



FIRE INCIDENT REPORTING GRANT VIRGINIA FIRE SERVICES BOARD

General Instructions & Notices

- Applicants are directed to (**Virginia Fire Incident Reporting System**) "**NERIS** Grant" practices document, which is incorporated by reference to all applications and any subsequent awards. (Such practices document is inclusive of all terms & conditions).
- The filing of an application does not bind the Board to award the Department not to pay such grant.
- Incomplete applications and those received after the deadline will not be considered (Deadline) August 31st postmarked.
- Completed applications executed by the competent authority will only be accepted directly from jurisdictions not departments.
- Timeliness of filing and subsequent receipt by the Agency are solely the applicant's responsibility – all applications must be completed and sent directly to **VDFP Grants Manager** via mail or email.

Mailing Address:

**VDFP Grants Manager
1005 Technology Park Drive
Glen Allen, VA
23059-4500**

Email Address: grants@vdfp.virginia.gov

- All decisions regarding grant awards made by the Board are final; applicants may appeal decisions in writing to the address provided above within 15 business days of the posting of awards.

A1	Enter the exact legal title of the locality making application. *Grants are only awarded to the Commonwealth's independent cities, counties or towns incorporated within the counties.	County of: City of: Incorporated Town Of:
A2	Enter the Federal Identification Number (FIN) for Applicant listed above.	
B1	Has the Applicant previously applied for a VFIRS Hardware Grant from the Board?	Yes No
B2	Has the Applicant previously received a Computer Grant from any State agency within the past 36 months?	Yes No

C. In the below table itemized each Department's request based on vendor quotes. The maximum Amount of award per FDID number is \$10,000. Quotes are required for all items listed. If vendor quotes are not included the application will not be considered for award.

Item	Department Name/Title	Fire Dept. Ident. Number [FDID]	Description (add a separate page to the application as needed)	Total Estimation (\$)	Grant Amount Requested (\$)
C1					
C2					
C3					
C4					

C5					
C6					
C7					
C8					
Total Amount Requested					

NOTE:

If additional space is required, first check here , reproduce tables as needed, mark entries, and attach to the application.

IMPORTANT, if box above is checked and no additional tables are attached, **the application will not be further considered.**

D. Please provide the total requested quantity and amount for each of the grant’s allowable use category. Individual Fire Department requests listed in section C shall be combined by allowable use categories and placed in the summary below. Only applications that clearly meet the Description and Allowed use of Award will be considered for this grant program.

Funding Category	Description	Total Estimated (\$)	Grant Amount Requested (\$)
Hardware			
Software			
Internet Connectivity			
Other			
Total Amount Requested			

E1	Does the Applicant have other funds or augment those being applied for under [D] above? Check one	Yes No
E2	If the answer under [E1] above is Yes, enter the amount. Otherwise, leave blank.	\$

Person to contact regarding any questions, etc. concerning this application.

Name:

Address:

Telephone:

Email Address:

Other:

Remarks	None

Certification:

- To be completed by either: County Administrator –or- Executive, City Manager, Town Mayor – or- Administrator; Deputy, or...
- "Other duly authorized official whereby the application is accompanied by a copy of an 'Ordinance' or other such formal instrument clearly granting that party such authority."

This grant application is entered on behalf of the APPLICANT jurisdiction identified above with the knowledge and belief that all representations herein made are true and correct; with the understanding that all grant terms & conditions in-force as of the date of such application are hereby included by reference; with the further understanding that if an award is granted pursuant to this application that the recipient is bound by those same terms & conditions.

Printed Name:

Title:

Signature:

Date:

(All applications must be notarized to be considered – incomplete forms shall be returned.)

State of Virginia:

City / County of:

"On this ____ day of _____ (month) in _____ (year), before me, the undersigned a Notary Public for the Commonwealth of

Virginia, personally appeared _____ to me known (or to me proved) to be the identical person named herein and having in my presence executed the above, and acknowledged that he executed same as his voluntary act and deed."

My Commission expires:

Date:

Insert Notary Public Seal Here: