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INTRODUCTION

This procedural guide addresses procedures for the Volunteer Fire Assistance (VFA) Grant Program and includes information for the use of grant funds provided by the VFA and administered by the California Department of Forestry and Fire Protection (CAL FIRE). The VFA Grant Program provides funding to organize, train, and equip fire departments in rural areas and rural communities to prevent and suppress fires.

CAL FIRE is responsible for administering grant funds allocated by the U.S. Department of Agriculture (USDA) Forest Service as authorized by the Cooperative Forestry Assistance Act of 1978, and has been authorized to make awards on a matching basis to public entities such as cities, counties, special districts and volunteer fire departments.

AWARDS ARE PROVIDED ON A REIMBURSABLE BASIS. RECIPIENTS MUST COMPLETE THE APPROVED AWARD PROJECT(S) USING LOCAL FUNDS AND THEN BILL CAL FIRE IN ACCORDANCE WITH THE AWARD AGREEMENT IN ORDER TO RECEIVE THE AWARD FUNDS.

PROVISIONS OF THE COOPERATIVE FORESTRY ASSISTANCE ACT OF 1978

The Act provides for financial assistance to organize, train and equip local forces in rural areas and communities to prevent, control and suppress fires threatening life, resources and other improvements. This assistance is available only to communities with a population under 10,000, however groups of smaller communities (at least one being 10,000 people or less) may join together in a combined effort to service more than 10,000 people.

The level of funding expected for California fluctuates on an annual basis. There is approximately $300,000 in residual funds to be awarded in the current year.

Financial assistance for any project cannot exceed 50% of actual expenditures.

Priority will be given to multi-community projects (serving at least one community under 10,000 people) such as countywide planning, regional coordination groups, and several communities planning protection for an entire rural area.
COMPLYING WITH CIVIL RIGHTS REQUIREMENTS

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination: write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

NATIONAL FIRE PROTECTION ASSOCIATION 1977 AND PERSONAL PROTECTIVE EQUIPMENT

As a result of the recommendation from the 2003 Blue Ribbon Report to the Governor of California, we are including a Grant Assurance section in the VFA Grant application package. By completing and signing the Grant Assurance, you are certifying that your wildland firefighters are fully equipped with appropriate, approved wildland fire response Personal Protective Equipment (PPE) that meets National Fire Protection Association (NFPA) 1977 Standard on Protective Clothing and Equipment for Wildland Fire Fighting and are trained to a proficient level in the use of the PPE.

Departments not currently in compliance with the NFPA 1977 standard for wildland firefighter safety clothing and equipment will only be considered for awards which bring their department into compliance with this standard. This year’s consideration for grant awards will place a higher priority for funding reimbursement of firefighter PPE purchases and associated training for those Departments not currently meeting the standard.

HOW FUNDS CAN BE USED

Cost-share funds will be awarded to local governments to provide assistance to rural areas in upgrading their capability to organize, train, and equip local forces for fire protection. Awards will be limited to a minimum of $500 and a projected maximum of $20,000.

Further assistance may be provided through loans from other sources of Federal funds for purchase of major items of equipment and facilities.

Proposed projects should be compatible with existing protection of state, county, and local areas. Communities or agencies imposing strict boundary limits, i.e., excluding rural residents will not be considered in this program.
The use of funds for new fire engines and other vehicles are not allowed. However, the cost of the conversion of vehicles obtained through the Federal Excess Personal Property Program (FEPP) to water tenders, engines, brush trucks, and equipment trucks may be funded under the VFA grant program.

Training of local fire forces in both wildfire and structural fire techniques is a primary goal of this program. The program should include a basic training program of at least 40 hours. In addition, an advanced training course of at least 40 hours should be developed.

Communications, for alarm systems and dispatch capabilities, should be considered an integral part of the rural fire department. Funds are available for the development and purchase of radio equipment for dispatching centers, vehicles and alert monitors, and pagers.

Requests for construction projects of any type are NOT fundable.

Requests for HAZMAT, extrication, rescue, medical aid, and other non-fire training costs or materials are NOT fundable.

