



Illinois Department of Natural Resources
 Division of Forest Resources
 Volunteer Fire Assistance Grant Program Application
 Updated March 12, 2015

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>) Must be available during business hours.		
Name:	Title:	
Daytime Telephone (*):	E-Mail:	
CONGRESSIONAL INFORMATION		
State Representative District (____ _)	State Senatorial District (____ _)	U. S. Representative District (____)

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 appendix v) (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 site location map 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. Does your department have National Wildfire Coordinating Group (NWCG) trained and active members? Yes or No
S130 & S190, number trained _____?
S290 _____?
S131 _____?
S211 _____?
S212 _____?
S230 _____?
S231 _____?
S234 _____?
Other NWCG Classes _____?

7. a. Does your Fire agency protect any public lands or public owned facilities, such as State Parks or Forests, Forest Preserve Districts, National Forest lands, County or Township Parks, State or Federal Prisons, State or Federal Lodges, Mental Health facilities or County, Township or State Highway maintenance facilities? YES ____ NO ____

If YES, please list. (BE SPECIFIC)
EXAMPLE: Starved Rock State Park (Lodge, Maintenance Building, Site Superintendent Residence, 625 acres)
Names of Facilities: _____ Acres Protected: _____

(For more facilities, use additional sheets if necessary)

b. Listing of historic buildings is to be included and documented with a letter from the agency that has registered the building.

Names of Facilities: _____

(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 Marshall's office? YES _____ NO _____

Did your Fire agency report wildland fires to the Department of Natural Resources in 2013 & 14 YES _____ NO _____

Copies of the (NFIRS) reports or the DNR fire reporting form may be attached. Attached is a blank DNR form.

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 2013 – 14 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.

14. Does the proposed project involve the conversion of Federal Excess Personal Property? YES _____ NO _____

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

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

If yes, provide a copy with the application or provide the internet link.

16. Was your Department /District a recipient of a VFA grant in 2014? Yes _____ No _____

SECTION 4 - PROJECT DESCRIPTION
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.

SECTION 5 - BUDGET SUMMARY <i>(Round to nearest dollar)</i>				
Budget Summary/Category	Project Total	Grant Funds Requested	In-Kind Match	Matching Funds
Personnel				
Travel				
Equipment				
Materials/Supplies				
Contractual Services				
Other				
Total <i>(must match detailed budget)</i>				
Source of Total Project Funds				Amount

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

PERSONNEL

Name or Position Title	Hourly Rate	Hours	Total

TRAVEL

Position/Description	Item Rate	Quantity	Total

EQUIPMENT

Description	Price/Item	Quantity	Total

MATERIALS/SUPPLIES

Description	Price/Item	Quantity	Total

CONTRACTUAL SERVICES

Description	Total

OTHER

Description	Total

TOTAL COST OF PROJECT \$

**Mail application and attachments
(all pages) to: Debbie Dix
Illinois Department of Natural
Resources
Office of Resource Conservation
Division of Forest Resources
One Natural Resources Way
Springfield, IL 62702-1271**

Questions - Contact:
tom.wilson@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.

or call 618/498-1627



**ILLINOIS DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FOREST RESOURCES
WILDLAND FIRE REPORT**

For use by all:
Fire Departments
Fire Protection Districts
Volunteer Fire Organizations

Fire Agency Reporting: _____ FDID _____
Name: _____
Mailing Address: _____
City, State, Zip code: _____ County _____
Phone: _____
Email: _____

DATE OF FIRE: Reported _____ Controlled _____ **TIME OUT:** _____ **TIME IN:** _____

INCIDENT Name or Number _____

NO WILDFIRE ACTIVITY DURING THE MONTH OF _____ **YEAR** _____

Acres burned:

Forest _____ **acres**

Wildland: _____ **acres**

Crops: _____ **acres**

Cause:

- | | |
|--|---|
| <input type="checkbox"/> Lightning | <input type="checkbox"/> Arson |
| <input type="checkbox"/> Equipment Use | <input type="checkbox"/> Children |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Campfire | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Debris Burning | <input type="checkbox"/> Power line |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Structure |

Building Threatened _____ **Buildings Destroyed** _____
Residences _____ or Out Buildings _____ # Residences _____ or Out

Buildings _____

INJURIES _____ **Fatalities** _____

Landowner _____

Address: _____

Location: _____ **or** _____
Latitude & Longitude Township & Range

Or nearest intersection _____

Send Report to: Tom Wilson
Illinois Department of Natural Resources
Division of Forest Resources

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 08/09 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: Debbie Dix
 Volunteer Fire Assistance Grant Program IDNR – Approved for Payment: _____
 Office of Resource Conservation IDNR Fire Program Manager (Date)
 One Natural Resources Way
 Springfield, Illinois 62702-1271

217/785-8406