

APPLICATION DUE NO LATER THAN MAY 31, 2024

	IDAHO DEPARTMENT OF LANDS RURAL FIRE CAPACITY 2024 GRANT APPLICATION	Available electronically on the web at: www.idl.idaho.gov
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Name of Fire Service Organization (FSO) or Rangeland Fire Protection Association (RFPA):		Date:
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Active UEI Number (SAM)	FDID#
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Mailing Address:	Phone:
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City:	State: ID	ZIP:	County:
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Name and Title of Person Making Application:	E-mail Address:
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List Type of Apparatus Used	
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Population of Service Area:	Number of Seats on Wildland Apparatus:	Number of Firefighters in FSO or RFPA:		
		Volunteer:	Paid (if any):	Total:

Attach a detailed description of project. Description attached? Yes No

Attach an itemized estimate and/or vendor quote for all equipment and/or services. Check with your local IDL Area/District/Assn. Estimate/Quote Attached? Yes No

CATEGORIES	GRANT FUNDS 90%	HARD MATCH 10% Required	TOTAL
Category 1 – Organization of New FSO or RFPA <i>Building, land, and/or maintenance will not be funded.</i>			
Category 2 – Firefighter Training <i>List audio visual equipment in Category 5 – All Other Equipment.</i>			
Category 3 – Personal Protective Equipment <i>Please Note: Wildland firefighting boots will not be funded.</i>			
Category 4 – Radio and Communications Equipment			
Category 5 – All Other Equipment			
TOTAL GRANT REQUEST	\$		
TOTAL COST OF PROJECT	Grant Funds + Match =	\$	

Is this project/need identified in your County Wildfire Protection Plan (CWPP) or annual CWPP project priority update?
*New FSOs and RFPAs have a maximum of five years from their inception to become a participant in the CWPP process for their County.
 Contact your County Emergency Management Coordinator or Local Emergency Planning Committee for current CWPP.*

New FSO or RFPA? Yes ___ No ___ If yes, year established: _____ In CWPP or Update? Yes ___ No ___

Is your FSO or RFPA located in a high, medium, or low risk area as identified in your County Wildfire Protection Plan?
 High ___ Medium ___ Low ___

Fire occurrences *three-year average*: _____ Will this project result in reduced insurance ratings? Yes ___ No ___

Did you report fire incidents to the State Fire Marshal in 2023? Yes ___ No ___

For RFPAs only, did you report fire incidents to IDL for 2023? Yes ___ No ___

List community(ies) assisted by this project. _____

Has applicant applied for and/or received grant funds for specific project(s) listed above from any other federal, state, or private agency? Yes ___ No ___

If yes, list agency name and dollar amount: Agency Name: _____ Amount: _____

Please return this application to your local Idaho Department of Lands Fire Protective District/Area or Timber Protective Association Office no later than **May 31, 2024**. Office location information available at www.idl.idaho.gov.

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By initialing each line and signing this application, I acknowledge the following:

____ I have reviewed this application in its entirety and the answers are accurate to the best of my knowledge.

____ I have attached a detailed description, UEI # from SAM, and price quotes for the funds being requested.

____ The application must be physically at the local IDL office by close of business on May 31. Postmarks do not qualify.

____ I understand that I cannot put in for items to be reimbursed unless the purchase date is after the date on the award letter.

____ The RFC grant is reimbursable. This means the FSO must pay the entire invoice for items purchased before submitting paperwork for reimbursement. Federal guidelines prohibit payment to the FSO without proof of FSO expending funds on awarded items.

____ I understand the deadline to order from the Cache is December 16.

____ I understand the deadline for reimbursement is February 28.

____ If there is a change in chief, all criteria and deadlines remain in place.

Name of Fire Chief or Chairman:	
Signature of Fire Chief or Chairman: <i>Application will not be considered unless signed by Fire Chief/Chairman.</i>	