**ELIGIBILITY**

Funding for departments must meet at least one of the following qualifications:

1. A single fire department serving a rural area or a rural community with a population of 10,000 or less.

2. Area fire departments (fire districts, townships, etc.) may serve an aggregate population of greater than 10,000 as long as the service area of the fire department includes a rural area or a rural community having a population of 10,000 or less. The VFA funding must be used to benefit the rural population.

3. A single county or town with a population over 10,000 which is served by two or more fire districts operating entirely within the bounds of the county or town may qualify as long as the service area of a given fire department includes a rural area or a rural community or the population of the fire department's jurisdiction is 10,000 or less. The VFA funding must be used for the rural area.

4. A single community with a population greater than 10,000 and having a single fire department with one or more fire stations may qualify. The fire department must have a service area that includes a rural area or community that does not exceed 10,000 population. Also a single community with a population greater than 10,000 which also provides fire protection to an adjoining rural community of 10,000 or less population by contract may also be eligible provided the VFA funding is used entirely to support the rural community.
A single community fire department serving a population greater than 10,000 and not providing protection to a rural area or to a rural community is **not** eligible for VFA financial assistance.

**APPLICATION INSTRUCTIONS**

Please note that some of the repeated fields between the application and the assurances section will be auto-populated with information already entered along with formula driven sections that cannot be overridden. **Please do not handwrite in answers.** A sample of the application can be found in Appendix B (page 25). You will be able to save your answers on the application form.

- Download the fillable application form from the CAL FIRE VFA webpage.  
  [http://calfire.ca.gov/fire_protection/fire_protection_coop_efforts.php](http://calfire.ca.gov/fire_protection/fire_protection_coop_efforts.php)
- **Section A: Department/Organization**
  Type in provided boxes:
  - The organization name that is applying for grant funds.
  - The first and last name of the contact person for the organization.
  - The mailing address of the organization including street, city, county, state, and zip code.
  - Use the drop down menu to find the organization’s associated regional CAL FIRE Unit (Go to REGIONAL CAL FIRE UNIT CONTACT INFORMATION on pages 19-22 in this procedural guide to find the organization’s regional CAL FIRE Unit based on county).
  - The phone number and e-mail address for the contact person of the organization.
  - The organization’s DUNS number (a link is provided on the application to check the organization’s DUNS number or to apply for one. After receiving your DUNS number register it with [www.SAM.gov](http://www.SAM.gov)).
- **Section B: Area To Be Served By Award**
  Typed in provided boxes:
  - The number of communities that would be served by the award.
  - The area to be served in square miles.
  - The Congressional District number of area to be served. Replace the “#” with the appropriate Congressional District number. If unsure of the area’s Congressional District number use this link to find it by providing the area’s zip code [http://www.house.gov/representatives/find/](http://www.house.gov/representatives/find/).
  - The population number of area to be served.
  - The annual budget of the organization.
  - The Latitude and Longitude of area to be served. The Latitude must be between 32 and 42 degrees. Longitude must be between 114 and 125 degrees. Latitude and Longitude minutes and seconds must be between 0 and 60. Use a central point in
the organization’s service area for the general area covered by the project. All projects must have a project area.

- **Section C: Activity**
  
  Type in provided boxes:
  - The average annual number of fire incidents.
  - The average annual number of emergency medical services.
  - The average annual number of incidents other than fire and emergency medical services.
  - The total amount of incidents will auto-populate.

- **Section D: Indian Tribal Community** (Fill out only if the project area includes an Indian Tribal Community)
  Type in provided boxes:
  - The population of the Indian Tribal Community.
  - The number of acres in the Indian Tribal Community.
  - The number of structures in the Indian Tribal Community.
  - The distance to the nearest fire station in miles from the Indian Tribal Community.

