



Small Equipment Grant Program Grant Application



Bruce Rauner, Governor
Matt Perez, State Fire Marshal

APPLICATION MUST BE POSTMARKED NO LATER THAN FEBRUARY 28, 2018

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 _____

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

SECTION 7 – BUDGET INFORMATION

Most recent annual operating budgets (do not include personnel expenses and capital expenses).

List the last two operating budgets of the applicant (do not including the entire municipality if applicant is part of a municipality) for the last two years.

Note: This number is significant in the ranking of the applications and must be available if requested (do not send actual budget). You should have the appropriate official verify the numbers in order to ensure accuracy.

Example:

Expenses	Amount
Fixed Expenses	
Utilities	\$5,000
Insurance	\$2,000
Vehicle Maintenance and Fuel	\$10,000
List any other fixed expenses (i.e. Rent, etc.)	\$20,000
Subtotal	\$37,000
Variable Expenses (Equipment, Upgrades, Training, Etc.)	\$15,000
Total Expenses	\$52,000

Year	Amount
Fixed Expenses	
Subtotal	
Variable Expenses (Equipment, Upgrades, Training, Etc.)	
Total Expenses	

Year	Amount
Fixed Expenses	
Subtotal	
Variable Expenses (Equipment, Upgrades, Training, Etc.)	
Total Expenses	

SECTION 8 – ATTESTATION AND SIGNATURES

To be signed by the Fire Chief or head of the not-for-profit ambulance service and the following (i.e. President and Secretary of Board of Trustees, or by Mayor and Clerk, or highest elected official and clerk or secretary of the unit of local government)

We, the undersigned and duly authorized officers do hereby certify that 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 Small Equipment Grant Program. As part of the grant process, the Office of the Illinois State Fire Marshal is hereby authorized to verify any information contained herein.

Signature _____ Printed Name _____ Title _____

Signature _____ Printed Name _____ Title _____

Signature _____ Printed Name _____ Title _____

Signature _____ Printed Name _____ Title _____