

NATURAL DISASTER AND RECOVERY SUPPLEMENTAL GRANT

VOLUNTEER FIRE ASSISTANCE

Provided by:
LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
U.S. FOREST SERVICE

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 OF ELIGIBILITY

All requirements (Questions 9 -14) must be answered "Yes" to qualify for funding

9. Is your area of protection located in a federally declared impacted parish? **YES or NO**
See listing of eligible parishes attached to the VFA-NDRS guidelines.
10. Is your department officially recognized and authorized by resolution or ordinance of the legally constituted governing body of the area served? **YES or NO**
11. 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: _____
12. Department report Structural and Wildland Fires data through either the Louisiana Fire Incident Reporting System (LFIRS) or the National Fire Incident Reporting System (NFIRS)? **YES or NO**
13. Department provide service to a community with a population of 10,000 or less? **YES or NO**
14. Department meets the "80% volunteer/20% paid" minimum ratio of workers for participation in the VFA Grant program? **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 “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. What is your PIAL rating? Inside: _____ Outside: _____

18. Provide the number of fire responses by the department during the **2024** calendar year:

STRUCTURAL FIRES _____ WILDLAND FIRES _____

19. How many active members are in your department? Paid _____ Volunteer _____

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

NAME	RANK/TITLE	TELEPHONE NUMBER

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

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

- 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 an 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.

Natural Disaster and Recovery Supplemental Grant

FIRE DEPARTMENT NAME: _____

VFA Grant Personnel Only

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

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

ATTESTMENT and AUTHORIZATIONS

The Grantee (Fire Department Representative) 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 Natural Disaster and Recovery Supplement 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 the program's 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 “2020/21 Natural Disaster and Recovery Supplement Grant” I hereby acknowledge that the Fire Department is an “Equal Opportunity Provider and Employer.”

Fire Department Name: _____

Representative Name: _____

Position: _____

Signature: _____

Date: _____

Contact Phone /J:

Contact Fax *I*:

Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h2>	Give form to the requester. Do not send to the IRS.
Name (as shown on your income tax return)		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee		
Address (number, street, and apt. or suite no.)		
City, state, and ZIP code		
Requester's name and address (optional)		
List account number(s) here (optional)		

■ ::E.Til■ 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.

Social security number

or

Employer identification number

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

Certification

Under 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 Here | Signature of 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 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-9 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,

ASSURANCES AND TIMELINE INFORMATION

CHECK LIST:

- ☐ All questions answered?
- ☐ All required documents provided?
- ☐ Civil Rights Compliance sheet completed?
- ☐ Proper signatures and dates where required?
- ☐ Employer Identification Number provided?
- ☐ LA. FDID # provided?
- ☐ 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: VFA - NDRS 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

TIMELINE

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.

Parish Eligibility for the Natural Disaster and Recovery Supplement Grant

(Parishes impacted by Hurricanes Zeta, Delta, Laura and Ida)

Acadia	Allen	Ascension
Assumption	Beauregard	Caddo
Calcasieu	Cameron	East Baton Rouge
East Feliciana	Grant	Iberia
Iberville	Jackson	Jefferson
Jefferson Davis	Lafayette	Lafourche
LaSalle	Lincoln	Livingston
Morehouse	Natchitoches	Orleans
Ouachita	Plaquemine	Point Coupee
Rapides	Sabine	St. Bernard
St. Charles	St. Helena	St. James
St. John the Baptist	St. Landry	St. Martin
St. Mary	St. Tammany	Tangipahoa
Terrebonne	Vermillion	Vernon
Washington	Winn	