- **Section E: Proposed Project**

  Use the drop down menu under the heading “Type” to list what type of item is being requested – Communications, Equipment-Wildland, Equipment-Structural, Safety-Wildland, Safety-Structural, or Training. **Please list your items by highest priority first!**
  
  o **Communications** includes anything that can receive communications such as radios, handie talkies, pagers, alarm systems, etc. Towers are not acceptable items even if they are portable.
  
  o **Equipment-Wildland** includes tangible items that do not fit in the Communications, Safety or Training categories such as hand tools, fire hoses, nozzles, clamps, etc., which will be used for Wildland firefighting.
  
  o **Equipment-Structural** includes tangible items that do not fit in the Communications, Safety or Training categories such as fire hoses, nozzles, clamps etc., which will be used for Structural firefighting.
  
  o **Safety-Wildland** includes PPE for Wildland firefighting such as Nomex suits, hoods, goggles, Self-contained Breathing Apparatus (SCBA), fire shelters, hydration packs, etc.
  
  o **Safety-Structural** includes PPE for Structural firefighting such as gloves, turnout pants and coats, hoods, goggles, boots, etc.
  
  o **Training** cost includes any skill learned through videos, books, training components, tuition for training offsite, etc. Out of State training is not allowable.
• Under the heading “Item” type in the name of the item being requested. **This item should be your highest priority item.**
• Use the drop down menu under the heading “Quantity” to select how many units of the item is being requested.
• Under the heading “Unit Cost” type in the dollar amount for the individual cost of the item. Unit cost shall be inclusive of sales tax, shipping, maintenance contracts, etc.
• The total amount (quantity x unit cost) will auto-populate for you under the heading “Item Total.”

**Section F: Total Application Amount**
• CAL FIRE USE ONLY. The total amount will auto-populate from Section E’s figures.

**Section G: Additional Information**
• Briefly describe the area to be served in the provided box (fire protection system that is in place, the water system that is in place, the equipment being used, the facilities being used, staffing, and hazards faced, etc.).
• Briefly explain the purpose of the proposed project.
• State how the request(s) will maintain or bring your organization into compliance with NFPA 1977.

**Bottom of Page: Signature** (This is for the printed application that will be mailed in. **The electronic submission should **NOT** have a signature**)
• The grantee’s authorized representative must sign their full name on the line provided in **BLUE INK**.
• The grantee’s authorized representative must date on the line provided.

**Bottom of Page: Name, Title, Date, City**
Type in provided boxes:
• The first and last name of grantee’s authorized representative.
• The title of grantee’s authorized representative.
• The date the application was completed.
• The city name where the application was completed.

**GRANT ASSURANCES PAGE**
• The organization name, the contact’s first and last name, street address, mailing address including street address, city, state and zip code, county name, telephone number, e-mail address, and DUNS number will auto-populate from the first page of the application.
• Read the USDA Forest Service Civil Rights literature.
• Check either box:
  • In compliance with NFPA 1977 and trained in the use of wildland PPE.
Not in compliance with NFPA 1977, but are applying for grant funding to purchase PPE and/or provide required training.

- **Signature:**
  Type in boxes provided:
  - First and last name of authorized agent of organization.
  - Title of authorized agent of the organization.
  - Date of signature.
  - Authorized agent must sign on the signature line in **BLUE INK** (This is for the printed copy that will be mailed in, the electronic submission should **NOT** have a signature).

- **Save the completed application on your computer for the electronic submission** and print out the completed application (5 pages total) for postal mail-in submission.

**APPLICATION SUBMISSION**

Applications are to be submitted by mail and by e-mail. The mailed copy will be used to prepare the official file for the grant. The e-mailed application will provide greater utility for CAL FIRE review as employees in various offices will be tasked with portions of the application review. It will also ensure a speedier processing rate for all applicants. A printed copy with original signature(s) is to be mailed (US Postal Service or other delivery service). The electronic and postal mail application submittals must be postmarked (and sent in the case of e-mail) by May 22, 2017. **Residual Award Funds deadline is September 27, 2017.**

**ELECTRONIC SUBMISSION**

- Make sure that the application is filled out accurately and completely and that it is saved to your computer.
- E-mail the completed form as an attachment to the CAL FIRE grants e-mail inbox at: CALFIRE.Grants@fire.ca.gov.
  - CC yourself as proof that the application was sent on time.
  - In the subject line type “VFA Application” followed by the three letters of your organization’s appointed regional CAL FIRE Unit. For example, an organization in Alpine county, with a CAL FIRE Unit of Amador-El Dorado (AEU) would type this in the subject line: **VFA Application (AEU)**
    - Go to the table labeled **REGIONAL CAL FIRE UNIT CONTACT INFORMATION** on pages 19-22 in this procedural guide to locate your organization’s county and its corresponding CAL FIRE Unit.
- **NO SCANNED COPIES AND NO SIGNATURE FOR THE ELECTRONIC SUBMISSION!**
POSTAL MAIL SUBMISSION

