Please download this PDF document to your computer before you complete the form.



Rhode Island Volunteer Fire Assistance (VFA) Grant GRANT APPLICATION FORM



Project Location (City): (County): Address: City: State: RI Zip Code: Primary Contact Person and Title: Contact Phone: E-mail: Secondary Contact Person and Title: Contact Phone: E-mail: Employer Identification Number (EIN): Applicant is the local rural Fire Department (pop ≤ 10,000; Name Brief Description of Project: Applicant is a larger community/county that provides contractual fire-fighting services to a rural community/area with a pop ≤ 10,000 Community/County applicant name Rural Community/County applicant name Rural Community/County applicant name Rural Community/County applicant name Fire Station/District name/# Rural Community/Area the project will serve Complete ALL fields on this application form and attach: NARRATIVE - on ONE sheet of paper: 1. Describe the project and how it meets the goals of wild land fire suppression in your community. 2. Describe how the project addheve to the guidelines. BUDGET - On ONE sheet of paper: 1. List the budget - supplies - labor - equipment - source of match BOARD: Is this applicant organization registered as a vendor at www.ridop.ri.gov/vendor-registration/ Yes NO BOARD: Is the Board Director information up-to-date at www.sos.ri.gov/divisions/business-services Yes NO HEREBY CERTIFY THAT I HAVE READ THE APPLICATION AND WILL ADHERE TO ALL RILES, REGULATIONS, GUIDELINES AND DEADLINES. I HAVE READ THE ELIGIBILITY REQUIREMENTS AND WE QUALIFY TO APPLY FOR THIS GRANT.		
Address: City: State: RI Zip Code: Primary Contact Person and Title: Contact Phone: E-mail: Secondary Contact Person and Title: Contact Phone: E-mail: Employer Identification Number (EIN): Applicant is the local rural Fire Department (pop ≤ 10,000, Name DUNS Number: Applicant is a larger community/county that provides contractual fire-fighting services to a rural community/area with a pop ≤ 10,000, Community/County applicant name Rural Community/County applicant name Rural Community/Area the project will serve Cash Match \$ Daylicant is a station in a larger community/area (purisdiction includes a rural community/area (purisdiction includes) arral community/area (purisdiction) por community/area (purisdiction)	Applicant (Organization) Name:	
City: State: RI Zip Code: Primary Contact Person and Title:	Project Location (City):	(County):
Primary Contact Person and Title: Contact Phone:	Address:	
Contact Phone: E-mail: Contact Phone: E-mail: Employer Identification Number (EIN): DUNS Number: Brief Description of Project: Cash Match In-Kind M	City:	State: RI Zip Code:
Contact Phone: E-mail:	Primary Contact Person and Title:	
Employer Identification Number (EIN): DUNS Number: Brief Description of Project: Grant Funds Requested \$ Lash Match \$ In-Kind Match \$ In-Kind Match \$ Total Amount of Project \$ Complete ALL fields on this application form and attach: NARRATIVE — on ONE sheet of paper: 1. Describe the project and how it meets the goals of wild land fire suppression in your community. 2. Describe the project and how it meets the goals of wild land fire suppression in your community. BUGGET — On ONE sheet of paper: 1. List the budget — supplies — labor — equipment — source of match BOARD: Is this applicant organization registered as a vendor at www.ridop.ri.gov/vendor-registration/ Yes NO BOARD: Is the Board Director information up-to-date at www.sos.ri.gov/divisions/business-services Ves NO HEREBY CERTIFY THAT I HAVE READ THE APPLICATION AND WILL ADHERE TO ALL RULES, REGULATIONS, GUIDELINES AND DEADLINES. I HAVE READ THE ELIGIBILITY REQUIREMENTS AND WE QUALIFY TO APPLY FOR THIS GRANT. FOR (organization): Printed Name of Authorized Representative Title/Position	Contact Phone:	E-mail:
Applicant is the local rural Fire Department (pop ≤ 10,000 Name	Secondary Contact Person and Title:	
DUNS Number: Brief Description of Project: Applicant is a larger community/county that provides contractual fire-fighting services to a rural community/area with a pop < 10,000 Community/County applicant name Rural Community/Area the project will serve Applicant is a station in a larger community whose specific jurisdiction includes a rural community/area < 10,000 pop Community/County applicant name In-Kind Match \$ Applicant is a station in a larger community whose specific jurisdiction includes a rural community/area < 10,000 pop Community/County applicant name Fire Station/District name/# Rural Community/Area the project will serve	Contact Phone:	E-mail:
Name	Employer Identification Number (EIN):	Applicant is the local rural Fire Department (pen < 10,000)
contractual fire-fighting services to a rural community/area with a pop ≤10,000 Community/County applicant name Rural Community/Area the project will serve	DUNS Number:	
Rural Community/Area the project will serve	Brief Description of Project:	contractual fire-fighting services to a rural community/area
Grant Funds Requested \$		Community/County applicant name
