

13. Is this a Multi-Community fire department? **Yes No** (A department or fire district is considered to be “multi-community” if within the official area served there exists two or more recognized communities, each of which contributes financial support toward, and which combine other resources for the operation of a single department serving all communities involved.)

If yes, list communities served: _____

14. Estimate the number of responses by the department during the 2010 calendar year:

STRUCTURAL _____

WILDLAND _____

OTHER(medical, rescue, etc.) _____

15. Louisiana State Law (R.S. 40:1561 Chapter 7, Part 3) requires that all fires (structural and wildland) must be reported to the Louisiana State Fire Marshal. Is your department reporting under this uniform system?

Yes No

***** Beginning with the 2013 V.F.A. grant, only departments reporting to the LFIRS system, administered by the State Fire Marshal Office will be eligible to apply.**

16. Does your department have **FORMAL WRITTEN** mutual aid agreements, approved by the local governing authority, with other fire departments? **Yes No**

If yes, list departments: _____

17. Is your department a member of a Parish or State Fire Association? **Yes No**

If yes, name: _____

18. Is your department within a rural fire protection district? **Yes No**

19. Does your department contract with the parish to provide rural fire protection? **Yes No**

If yes, what arrangement has been made for reimbursement (equipment purchase, dollars per run, other?)

20. Does your community operate a water system? **Yes** **No**

If not, is your community provided with water from a rural water district or system? **Yes** **No**

21. Does your department have a Central Dispatch system? **Yes** **No**

Does your department have a radio system? **Yes** **No**

If yes, what radio frequency does the department primarily operate on?

TX: _____

RX: _____

TONES: _____

700/800mzH system _____

22. Has your department developed a **WRITTEN MASTER FIRE CONTROL PLAN** (Fire Plan) for your protected area? **Yes** **No**

If yes, summarize the information contained in your plan. (Some of the information which should be included: alarm and dispatch facilities and procedures, mutual aid agreements, route planning, pre-attack planning for multistory buildings, schools, hospitals, other public buildings, and structures or areas involving highly flammable or hazardous materials, location and identification of water sources, and other provisions for increasing safety or expediting operations). **If needed, attach summary on the back of the application. Please note in the “below column” as to the summary’s location.**

23. Has your department developed and executed a **WRITTEN FIRE PREVENTION PLAN** for the area served? **Yes** **No**

If yes, summarize planned objectives and means for accomplishing these goals. (Fire occurrence problems should be identified, probable causes determined, and a plan for cause-relevant corrective actions developed. School programs, fire safety programs, voluntary business, home, and mobile home inspections, placement of location identification stickers, etc., are some projects which can be considered.)

PREVENTION PLAN SUMMARY:

24. Describe your present fire-fighting vehicular equipment:

TYPE	YEAR	MAKE	MODEL	PUMPING CAPACITY	WATER CARRYING CAPACITY (in gallons)

25. Is your “first-out” unit equipped with at least two (2) air packs? **Yes** **No**

26. How many active members are in your department? _____

PAID _____

VOLUNTEER _____

27. List your department officers:

NAME	RANK/TITLE	ADDRESS	AREA/PHONE#

28. List **TWO INDIVIDUALS** who are knowledgeable regarding your department needs and operations who we may contact for information regarding the VFA grant:

NAME	RANK/TITLE	TELEPHONE NUMBER	BEST TIME TO CALL
		DAY:	
////////////////////		NIGHT:	
		DAY:	
////////////////////		NIGHT:	

29. Is your department's operational activities financially supported by a tax base? **Yes** **No**

30. List source(s) of your operational funding:

31. A. Has your department requested V.F.A. funds in previous years? **Yes** **No**

B. Was your department granted V.F.A. funds? **Yes** **No**

C. If yes, what year(s) were grant(s) received? _____, _____, _____, _____, _____,

32. Does your department possess Wildland Firefighting Gear, i.e., Nomex coveralls, fire flaps, fire rakes, hardhats, etc.? **YES** **NO**

33. Does your department provide Wildland firefighting training? **YES** **NO**

34. List fire equipment/supplies/etc. that your department proposes to purchase with the grant, if awarded.

All purchases MUST be made during the 2011 calendar year. Purchases made prior to 2011 WILL NOT be considered for approval. All purchases MUST benefit the fire protection capabilities of the department. Cost-share assistance CANNOT be utilized for reoccurring annual expenses, i.e., permits, licenses, etc.