- Print out the completed application form (5 pages total).
- Sign in **BLUE INK** on the appropriate spots.
- Mail the completed application to the CAL FIRE Sacramento Headquarters:

  CAL FIRE
  Grants Management Unit, ATTN: Megan Esfandiary
  P.O. Box 944246
  Sacramento, CA 94244-2460

AWARD NOTIFICATION E-MAIL

If your department/organization’s application is awarded, CAL FIRE will use the e-mail address(s) on your application to notify you. The email will state that your department/organization has been awarded funds and it will contain nine (9) attachments:

- Award Letter
- Instructions
- Copy of awarded Application with award amount included
- Six (6) page Grant Agreement
- Board of Resolution template with sample
- STD. 204 Payee Data Record form (can also be found online https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf).
- STD. 204 SAMPLE Form
- AD-1048 Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions form (can also be found online http://www.ocio.usda.gov/sites/default/files/docs/2012/AD1048-F-01-92.PDF).
- AD-1048 SAMPLE Form

The award notification e-mail will be sent to all awarded applicants approximately two to three months after the application deadline.

If your department/organization’s application is **not** chosen for VFA grant funds CAL FIRE will use the e-mail address(s) on your application to notify you. Applications denied due to insufficient funds will be kept on file in case additional funds become available.
GRANT AGREEMENT INSTRUCTIONS

Once your organization has been chosen to receive award funds, an e-mail with your grant agreement will be sent to you by CAL FIRE. A sample of the VFA Grant Agreement can be found in Appendix C (page 30).

Print out four (4) copies of the grant agreement:

- Fill in the official name of the organization on Page 1, Paragraph 1. The name should be the same as the name used in the Board of Resolution.
- Fill in the contact information on Page 3, Paragraph 11, Addresses.
- Have the Official who is authorized by the Resolution sign and date in BLUE INK, Page 6, Local Agency. The date on the Grant Agreement CANNOT be earlier than the date on the Resolution.

BOARD OF RESOLUTION INSTRUCTIONS AND CORRESPONDING CAL FIRE TEMPLATE

The governing body of your department must adopt a Resolution authorizing its chairperson, fire chief, or any other official to execute the Agreement between your department and CAL FIRE. If your organization does not have a Resolution template, a CAL FIRE Board of Resolution template is provided. A sample of the CAL FIRE Board of Resolution template can be found on Appendix E (page 38).

The Resolution must have original Official signatures in BLUE INK and either Clerk completed Certification of Resolution Section or the Official Seal or a Notary Certification. CAL FIRE will e-mail you the template with a sample and instructions if you are awarded funds.

Below is a sample with instructions on how to fill out the CAL FIRE Board of Resolutions template.

#1 Enter the official name of the county, city, district, fire dept., etc.

#2 Enter the name of the county in which the local agency is located.

#3 Enter the resolution number.

#4 Enter the grant number from Agreement, Page 1, Upper Right Corner, if not already entered (i.e. 7FG17xxx).
#5 Enter the amount from Agreement, Page 2, Paragraph 8, if not already entered (i.e. $10,000).

#6 Enter the name and title of official who is authorized by the Board to sign the contract in **BLUE INK**.

#7 Enter the date, month, and year of the Board meeting at which the resolution is adopted.

#8 Enter the vote. Use either the names of the Board Members or the number vote in each category (i.e. Ayes: 4, Nays: 0, Absent: 1).

#9 Signatures of Board Members signing resolution, in **BLUE INK**. Must be different than the official authorized to sign the Agreement in number 6.

#10 Enter printed names of the Board Members signing resolution.

**CERTIFICATION OF RESOLUTION SECTION**

This section is not required if there is an official seal or a notary certification provided in the OFFICIAL SEAL OR NOTARY CERTIFICATION SECTION.