Jurisdiction includes a rural community/area ≤ 10,000 pop Community/County applicant name		Rural Community/Area the project will serve
Cash Match In-Kind Match In-Ki	Grant Funds Requested \$	
In-Kind Match \$ Fire Station/District name/# Rural Community/Area the project will serve Complete ALL fields on this application form and attach: NARRATIVE – on ONE sheet of paper: 1. Describe the project and how it meets the goals of wild land fire suppression in your community. 2. Describe how the project adheres to the guidelines. BUDGET – On ONE sheet of paper: 1. List the budget – supplies – labor – equipment – source of match BOARD: Is this applicant organization registered as a vendor at www.ridop.ri.gov/vendor-registration/ Yes NO BOARD: Is the Board Director information up-to-date at www.sos.ri.gov/divisions/business-services Yes NO I HEREBY CERTIFY THAT I HAVE READ THE APPLICATION AND WILL ADHERE TO ALL RULES, REGULATIONS, GUIDELINES AND DEADLINES. I HAVE READ THE ELIGIBILITY REQUIREMENTS AND WE QUALIFY TO APPLY FOR THIS GRANT. FOR (organization): Printed Name of Authorized Representative Title/Position	Cash Match \$	
Complete ALL fields on this application form and attach: NARRATIVE – on ONE sheet of paper: 1. Describe the project and how it meets the goals of wild land fire suppression in your community. 2. Describe how the project adheres to the guidelines. BUDGET – On ONE sheet of paper: 1. List the budget – supplies – labor – equipment – source of match BOARD: Is this applicant organization registered as a vendor at www.ridop.ri.gov/vendor-registration/ Yes NO BOARD: Is the Board Director information up-to-date at www.sos.ri.gov/divisions/business-services Yes NO I HEREBY CERTIFY THAT I HAVE READ THE APPLICATION AND WILL ADHERE TO ALL RULES, REGULATIONS, GUIDELINES AND DEADLINES. I HAVE READ THE ELIGIBILITY REQUIREMENTS AND WE QUALIFY TO APPLY FOR THIS GRANT. FOR (organization): Printed Name of Authorized Representative Title/Position	In-Kind Match \$	Fire Station/District name/#
NARRATIVE – on ONE sheet of paper: 1. Describe the project and how it meets the goals of wild land fire suppression in your community. 2. Describe how the project adheres to the guidelines. BUDGET – On ONE sheet of paper: 1. List the budget – supplies – labor – equipment – source of match BOARD: Is this applicant organization registered as a vendor at www.ridop.ri.gov/vendor-registration/ Yes NO BOARD: Is the Board Director information up-to-date at www.sos.ri.gov/divisions/business-services Yes NO I HEREBY CERTIFY THAT I HAVE READ THE APPLICATION AND WILL ADHERE TO ALL RULES, REGULATIONS, GUIDELINES AND DEADLINES. I HAVE READ THE ELIGIBILITY REQUIREMENTS AND WE QUALIFY TO APPLY FOR THIS GRANT. FOR (organization): Printed Name of Authorized Representative Title/Position	Total Amount of Project \$	Rural Community/Area the project will serve
1. Describe the project and how it meets the goals of wild land fire suppression in your community. 2. Describe how the project adheres to the guidelines. BUDGET – On ONE sheet of paper: 1. List the budget – supplies – labor – equipment – source of match BOARD: Is this applicant organization registered as a vendor at www.ridop.ri.gov/vendor-registration/ Yes NO BOARD: Is the Board Director information up-to-date at www.sos.ri.gov/divisions/business-services Yes NO I HEREBY CERTIFY THAT I HAVE READ THE APPLICATION AND WILL ADHERE TO ALL RULES, REGULATIONS, GUIDELINES AND DEADLINES. I HAVE READ THE ELIGIBILITY REQUIREMENTS AND WE QUALIFY TO APPLY FOR THIS GRANT. FOR (organization): Printed Name of Authorized Representative Title/Position	Complete ALL fields on this application form and at	tach:
BOARD: Is the Board Director information up-to-date at www.sos.ri.gov/divisions/business-services Yes NO I HEREBY CERTIFY THAT I HAVE READ THE APPLICATION AND WILL ADHERE TO ALL RULES, REGULATIONS, GUIDELINES AND DEADLINES. I HAVE READ THE ELIGIBILITY REQUIREMENTS AND WE QUALIFY TO APPLY FOR THIS GRANT. FOR (organization): Printed Name of Authorized Representative Title/Position	 Describe the project and how it meets the Describe how the project adheres to the gr BUDGET – On ONE sheet of paper: 	uidelines.
I HEREBY CERTIFY THAT I HAVE READ THE APPLICATION AND WILL ADHERE TO ALL RULES, REGULATIONS, GUIDELINES AND DEADLINES. I HAVE READ THE ELIGIBILITY REQUIREMENTS AND WE QUALIFY TO APPLY FOR THIS GRANT. FOR (organization): Printed Name of Authorized Representative Title/Position		
REGULATIONS, GUIDELINES AND DEADLINES. I HAVE READ THE ELIGIBILITY REQUIREMENTS AND WE QUALIFY TO APPLY FOR THIS GRANT. FOR (organization): Printed Name of Authorized Representative Title/Position	BOARD: Is the Board Director information up-to-d	late at www.sos.ri.gov/divisions/business-services Yes NO
• 	REGULATIONS, GUIDELINES AND DEADLINES QUALIFY TO APPLY FOR THIS GRANT.	S. I HAVE READ THE ELIGIBILITY REQUIREMENTS AND WE
Signature of Authorized Representative Date	Printed Name of Authorized Representative	Title/Position
	Signature of Authorized Representative	 Date