



Illinois Department of Natural Resources  
 Division of Forest Resources  
 Volunteer Fire Assistance Grant Program  
 Application 2024

IDNR USE ONLY

---

(\* indicates a required field)

SECTION 1 - APPLICANT INFORMATION		
Applicant (FD) Name (*)	Tax ID number (9 digits) (*)	
Description of the Applicant (*)		
Address (*)	City, State, Zip (*)	County (*)
Daytime Telephone(*) : (cell if station is not manned)		Fax (*)
E-Mail (*):		
Applicant Representative (*):		Title:
Applicant Signature (*):		
Date:		
Other Contact Person ( <i>Only if different from Applicant Representative</i> ) <b>Must be available during business hours.</b>		
Name:		Title:
Daytime Telephone (*):		E-Mail:

**SECTION 2 - ELIGIBILITY**

1. Is 100% of the total project cost available at the time of application? YES  NO   
If the answer is NO, the applicant is not eligible for funding.

2. Does your Fire agency serve a rural area? YES  NO   
Does your Fire agency serve a community with a population under 10,000? YES  NO   
What is the population of the community served? \_\_\_\_\_ (From the most recent Census)  
(See Section I for eligibility requirements)

3. Does your Fire agency have a written Memorandum of Understanding (MOU) on wildfire control with the Illinois Department of Natural Resources? YES  NO   
(A signed MOU is required for funding consideration, form included in this package). A MOU older than 3 years must be renewed. (See page vii) (Attach signed copy)

4. Provide a map of your protection area, and include any areas within the boundaries that are not under your protection. If project includes purchase and installation of a dry hydrant, include a satellite map (such as Google Earth) with GPS coordinates and elevation drawings for the placement of the hydrant. If dry hydrant will be on Private Property attach signed 30 year easement.

**SECTION 3 - EVALUATION CRITERIA**

5. Is wildland fire training, PPE or equipment being purchased? (Eligible items include National Wildfire Coordinating Group (NWCG) training, wildland PPE, wildland hand tools, chainsaws, drip torches, backpack blowers, slip in units, brush trucks, and GPS units.

6.a. Does your department have National Wildfire Coordinating Group (NWCG) trained and active members?  Yes  No  
**S130 & S190, persons trained** \_\_\_\_\_? (i.e. trained by IDNR Forestry, IFSI, or FWS)  
S290 \_\_\_\_\_?  
S131 \_\_\_\_\_?  
S211 \_\_\_\_\_?  
S212 \_\_\_\_\_?  
S230 \_\_\_\_\_?  
S231 \_\_\_\_\_?  
S234 \_\_\_\_\_?

**Other NWCG Classes** \_\_\_\_\_?

6.b. Do you have members that hold a Red Card:  Yes  No If yes, list names.

7. Does your Fire agency protect any Natural Resource public lands or public own facilities, such as State Parks or Forests, Forest Preserve Districts, National Forest lands, County or Township Parks, State or Federal Lodges ?

YES  NO  If YES, please list. (BE SPECIFIC)

EXAMPLE: Starved Rock State Park (Lodge, Maintenance Building, Site Superintendent Residence, 625 acres)

Name of Facility: \_\_\_\_\_ Acres Protected: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Acres Protected: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Acres Protected: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Acres Protected: \_\_\_\_\_

(For more facilities, use additional sheets if necessary)

Highway right-of-ways, City Buildings or City Parks, Community Centers, Schools, Churches, Cemeteries and/or Post Offices and Mutual Aid assistance are **NOT ELIGIBLE** for consideration.

**8.** What is your approximate annual budget? \$ \_\_\_\_\_

List the source (s) of your income with its approximate percentage of your total budget.

a. \_\_\_\_\_ %    b. \_\_\_\_\_ %

c. \_\_\_\_\_ %    d. \_\_\_\_\_ %

---

**9.** What is your present rating from the Insurance Services Office? (ISO)

City: \_\_\_\_\_ Rural: \_\_\_\_\_

---

**10.** Does your Fire agency use the National Fire Incident Reporting System (NFIRS) to report wildfires to the Illinois State Fire Marshal's office?    YES     NO

Did your Fire agency report wildland fires to the Department of Natural Resources in 2023 or 2024?    YES     NO

Copies of the (NFIRS) reports or on the DNR fire reporting website. <https://survey123.arcgis.com/share/30f39294d6df4377b4a3a4024ec5f44c> You may submit reports with the application.  
 If the wildfires have already been reported to DNR, you will receive credit for each report.

---

**11.** In 2023-24 did your Fire agency suffer a loss (not covered by insurance) of 50% or more of the asset value, not including real estate value, of the fire agency's equipment?    YES     NO

*If yes, attach a copy of the formal report documenting the equipment loss.*

---

**12.** Will communications equipment requested enable your Fire agency meet the 2012 FFC narrow banding requirements?

YES     NO     N/A

---

**13.** Will this project increase the water supply to your protection area?    YES     NO

Tankers, tenders, dry hydrants and cisterns are eligible, and other projects will be considered. Permanent installations of dry hydrants or cisterns on private property require written and signed 30 year easements (and must be included with the application) along with all-weather access. Survey and legal fee estimates can be included in your request and must be submitted with the reimbursement request.