#11 Enter the printed name of official Certifying Resolution. This must be a different official than the Board Members signing the resolution in #9 and whose names are printed in #10.

#12 Signature in **BLUE INK** of the official certifying the resolution.

#13 Enter the title of the official signing Certification of Resolution.

**OFFICIAL SEAL OR NOTARY CERTIFICATION SECTION**

The Official Seal or Notary Certification is not required if the CERTIFICATION OF RESOLUTION SECTION is completed.

#14 Stamp or emboss the official seal or provide a notary certification below the OFFICIAL SEAL OR NOTARY CERTIFICATION SECTION heading.
BEFORE THE BOARD OF DIRECTORS OF THE
Oakmont Fire Protection District
COUNTY OF Fresno, STATE OF CALIFORNIA

IN THE MATTER OF: Resolution Number: 17-0000
Approving the Department of Forestry and Fire Protection Agreement # 7FG17xxx for services from the date of last signatory on page 6 of the Agreement to June 30, 2018 under the Volunteer Fire Assistance Program of the Cooperative Forestry Assistance Act of 1978.

BE IT RESOLVED by the Board of Directors of the Oakmont Fire Protection District that said Board does hereby approve the Agreement with the California Department of Forestry and Fire Protection dated as of the last signatory date on page 6 of the Agreement, and any amendments thereto. This Agreement provides for an award, during the term of this agreement, under the Volunteer Fire Assistance Program of the Cooperative Fire Assistance Act of 1978 during the State Fiscal Year 2017-18 up to and no more than the amount of $ 10,000.

BE IT FURTHER RESOLVED that John Miller, Fire Chief of said Board be and hereby is authorized to sign and execute said Agreement and any amendments on behalf of the Oakmont Fire Protection District.

The foregoing resolution was duly passed and adopted by the Board of Directors of the Oakmont Fire Protection District, at a regular meeting thereof, held on the 22nd day of October, 2017 by the following vote:

AYES: STOVER, TOWER, KERNS, OSGOOD
NAYS: NONE
ABSENT: HARRIS

Signature, Board of Directors Member

Steven Kerns, Board Member
Printed Name and Title
Signature, Board of Directors Member

James Tower, Director
Printed Name and Title

------CERTIFICATION OF RESOLUTION------
ATTEST:

I, Sarah Osgood, Clerk of the Oakmont Fire Protection District, County of Fresno, California do hereby certify that this is a true and correct copy of the original Resolution Number 17-0000.

WITNESS MY HAND OR THE SEAL OF THE Oakmont Fire Protection District on this 22nd day of October, 2017.

Signature
Clerk of the Board, Oakmont Fire Protection District
Title and Name of Local Agency

#1
#2
#3
#4
#5
#6
#7
#8
#9
#10
#11
#12
#13
#14
GRANT AGREEMENT PACKAGE SUBMISSION

- Four (4) original copies of the Grant Agreement signed and dated in BLUE INK.
- Completed Board Resolution signed and dated in BLUE INK.
- Completed STD-204 Payee Data Record form found here: https://wwwdocuments.dgs.ca.gov/dgs/fmc/pdf/std204.pdf.
- *Compile all of the listed documents and mail the completed package no later than December 1, 2017 (Residual Award Funds deadline is December 29, 2017) to:

  CAL FIRE
  Grants Management Unit, ATTN: Megan Esfandiary
  P.O. Box 944246
  Sacramento, CA  94244-2460

*A Grant Equipment Justification form must be filled out only for applicants approved to purchase a unit of equipment that is $5,000 or more. The form will be included in the Grant Agreement package from CAL FIRE for required awardees.
IMPORTANT DATES

- **May 22, 2017**
  - **Residual Award Funds: September 27, 2017**
    The downloaded fillable application must be completed and submitted to the CAL FIRE GRANTS e-mail inbox by 11:59 PM.

    A printed *signed* copy of the downloaded fillable application must be mailed to the CAL FIRE Sacramento Headquarters. Any applications postmarked after this date will not be considered for funding.