DESCRIPTION & SPECIFICATIONS	TOTAL COST	LOCAL COST SHARE	FEDERAL COST SHARE REQUEST
TOTAL			

I, _____, have READ & UNDERSTAND the purchasing
 (name of department's representative)

guidelines, as outlined in the Volunteer Fire Assistance Desk Guide. To view all VFA Guidelines, please

visit: www.fs.fed.us/fire/partners/vfa/help/table_of_contents.htm

35. The person who filled out this application will please provide the following information:

Name: _____ Phone#: _____

Address: _____ Zip Code: _____

Title/Organization Affiliation: _____

Department's Federal I.D. No: _____

***** MUST BE PROVIDED, Application will be voided if no I.D. number given.
The federal I.D. is a 9-digit number*****

Signature: _____ Date: _____

The Grantee gives the Grantor agency (Louisiana Department of Agriculture and Forestry) through any authorized representative the access and right to examine all records and documents related to the V.F.A. grant. The Grantee shall hold harmless the Grantor and his employees for any liability or injury suffered through the use of property or equipment acquired under this grant. The Grantee, by their signature below, certifies that V.F.A. guidelines and requirements have been reviewed and agreed to for the purpose of grant consideration.

GRANTEE NAME	ADDRESS
TITLE	DATE

IMPORTANT: CHECK LIST:

- All questions answered?
- All required attachments provided?
- Telephone numbers supplied?
- Proper signatures and dates where required?
- Federal I.D. # provided?
- Audit Compliance Form completed and attached?
- W-9 completed and attached?
- Application double-checked before mailing?

IMPORTANT INFORMATION

COMPLETED APPLICATIONS MUST BE RECEIVED BY JULY 1, 2011.

Please mail to: LA. Dept. of Agriculture and Forestry
Office of Forestry
attn: 2010 VFA Grant
P.O. Box 1628
Baton Rouge, LA. 70821-1628

Any questions please contact: Bret Lane or Donald Smith at 225-925-4500

Applicants will be notified of their grant proposal status, beginning **Sept. 15, 2011**. Please allow two weeks following this start date.

Following acceptance, a completed **FINANCIAL DISBURSMENT REPORT** along with a copy of all **“PAID”** receipts will be required before LDAF, Office of Forestry will execute the release of funds.

ALL FINANCIAL DISBURSEMENT REPORTS must be received by this office by **March 1, 2012**.

Once again, “paid invoices reflecting a \$0 balance” or other documented proof of payment i.e., copy of cancelled check or a copy of a credit card receipt must be attached to the Disbursement Report.

ATTACH ANY DOCUMENTS HERE. Please “clearly” label each independent attachment with the following: name and application reference number. (example: Operational Funding summary, #30)

Print VFD's Address:

Contact Name:

Contact Phone Number:

I certify that _____ Volunteer Fire Department
has met the requirements of Section 17 (B) (1) of Page 9 Act 18 of 2007, which states:

5 B.(1) No funds appropriated in this Act shall be transferred to a public or quasi-public
6 agency or entity which is not a budget unit of the state unless the intended recipient of those
7 funds presents a comprehensive budget to the legislative auditor and the transferring agency
8 showing all anticipated uses of the appropriation, an estimate of the duration of the project,
9 and a plan showing specific goals and objectives for the use of such funds, including
10 measures of performance. In addition, and prior to making such expenditure, the transferring
11 agency shall require each recipient to agree in writing to provide written reports to the
12 transferring agency at least every six months concerning the use of the funds and the specific
13 goals and objectives for the use of the funds. In the event the transferring agency determines
14 that the recipient failed to use the funds set forth in its budget within the estimated duration
15 of the project or failed to reasonably achieve its specific goals and objectives for the use of
16 the funds, the transferring agency shall demand that any unexpended funds be returned to
17 the state treasury unless approval to retain the funds is obtained from the division of
18 administration and the Joint Legislative Committee on the Budget. Each recipient shall be
19 audited in accordance with R.S. 24:513. If the amount of the public funds received by the
20 provider is below the amount for which an audit is required under R.S. 24:513, the
21 transferring agency shall monitor and evaluate the use of the funds to ensure effective
22 achievement of the goals and objectives.

Signed: _____
(Fire Chief)

Print Name: _____
(Fire Chief)

Contact Name:

Contact Phone #:

Contact Fax #:

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,