



PERSONAL PROTECTIVE EQUIPMENT (PPE) GRANT VIRGINIA FIRE SERVICES BOARD

General Instructions & Notices

- Applicants are directed to the "V.F.S.B. Firefighter PPE Policy" as amended which is incorporated by reference to all applications and any subsequent awards (Such practices are inclusive of all terms & conditions).
- The filing of an application does not bind the Board to award nor the Department to pay such grant.
- Incomplete applications and those received after the deadline will not be considered.
- Completed applications executed by the competent authority will only be accepted 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
1005 Technology Park Drive
Glenn Allen, VA 23059-4500**

- All decisions regarding grant awards made by the Board are final.

A1	Enter the exact legal title of the Locality, Fire Department, Fire Company making the application. *Grants are only awarded to the Commonwealth's independent cities, counties or towns incorporated within the counties.	County of: City of: Town Of: Volunteer Unit:
A2	Enter the Federal Identification Number (FIN) for Applicant listed above.	

Enter a descriptive "Title" and brief "Description" for the lead project and/or program proposed for funding for any Grant which may be awarded pursuant to this application.

B1	(Title):	(Description):
B2	Which statement best describes the above proposed project and/or program?	<p>New</p> <p>Change to Existing</p> <p>Continuing</p>
B3	Which statement best describes how many <u>programs</u> may benefit from the proposal?	<p>Multiple</p> <p>Single Program</p>
B4	<p>Describe the impact on the department if this Grant is not awarded or check the box below.</p> <p><input type="checkbox"/> Check here is there no significant Impact.</p>	

C1	<p>An Assessment Form is required for all applications.</p> <p>If an Assessment Form is not attached, the application will not be further considered.</p>	
D1	Which statement best describes the scope of the general benefit from the proposed projects and/or programs?	<p>Multiple Jurisdictions</p> <p>Multiple Departments within the Same Jurisdiction</p> <p>Single Department</p>

E1 In the table below, itemize in priority order – starting with the most needed first, ALL items of “Goods” (e.g. equipment, hardware or other durable items) or categories of “Services” which are to be funded in whole or in part from any Grant which may be awarded pursuant to this application.

Line Item	Serial Number	Check One That Applies	Description	Total Cost (a)	Less Any Matching Funds (b)	Grant Amount Request (a-b)
1		<p>Goods</p> <p>Services</p>				
2		<p>Goods</p> <p>Services</p>				

3		Goods Services				
4		Goods Services				
5		Goods Services				

- **Applications MUST be supported by a vendor quote to document reasonable cost forecasts.**
- **Failure to include cost estimate support documentation will result in the line item being disqualified and funding being denied.**

E2	Enter here the lesser amount of <ul style="list-style-type: none"> • Sum of all items (E1.1. through E.1.5) under Grant Amount Requested • OR \$100,000 (Grant Maximum) 	
F1	Which statement best describes the matching funds contribution?	50% of More Less than 50% None

G1	What is the amount of the Applicant's Current Fiscal Year Aid to Localities (ATL) allocation from the Fire Programs Fund?	\$15,000 or \$30,000 exactly Other – Enter Amount Below
G2	If the sum of (E1.1. through E.1.5) of individual "Grant Amount Requested" in Section E above exceeded \$100,000, an explanation must be entered to how the shortfall would otherwise be made up. If none, check the box below.	Enter Remarks:

Grant awards are paid as an Electronic Funds Transfer/EDI to the current account-of-record for the jurisdiction's annual allocation of Aid to Localities (ATL) from the Fire Programs Fund.

If the applicant wishes such disbursement to be made to a different account, then that must be indicated below and page 2 of the EDI Payment Agreement form (form is located at <https://www.doa.virginia.gov/forms.shtml#edi> must be completed.)

EDI Payment Agreement Forms Is Is Not Attached

POINT OF CONTACT

Enter here the contact information for the appropriate person to discuss the details of the application.

Name:	
Street Address:	
City:	
Zip Code:	
E-mail Address:	
Telephone Number:	
Alternate or Mobile Number:	
Fax Number:	

Certification:

To be completed by either:

- Fire Chief or other duly authorized Fire Service official, or...
- 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: