



FIRE INCIDENT REPORTING GRANT VIRGINIA FIRE SERVICES BOARD

General Instructions & Notices

- Applicants are directed to (Virginia Fire Incident Reporting System) "Fire Incident Reporting 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 in ink and sent directly to:

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

- 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.

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

Below please enter information for each Department to participate IF a grant is awarded pursuant to this application.

Item	Department Name/Title	Fire Dept. Ident. Number [FDID]	Annual Number of Calls - Fire	Annual Number of Calls - EMS	Annual Number of Calls - Others	Total	Current VFIS Participants
C1							Yes No
C2							Yes No
C3							Yes No
C4							Yes No
C5							Yes No
C6							Yes No
C7							Yes No
C8							Yes No
C9							Yes No

C10							Yes No
C11							Yes No
C12							Yes No
C13							Yes No
C14							Yes No
C15							Yes No

D1	Multiply the total number of Departments under [C] above by \$700 and enter the results.	(Total amount of award sought) \$
D2	Does the Applicant have other funds or augment those being applied for under [D1] above?	Yes No
D3	If the answer under [D2] 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: