

**RURAL FIRE 80/20 REIMBURSEMENT GRANT APPLICATION-FY2013  
OKLAHOMA DEPARTMENT OF AGRICULTURE. FOOD & FORESTRY  
FORESTRY SERVICES**

**General Guidelines**

1. Eligible applicants are legal entities (cities, towns, fire departments or districts) under a population level of 10,000.
2. Major Categories of expenditure:
  - A. Fire Station Construction.
  - B. Fire Equipment.
3. Funding limits per application are:
  - A. \$30,000 Limit of State Funds for fire station construction.  

or

\$20,000 Limit of State Funds for purchase of fire equipment.
  - B. **No advance payments will be made.** Grant amounts may be claimed only on a reimbursement basis; 80% of expenses will be reimbursed up to the grant award amount. (Station Grant Example: Must spend \$37,500 to receive \$30,000 reimbursement.) Up to three (3) partial payments may be requested during the grant period.
  - C. Recipients can only make purchases **after** their fire department has been officially awarded a grant **and** received a copy of the **State Purchase Order** issued by the Department of Agriculture. **Purchases prior to the State Purchase Order date will not be eligible for this grant.**
  - D. Recipients must submit their **Federal Employers Identification (FEI)** number before a State Purchase Order can be issued.
4. Communities imposing strict boundary limits, which exclude rural residences logically part of the community, or using strict subscription response systems will not be eligible for funds under this program.
5. **APPLICATION DEADLINE IS OCTOBER 1, 2012. Application must be received by your Rural Fire Coordinator by the close of business, October 1, 2012.** (See attached map for your Rural Fire Coordinator's name, telephone number and mailing address.)

**THIS IS A REIMBURSEMENT GRANT**

**APPLICATION DEADLINE OCTOBER 1, 2012**

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**LEGAL APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**ZIP CODE + 4:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **RURAL FIRE COORDINATOR:** \_\_\_\_\_

**FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEI#):** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PROJECT FUNDING: APPLY FOR FIRE STATION OR EQUIPMENT.** List the materials or equipment and the cost of the items your fire department intends to purchase with the Rural Fire Matching Grant. **(Any change from the items listed below must be approved by Forestry Services and your Rural Fire Coordinator prior to purchase.)**

<u>Station / Equipment</u>	<u>Estimated Cost</u>
Project total	

**PROJECT NARRATIVE:** Give a brief explanation of the intended use of the above listed equipment or materials and explain how it will benefit your fire department or your community.

**CERTIFICATION:** To the best of my knowledge and belief, data in this application are true and correct, the documents have been duly authorized by the governing body of the applicant, and the applicant will comply with the attached assurances. Applicant further certifies the local funds are available to match the grant request.  
I am authorized to apply for this grant in behalf of the above named entity. **(Both Signatures Required)**

\_\_\_\_\_  
Signature of Fire Chief \_\_\_\_\_  
Date

Approved by: \_\_\_\_\_  
Signature of Mayor or Board Chairman \_\_\_\_\_  
Date

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1. What is the total area (in square miles) protected by your fire department? \_\_\_\_\_
2. Does your fire department have a written plan of action or standard operating procedure? \_\_\_\_\_  
If yes, attach copy if not submitted with a previous application.
3. Provide the name of your fire department training officer. \_\_\_\_\_
4. (a) Total training hours recorded for your firefighters during the past 12 months.  
OSU certified Training: \_\_\_\_\_ In House Training: \_\_\_\_\_

(b) How many of your firefighters have completed the following training?  
(Total, not just in the past year).

