



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL FIRE DEPARTMENT COVID-19 ASSISTANCE GRANT APPLICATION

You must answer "YES" to all of these questions to be eligible to apply for a grant

Is your fire department a combination or a volunteer department? _____

Do you have an Office of the Illinois State Fire Marshal FDID number? _____

Are your NFIRS reports up to date? _____

Is the population of the fire department's jurisdiction at or less than 7,500? _____

Was your last approved annual budget at or less than \$150,000? _____

SECTION 1 – APPLICANT INFORMATION

Department Name: _____ Type: _____

Address: _____

County: _____

Tax Identification Number (FEIN): _____ NFIRS FDID: _____

Contact Name: _____ Contact Title: _____

Contact Phone Number: _____ Contact E-Mail: _____

Contact should be reachable five days a week between 8:00 a.m. and 5:00 p.m. Utilize a phone number that will allow this.

SECTION 2 – DEMOGRAPHIC INFORMATION

of Firefighters: _____ # of Annual Reponses: _____

Total Population Covered: _____ Total Area Covered (sq. mi.): _____

Are you a MABAS Member: _____ If yes, MABAS Division #: _____

Do you serve any areas outside of your primary area of responsibility? _____

If yes, list the areas that you serve:

SECTION 3 – GRANT REQUEST

Grant Request: _____

(Request must be the lesser of the average fundraising revenue for 2018 and 2019 or \$15,000)

SECTION 4 – FUNDRAISING INFORMATION

Fundraising revenue received over the last 3 years:

2020: _____

2019: _____

2018: _____

Average Fundraising Revenue for 2018 and 2019: _____

(2018 Revenue + 2019 Revenue ÷ 2)

You must provide documentation to support the amounts listed above for fundraising revenue. The documentation must be sufficient enough to determine the source of the revenue. This could include bank statements or audit documents.

Provide a description of the all the types of fundraising events you normally host each year to support your budget.

Provide the fundraising revenues that were generated for each event in 2018, 2019 and 2020.

Event	Revenue 2018	Revenue 2019	Revenue 2020
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 5 – OTHER REVENUE

Does your organization receive funding from sources other than fundraising? _____
This would include tax revenue, state grants, and any federal grants (including AFG, SAFER and COVID-19 related grants) you may have received.

If so, please provide information on how much revenue you have received from these sources for each of the following years:

2020: _____

2019: _____

2018: _____

You must provide documentation to support the amounts listed above. The documentation must be sufficient enough to determine the source of the revenue. This could include bank statements or audit documents.

Provide details on the amounts received for each revenue source in 2018, 2019 and 2020.

Revenue Source	Revenue 2018	Revenue 2019	Revenue 2020
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 6 – BUDGET

Provide the organization’s total budget numbers for each of the following years:

2020: _____

2019: _____

2018: _____

Submit copies of the adopted budget ordinances or annual audits.

SECTION 7 – GRANT JUSTIFICATION NARRATIVE

SECTION 8 – ATTESTATIONS AND SIGNATURES

*Application requires at least **TWO** signatures: Fire Chief **AND** the President or Secretary of the Board of Trustees; or the Mayor if the department is a municipal department; or the highest elected official who has jurisdiction over the fire department.*

We, the undersigned and duly authorized officers do hereby certify that: (1) the filing of this application was duly authorized, and that the statements made in this grant application and all exhibits, documents, and data submitted with this grant application are true and correct according to the best knowledge and belief of the undersigned, and are submitted as a basis for approval of a grant from the Fire Department COVID Assistance Grant program; and, (2) the applicant organization has complied and will continue to comply with all relevant laws, regulations, and executive orders from the State and federal government, including all COVID-19 guidelines and mitigation restrictions as promulgated by the Executive Orders of the Illinois Governor.

As part of the grant process, the Office of the Illinois State Fire Marshal is hereby authorized to verify any information contained herein.

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

You MUST include a copy of your W-9 with this application

Send completed applications to:

Office of the Illinois State Fire Marshal
Attn: COVID-19 Grant
1035 Stevenson Drive
Springfield, Illinois 62703