



Rhode Island Volunteer Fire Assistance (VFA) Grant GRANT APPLICATION FORM



Applicant (Organization) Name:	
Project Location (City):	(County):
Address:	
City:	State: RI Zip Code:
Primary Contact Person and Title:	
Contact Phone:	E-mail:
Secondary Contact Person and Title:	
Contact Phone:	E-mail:
Employer Identification Number (EIN):	<input type="checkbox"/> Applicant is the local rural Fire Department (pop ≤ 10,000) Name _____ <input type="checkbox"/> Applicant is a larger community/county that provides contractual fire-fighting services to a rural community/area with a pop ≤ 10,000 Community/County applicant name _____ Rural Community/Area the project will serve _____ <input type="checkbox"/> Applicant is a station in a larger community whose specific jurisdiction includes a rural community/area ≤ 10,000 pop Community/County applicant name _____ Fire Station/District name/# _____ Rural Community/Area the project will serve _____
DUNS Number:	
Brief Description of Project:	
Grant Funds Requested \$ _____ Cash Match \$ _____ In-Kind Match \$ _____ Total Amount of Project \$ _____	
Complete ALL fields on this application form and attach: NARRATIVE – on ONE sheet of paper: 1. Describe the project and how it meets the goals of wild land fire suppression in your community. 2. Describe how the project adheres to the guidelines. BUDGET – On ONE sheet of paper: 1. List the budget – supplies – labor – equipment – source of match BOARD: Is this applicant organization registered as a vendor at www.ridop.ri.gov/vendor-registration/ Yes NO BOARD: Is the Board Director information up-to-date at www.sos.ri.gov/divisions/business-services Yes NO	

I HEREBY CERTIFY THAT I HAVE READ THE APPLICATION AND WILL ADHERE TO ALL RULES, REGULATIONS, GUIDELINES AND DEADLINES. I HAVE READ THE ELIGIBILITY REQUIREMENTS AND WE QUALIFY TO APPLY FOR THIS GRANT.

FOR (organization): _____

Printed Name of Authorized Representative

Title/Position

Signature of Authorized Representative

Date