---

**14a.** Does the proposed project involve the conversion of Federal Excess Property?    YES     NO

*If yes, please include the serial number and equipment description in Section 4 - Project Description.*

**14b.** List and Identify FEPP/FFP equipment to be altered or modified

Serial Number: \_\_\_\_\_ Equipment Description: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Equipment Description: \_\_\_\_\_

---

**15.** Does your community have a Community Wildfire Protection Plan. Yes     No

Name of Plan: \_\_\_\_\_ County/Area Covered by Plan \_\_\_\_\_

Name of Plan: \_\_\_\_\_ County/Area Covered by Plan \_\_\_\_\_

**SECTION 4 - PROJECT DESCRIPTION**

[you may attach  
additional documentation]

Classification (\*): Equipment Purchase  Training  New Organization

Project Title (\*):

Project Description and Comprehensive Justification (\*):

Provide a map of the project location with GPS coordinates and elevation drawings if purchase and installation of a dry hydrant is requested. If Hydrant will be placed on private property include a 30 year signed easement with the application.  
Click inside the box to insert map into document.

	IDNR FUNDING <i>[Up to 50% of total project cost or 10,000. Whichever is less]</i>	DEPARTMENT FUNDING	TOTAL PROJECT COST
PROJECT FUNDING	\$	\$	\$

**SECTION 6 - DETAILED PROJECT BUDGET**  
*(Required for all applications.)*

*Attached Itemization is fine\**

**PERSONNEL**

Additional Documents may be attached on back\*

Name or Position Title	Hourly Rate	Hours	Total
			0
			0
			0

**TRAVEL**

Position/Description	Item Rate	Quantity	Total
			0
			0
			0

**EQUIPMENT**

Description	Price/Item	Quantity	Total
			0
			0
			0
			0

**MATERIALS/SUPPLIES**

Description	Price/Item	Quantity	Total
			0
			0
			0

**CONTRACTUAL SERVICES**

Description	Total

**OTHER**

Description: (i.e. legal description; survey fees)	Total

**TOTAL COST OF PROJECT** \$ 0

**Mail or scan and email application and attachments (all pages) to: Adrian Walker; [Adrian.Walker2@illinois.gov](mailto:Adrian.Walker2@illinois.gov)**  
**ORC, Div, of Forest Resources 1**  
**Natural Resources Way**  
**Springfield, IL 62702-1271**  
**Questions - Contact:**  
**[Ben.Snyder@illinois.gov](mailto:Ben.Snyder@illinois.gov)**  
**[Matthew.Bernhardt@illinois.gov](mailto:Matthew.Bernhardt@illinois.gov)**

Equal opportunity to participate in programs of the Illinois Department of Natural Resources (IDNR) and those funded by other agencies is available to all individuals regardless of race, sex, national origin, disability, age, religion or other non-merit factors. If you believe you have been discriminated against, contact the funding source's civil rights office and/or the Equal Employment Opportunity Officer, IDNR, One Natural Resources Way, Springfield, IL 62702-1271; (217) 782-2662; TTY (217) 782-9175.



This State agency is requesting information that is necessary to accomplish the statutory purpose as outlined under 20ILCS 805 Coop. Forestry Assistance Act of 1978 as amended. Equal opportunity to participate in programs of the Illinois Department of Natural Resources (IDNR) and other agencies is available to all individuals regardless of race, sex, national origin, disability, age, religion or other non-merit factors. If you believe you have been discriminated against, contact the funding source's civil rights office and/or the Equal Employment Opportunity Officer, IDNR One Natural Resources Way, Springfield, IL 62702: 217/782-2662: TTY 217/782-9175. This information may be provided in an alternative form if required. Contact the DNR Clearinghouse at 217/782-7498 for assistance. Printed with authority of the State of Illinois.

**EXAMPLE ONLY**

FFY 16/17 Volunteer Fire Assistance - Request for Reimbursement  
 Illinois Department of Natural Resources

Grantee Organization Name:  Somewhere VFD

Grant Number:  XXXXXX

Maximum Federal Award  \$1,500.00

**Please complete the section below for items purchased according to the grant agreement. The federal share cannot exceed 50% of the total nor the maximum eligible grant award. Please send copies of all invoices (statements are not acceptable) and canceled checks (front and back) of the items listed below. Circle or highlight each item on the invoice to be claimed for reimbursement, and circle or highlight corresponding check numbers.**

Item Description	Quantity	Unit Price	Total			
3" hose	10	\$210.00	\$2,100.00			
Labor	5hrs	\$15.00	\$75.00			
				Grand Total	Matching	Federal
			\$2,175.00	\$1,087.50	\$1,087.50	

Federal Reimbursement Requested  \$ 1,087.50

Payment Certification

I do hereby certify that this project cost breakdown is correct, just and is based upon the actual payment(s) of record by the Grantee referenced above. That payment from other governmental or private funding sources has not been received for these costs, and that the completed work and services or purchases are in accordance with the provisions of the signed Grant Agreement, including amendments thereto, with the Illinois Department of Natural Resources.

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 (Signature) (Date)

NAME: \_\_\_\_\_ Grantee FEIN/TIN: \_\_\_\_\_  
 (Typed or Printed) (9 digit tax number)

Please send copies of all invoices and canceled checks for the above items to:

Illinois Department of Natural Resources  
 Attention: Adrian Walker  
 Volunteer Fire Assistance Grant Program  
 Office of Resource Conservation  
 One Natural Resources Way Springfield,  
 Illinois 62702-1271  
 Adrian.Walker2@illinois.gov

IDNR – Approved for Payment: \_\_\_\_\_  
 IDNR Fire Program Manager (Date)