



Small Equipment Grant Program Grant Application



APPLICATION MUST BE ELECTONICALLY SUBMITTED OR POSTMARKED NO LATER THAN OCTOBER 22, 2021

SECTION 1 – APPLICANT INFORMATION

Applicant Category _____ Type _____

Name _____ County _____

Address _____ Phone Number _____

Fax Number _____

Tax Identification Number _____ NFIRS FDID _____

(Format: XX-XXXXXXX)

Has this applicant existed under a different name or merged with another company? _____

If yes, list previous names

Most recent ISO rating and type _____

Have you received previous grants under this program? _____

If "Yes", list the years you received a grant _____

SECTION 2 – CONTACT INFORMATION

Name _____ Home Phone _____

Title _____ Work Phone _____

E-Mail _____ Cell Phone _____

SECTION 3 – REQUEST

Requested Amount _____
Cannot exceed \$26,000

Description of Requested Equipment

Cost for Requested Equipment

Item	Item Cost	x	Unit Cost	=	Total
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____

How is the cost of the requested equipment determined? _____

Example: Vendor Quote

Equipment is _____

Standard(s) the requested equipment meet

NFPA Standard(s) _____ NFPA Edition(s) _____

SECTION 4 – DEMOGRAPHIC INFORMATION

Firemen _____ # Full Time _____ # Volunteers _____

EMS Staff (if applicable) _____ # Full Time _____ # Volunteers _____

Note: If you are applying under the ambulance service category your staff must only consist of volunteers. If your staff is not a volunteer only staff you do not qualify for this grant.

of Annual Responses _____ Total Population Covered _____
(including ambulance calls)

Total Area Covered (sq. miles) _____ # of Locations _____
Fire Houses, Ambulance Houses

MABAS Member _____ MABAS Division _____

If "No" do you have mutual aid agreements? _____

If "Yes" list departments with which mutual aid agreements exist and attach agreement

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

If "Yes" list those local governments

Demographic Narrative – Discuss recent demographic trends (i.e. changes in the number of annual responses, total population, service area, etc.).

SECTION 5 – GRANT JUSTIFICATION

Detail the reasons you are requesting a grant under this program. The following sections are provided as a guide as you prepare your justification. A section labeled “Other Justification” is included at the end so that you may provide any other information you feel is relevant beyond the categories provided here.

Information on Out-of-Date Equipment or Unsafe Equipment

Information on Current Demand for Services and Services Provided in the Last Two Years

Information on Equipment Losses Not Covered by Insurance. If not applicable put N/A in this section.

Information on all monetary and in-kind grants received in the previous 3 years (including, but not limited to dollar amount, source, purpose of grant, etc.). If not applicable put N/A in this section.

Other Justification. If you do not wish to provide any other information put N/A in this section.

SECTION 6 – TAX INFORMATION (Leave blank if not applicable)

Are you currently at your maximum levy rate? _____

Is voter approval required to increase from your current rate? _____

Current Levy Rate (%) _____ Maximum Levy Rate (%) _____

Levy information for the past three years

Year	Equalized Assessed Valuation	Levy Rate (%)	Revenue Collected	Percentage Collected

