

# “Wildland Fire” Grant Application

## Volunteer Fire Assistance

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

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: \_\_\_\_\_  
(Street or P. O. Box) (City/Town) (Zip Code)
5. Parish: \_\_\_\_\_
6. Business Telephone number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number
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 or NO**
10. Does this fire department have a Fire Department Identification Number (FDID) registered with the Louisiana State Fire Marshal’s Office? **YES or 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 or NO**
12. Department provide service to a community with a population of 10,000 or less? **YES or NO**
13. Department meets the “80% volunteer/20% paid” minimum ratio of workers for participation in the VFA Grant program? **YES or 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 or NO**

**GENERAL INFORMATION**

15. 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 \_\_\_\_\_

16. Total estimated population of communities served: \_\_\_\_\_

17. Provide the number of fire responses by the department during the **2023** calendar year:

STRUCTURAL FIRES                      \_\_\_\_\_

WILDLAND FIRES                        \_\_\_\_\_

18. 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.**

19. 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**

20. 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.**

21. Does your department worked with the Office of Forestry wildland firefighting crews, on occasions?  
**YES            NO**

22. Does your department have prearranged communication channels or communication procedures outlined between Office of Forestry personnel and your fire department    **YES            NO**

**LDAF “Fire Department Mutual Aid Channel.” This VHF channel shall only be used by “on-scene” local fire departments assisting LDAF firefighters with wildfire suppression operations.**

RX Frequency            154.280  
Tone    No tones

TX Frequency 154.280  
Tone    No tones

**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 2024calendar year. Purchases made prior to the date listed on the “FY22 Award Letter” will not be eligible for funding.
- B) Only items benefiting the **wildland firefighting capabilities** of the department will be approved.
- C) Each common item must be listed separately; for example: (5) Bullard wildland helmets.
- D) Any single item costing \$5,000 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:** \_\_\_\_\_

*VFA Grant Personnel Only*

QUANTITY & NAME OF ITEM	ESTIMATED TOTAL COST	<u>APPROVED. This item is “approved” for purchase consideration.</u>	<u>DISAPPROVED. This item is NOT allowed under the program’s guidelines.</u>
<b>TOTAL ESTIMATED COST</b>			

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

**ATTESTMENT and AUTHORIZATIONS**

I, \_\_\_\_\_, of the \_\_\_\_\_  
(print name of fire department’s representative) (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](http://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#: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Title/Organization Affiliation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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

# United States Department of Agriculture, Forest Service 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 *U*:

Contact Fax *f*:

Form **W-9**

(Rev. October 2007)

Department of the Treasury  
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

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

N f C S 2 C 0 0 3 3 m 5	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input checked="" type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification ( <input type="checkbox"/> =disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

#### **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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

#### **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).

**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 on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form w-g has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

# AUDIT COMPLIANCE FORM

Print VFD's Address:

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Contact Name:

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Contact Phone Number:

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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.

**Signed:**-----  
(Fire Chief)

Print Name: \_\_\_\_\_  
(Fire Chief)



## 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, 2023.

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 Robbie Harris  
PH: 225-925-4500  
Email: ForestProtection@ldaf.state.la.us

### TIME LINES

**July 1, 2024:** Deadline for completed applications to arrive at the BRHQ.

**Sept. 1, 2024:** 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, 2025:** 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, 2025.**

### FIRST TIME APPLICANTS FOR V.F.A GRANT

**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.