants will be notified of their grant proposal determination. Please allow two weeks following this start date. If you have not received your “notification” letter by Sept. 20th, please contact the Office of Forestry, BRHQ.

March 1, 2027: Following the purchase of “approved” items, a completed FINANCIAL DISBURSEMENT REPORT along with a copy of all invoices, paid receipts and/or proof-of-purchase i.e., bank statements, cancelled checks, etc. will be required before the LDAF, Office of Forestry will execute the release of funds.

FINANCIAL DISBURSEMENT REPORTS must be received by this office, no later than March 1, 2027.

Mandatory: Attach a copy of the ordinance or resolution officially establishing the fire department. This does not refer to Certification by the Louisiana Secretary of State as a nonprofit corporation.

Mandatory: Attach a map of the protection area served by your department. Map should clearly delineate protection area boundaries with community names included. Map should also include: Fire Department Official Name, Fire Stations identified, Dispatch Contact Number excluding 911.