



# Small Equipment Grant Program Grant Application



**APPLICATION MUST BE POSTMARKED NO LATER THAN JANUARY 29, 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 \_\_\_\_\_

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