Hazardous Materials (Awareness, Ops or Tech) _____	Wildland Fire Fighting _____
Emergency Vehicle Operation _____	First Responder _____
Incident Command _____	Firefighter I or Essentials _____
Structural Firefighter Practices _____	Volunteer Firefighting Practices _____

\_\_\_\_\_  
Training Officer Signature

5. Are the proposed expenditures made with this grant essential for the fire department to reach ISO/CRS Protection Class 9? \_\_\_\_\_
6. What is your Department's OFIRS (Oklahoma Fire Incident Reporting System) reporting number? \_\_\_\_\_ How many fire runs did your fire department report to the State Fire Marshal in the previous calendar year? \_\_\_\_\_
7. How much money was expended to operate your fire department during the last fiscal year? (exclude salaries and benefits for personnel) \_\_\_\_\_

How much money was designated (your share) to your fire department last years from City, County, State, or Other Taxes and /or Assessments (list total)? \_\_\_\_\_

Membership Fees \$ \_\_\_\_\_ Donations & Fund Raisers \$ \_\_\_\_\_

**Municipal fire departments must attach a statement from the municipal clerk or treasurer certifying the amounts.**

\_\_\_\_\_  
Chief Financial Officer Signature

8. Do you have written mutual aid agreements with other fire departments? \_\_\_\_\_
9. Are your firefighters covered by Worker's Compensation Insurance? \_\_\_\_\_
10. Do you have liability insurance coverage on all fire department vehicles? \_\_\_\_\_

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11. How many complete sets of NFPA/OSHA approved protective clothing does your fire department have? (a complete set include gloves, boots, hood, helmet, bunker pants and coat) \_\_\_\_\_
12. List all State Rural Fire Defense matching grants, and/or CDBG grants, and/or other State Special Project grants your fire department has been awarded in the last three years.

**(Forestry Operational Grants Do Not Apply.)**

<u>YEAR</u>	<u>AMOUNT</u>	<u>TYPE OF GRANT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**THE FOLLOWING SECTION APPLIES TO APPLICATIONS  
FOR FIRE STATION CONSTRUCTION**

No monies from the fund shall be expended or obligated for construction of buildings for fire stations unless the participant proposing to expend or obligate monies distributed from the Rural Fire Protection Program Fund for that purpose holds a lease for a period of not less than ten (10) years, with provision for renewal annually, to land on which it proposes to construct such building. Provided, however that this provision shall not prohibit construction or location of a fire station on land donated in whole or in part to the participant for the purpose, and use of the Rural Fire Protection Program Fund monies for the construction or location, where the donor has received the right of reversion of such land under the stated conditions, if such use be appropriate and reasonable.

13. Do you have a fire station now? Yes\_\_\_\_\_ No\_\_\_\_\_

**ANSWER ONLY ONE OF THE FOLLOWING QUESTIONS**

14. Is the grant you are seeking for expansion of your existing fire station? Yes\_\_\_\_\_ No\_\_\_\_\_
- Proposed additional square footage \_\_\_\_\_
- a. Is the proposed expansion to provide adequate space for apparatus?  
Yes\_\_\_\_\_ No\_\_\_\_\_
- b. Is the proposed expansion to provide room for class space, officer's desk(s), files, etc.?  
Yes\_\_\_\_\_ No\_\_\_\_\_
- c. Is the proposed expansion for fund raising occasions (may include kitchen and restrooms)?  
Yes\_\_\_\_\_ No\_\_\_\_\_

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15. Is the grant you are seeking for the purpose of completing or repairing your fire station (insulation, concrete floor, heating, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_
16. If adequate space exists for apparatus but it is comprised of two or more structures well apart from one another, or if the fire department or city owns one such structure but must arrange or borrow a second or third building in order to house all apparatus, it may be expected that the fire department may want to consolidate all apparatus under one roof. Is application being made for such purpose? Yes \_\_\_\_\_ No \_\_\_\_\_
17. Is the grant you are seeking for construction of a sub-station, when such station is necessary to satisfy ISO response time or distance requirements? Yes \_\_\_\_\_ No \_\_\_\_\_
- If answer is yes, attach a map showing the location of the new sub-station and each existing fire station within a five (5) mile radius of the proposed sub-station. Map shall depict usable roads and highways and the concentration of population to be served by the proposed sub-station.

**FIRE DEPARTMENT INFORMATION - PLEASE PRINT**

- A. List the name, address, and phone number of person(s) who can be contacted concerning the Rural Fire Grant.

Mayor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City Clerk: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fire Chief: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Persons: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- B. List the name, address, and phone number of person(s) responsible for the following:

Filing Grant Forms: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Handling Invoices: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Ordering Equipment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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