2025 VOLUNTEER FIRE ASSISTANCE GRANT APPLICATION

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:
11.	All requirements (Questions 9 -14) must be answered "Yes" to qualify VFA funding Is your department officially recognized and authorized by resolution or ordinance of the legally constituted governing body of the area served? YES or NO Does this fire department have a Fire Department Identification Number (FDID) registered with the Louisiana State Fire Marshal's Office? YES or NO If yes, please list: Department report 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 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
14.	Department has readily available or in the 2025 VFA 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			
	"multi-community" if within the o	fficial area serv l support toward	ed there d, and wl	department or fire district is considered to be exists two or more recognized communities, nich combine other resources for the operation of	of
	If yes, list the names and estimated population of the communities served:				
	Community Name:		Estima	ed Population	
	Community Name:		Estima	red Population	
	Community Name:		Estima	red Population	
16.	Total estimated population of commu	unities served _			
17.	. What is your PIAL rating? Inside: Outside:				
18.	18. Provide the number of fire responses by the department during the 2024 calendar year:		ng the 2024 calendar year:		
	STRUCTURAL FIRES				
	WILDLAND FIRES				
19.	How many <u>active</u> members are in yo	ur department?	Paid	Volunteer	
20. List TWO INDIVIDUALS who are knowledgeable regarding your departmental needs and oper we may contact for information regarding your VFA grant:		g your departmental needs and operations that			
	NAME	RANK/TIT	LE	TELEPHONE NUMBER	
			+		

WILDLAND FIRE SECTION

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

21. 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.

22. 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.

23. Does your department work with the Office of Forestry wildland firefighting crews, on occasions?

YES NO

24. 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 TX Frequency 154.280
Tone No tones 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. GRANT FUNDING, IF AWARDED.

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

- A) All purchases MUST be made during the 2025 calendar year. Purchases made prior to the date listed on the "2025 Award Letter" will not be eligible for funding.
- B) Only items benefiting the firefighting capabilities of the department will be approved. This includes nozzles, hoses, radios, training equipment or the purchase of PPE's for firefighters.
- C) Each common item must be listed separately; for example: (5) Bullard wildland helmets.
- D) 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.
- E) Any single item costing \$5,000 or more is not eligible for cost-share assistance.

FIRE DEPARTMENT NAME:

2025 Volunteer Fire Assistance Grant

		VFA Grant Per	rsonnel Only
QUANTITY & NAME OF ITEM	ESTIMATED	APPROVED	DISAPPROVED
	COST	This item is "approved" for purchase consideration under the program's guidelines.	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

,	of the
(print name of fire department's representative)	of the (print official name of fire department)
•	nd purchasing guidelines as outlined in the Volunteer Fire all federal VFA Guidelines, please visit:
www.fs.fed.us/fire/partner	rs/vfa/help/table_of_contents.htm
The person who filled out the 2024 VFA appli	ication shall provide the following information:
Name:	Phone#:
Address:	Zip Code:
Title/Organization Affiliation:	
Signature:	Date:
The Grantee gives the Grantor agency (Louisiana Dep	partment of Agriculture and Forestry) through any
uthorized representative the access and right to exan	mine all records and documents related to the V.F.A. gran
The Grantee shall hold harmless the Grantor and their	r employees for any liability or injury suffered through t
se of property or equipment acquired under this gran	nt. The Grantee, by their signature below, certifies that
V.F.A. guidelines and requirements have been review	ved and agreed to for the purpose of grant consideration.
GRANTEE NAME (please print)	SIGNATURE
TITI E	$D\Delta TF$

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 *IJ*: Contact Fax fJ:

(Rev. October 2007)

Request for Taxpayer **Identification Number and Certification**

Give form to the requester. Do not

Department of the Treasury Internal Revenue Service			send to the iks.	
N «>	Name (as shown on your income tax return)			
R≥ i c.	Business name, if different from above			
o⊕ ⊕ 0 2	Limited liability company. Enter the tax classification (□=disregarded entity, C=corporation. P=partnership) ▶		Exempt payee	
C t?	Address (number, street, and apt. or suite no.)	Requester's name and ad	dress (optional)	
.c3 ∳ m	City, state, and ZIP code			
♦	List account number(s) here (optionaQ			
l.f."li	Taxoaver Identification Number (TIN)			
backu alien, your e Note.	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to a p withholding. For individuals, this is your social security number (SSN). However, for a ressole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entiti mployer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> or If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter.	ident . es, it is n page 3.	num :er OT ntification number	
	Certification	·	·	
Undor	popultion of porjuny. Leartify that:			

ler penalties of perjury, I certify that

- 1. 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
- 2. 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
- 3. 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.

Sign	Signature of	
Here	U.S. person ▶	Date▶

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:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - 2. Certify that you are not subject to backup withholding, or
- 3. 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

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

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,

Cat. No. 10231X

Form W-9 (Rev. 10-2007)

AUDIT COMPLIANCE FORM

Print VFD's Address	<u>s:</u>	Contact Name:
	_	Contact Phone Number:
I certify that has met the		Volunteer Fire Department 1) of Page 9 Act 18 of 2007, which states:
5	B.(1) No funds appropri 1ed in [his AcI	sh;ill be 1r:1n\$ie1"1"ed 1c, a public or quasi-ptiblic
6	agenc.y or entiry which is 1101a bt1dge1 un	ni I of the Si3fe unless 1he intended recipient of those
7	fonds presen1s a comprehensive budget ro	The legislaTive auditor and the-trnnsfening agency
8	showing all anticip•mecl uses of 1h approp	ria1io11, ;,11 esrimate of the duration of the projee-t,
9	and a plan showing specific goals and	objectives for the use of such funds, including
10	measures of performance. In addition, and	prior to making such expenditure, the transferring
11	agency shall require each recipient to ag	gree in writing to provide written repolts to the
12	transferring agency at leastevery six mon l	ths concerning thense of the funds and the specific
13	goals and objectives forthe use of the fond	ls. In the event the transferring agency determines
14	that the recipient failed to use the funds so	et fonh in its budget within the estimated duration
15	of the project or failed to reasonably achi	ieve its specific goals and objectives for the use of
16	the funds, the transferring agency shall of	demand that any unexpended funds be returned to
17	the state treasury unless approval ro re	etain lhe fonds is obtained from lhe division of
18	administration and 1he Joint legislative	Committee on the Budget. Each recipient shall be
19	andited in ace-ordance with R.S. 24:51J.	If the amount of rhe public fonds received by the
20	provider is below the ,nnennr for whi	ch an audit is require-d under R.S. 24:513, 1he
21	transferring agency shall monimr, ind e	evaluale the use of the funds to ensure effective
22	achievement of rhe goals and ob:jectives.	
Sign	ned:(Fire Chie	
Print Na	nme:	
	(Fire Chie	f)

ASSURANCES AND TIMELINE INFORMATION

CHEC	CK 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, 2025.

Please mail to: LDAF - Forestry

attn: 2025 VFA Grant

5825 Florida Blvd., Suite 6000 Baton Rouge, LA. 70806

If you have any questions, please contact:

Matt Polk or Nicole Hawes

TIME LINE Phone: 225-925-4500 email: ForestProtection@ldaf.state.la.us

July 1, 2025: Deadline for completed applications to arrive at the BRHQ.

Sept. 1, 2025: 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, 2026: 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, 2026.

FIRST TIME APPLICANTS FOR V.F.A GRANT

<u>Mandatory</u>: 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; Articles of Incorporation are not acceptable.

<u>Mandatory</u>: 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.