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



<b>Applicant (Organization) Name:</b>		
<b>Project Location (City):</b>	<b>(County):</b>	
<b>Address:</b>		
<b>City:</b>	<b>State: RI</b>	<b>Zip Code:</b>
<b>Primary Contact Person and Title:</b>		
<b>Contact Phone:</b>	<b>E-mail:</b>	
<b>Secondary Contact Person and Title:</b>		
<b>Contact Phone:</b>	<b>E-mail:</b>	
<b>Employer Identification Number (EIN):</b>	<input type="checkbox"/> Applicant is the local rural Fire Department (pop $\leq$ 10,000) Name _____ <input type="checkbox"/> Applicant is a larger community/county that provides contractual fire-fighting services to a rural community/area with a pop $\leq$ 10,000 Community/County applicant name _____ Rural Community/Area the project will serve _____ <input type="checkbox"/> Applicant is a station in a larger community whose specific jurisdiction includes a rural community/area $\leq$ 10,000 pop Community/County applicant name _____ Fire Station/District name/# _____ Rural Community/Area the project will serve _____	
<b>Unique Entity Identifier (<a href="https://sam.gov/content/home">https://sam.gov/content/home</a>):</b>		
<b>Brief Description of Project:</b>		
<b>Grant Funds Requested \$</b> _____ <b>Cash Match \$</b> _____ <b>In-Kind Match \$</b> _____ <b>Total Amount of Project \$</b> _____		
<b>Complete ALL fields on this application form and attach:</b>		
<input type="checkbox"/> <b>NARRATIVE – on ONE sheet of paper:</b> 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.		
<input type="checkbox"/> <b>BUDGET – On ONE sheet of paper:</b> 1. List the budget – supplies – labor – equipment – source of match		
<b>BOARD:</b> Is this applicant organization registered as a vendor at <a href="http://www.ridop.ri.gov/vendor-registration/">www.ridop.ri.gov/vendor-registration/</a> 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

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date