- **July-August 2017**
  - **Residual Award Funds: October 2017**
    CAL FIRE anticipates completing the application review process and will notify applicants receiving an award with an e-mailed Award Letter, Instructions, Copy of awarded Application, Grant Agreement, and Board of Resolutions template and sample, STD. 204 Payee Data Record form, and the AD-1048 Debarment, Suspension, Ineligibility and Voluntary Exclusion form.

- **December 1, 2017**
  - **Residual Award Funds: December 29, 2017**
    Awarded applicants must have completed and submitted their Grant Agreement package with wet signatures in **BLUE INK** to the CAL FIRE Sacramento Headquarters.

- **January 31, 2018**
  - **Residual Award Funds: December 29, 2017**
    CAL FIRE will mail back Grant Agreements with a CAL FIRE signature of approval. Once CAL FIRE approved Grant Agreements are received by awardees funds can be spent.

- **June 30, 2018**
  - **Residual Award Funds: December 29, 2017**
    Awarded applicants must have completed their approved project(s). All invoices with purchase dates after June 30, 2018 will not be reimbursed.

- **September 1, 2018**
  - **Residual Award Funds: December 29, 2017**
    All invoices with proof of purchase must be submitted to the CAL FIRE Sacramento Headquarters for processing and reimbursement.

*Please anticipate payments up to eight weeks after invoices have been submitted, however invoices received towards the end of the State fiscal year, June 30, may have a longer reimbursement date.*

*Grant Agreements submitted earlier may receive their approved Grant Agreement earlier and can begin spending at the earlier date.*
CAL FIRE HEADQUARTER CONTACT INFORMATION

MAILING ADDRESS:
CAL FIRE
Grants Management Unit, Attn: Megan Esfandiary
P.O. Box 944246
Sacramento, CA
94244-4260

COOPERATOR PROGRAM CONTACT:

Tanya Lange, Deputy Chief
Phone: (916) 653-8362
FAX: (916) 653-9708
E-mail: Tanya.Lange@fire.ca.gov

The Cooperator Program contact is available for questions concerning allowable purchases.

COOPERATOR ADMINISTRATIVE CONTACT:

Megan Esfandiary, Grant Analyst
Phone: (916) 653-3649
FAX: (916) 653-8957
E-mail: Megan.Esfandiary@fire.ca.gov

The Cooperator Administrative contact is available for questions concerning invoices, billings, payments, deadlines, application instructions, agreement instructions, and any other administrative issues.
<table>
<thead>
<tr>
<th>COUNTY</th>
<th>CAL FIRE UNIT</th>
<th>ADDRESS</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
<td>Santa Clara (SCU)</td>
<td>15670 Monterey St. Morgan Hill 95037</td>
<td>(408) 779-2121</td>
</tr>
<tr>
<td>Alpine</td>
<td>Amador-El Dorado (AEU)</td>
<td>2840 Mt. Danaher Rd. Camino 95709</td>
<td>(530) 644-2345</td>
</tr>
<tr>
<td>Amador</td>
<td>Amador-El Dorado (AEU)</td>
<td>2840 Mt. Danaher Rd. Camino 95709</td>
<td>(530) 644-2345</td>
</tr>
<tr>
<td>Butte</td>
<td>Butte (BTU)</td>
<td>176 Nelson Ave. Oroville 95965</td>
<td>(530) 538-7111</td>
</tr>
<tr>
<td>Calaveras</td>
<td>Tuolumne-Calaveras (TCU)</td>
<td>785 Mtn. Ranch Rd. San Andreas 95249</td>
<td>(209) 754-3831</td>
</tr>
<tr>
<td>Colusa</td>
<td>Lake-Napa-Sonoma (LNU)</td>
<td>1199 Big Tree Rd. St. Helena 94574</td>
<td>(707) 967-1400</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>Santa Clara (SCU)</td>
<td>15670 Monterey St. Morgan Hill 95037</td>
<td>(408) 779-2121</td>
</tr>
<tr>
<td>Del Norte</td>
<td>Humboldt-Del Norte (HUU)</td>
<td>118 S. Fortuna Blvd. Fortuna 95540-2796</td>
<td>(707) 725-4413</td>
</tr>
<tr>
<td>El Dorado</td>
<td>Amador-El Dorado (AEU)</td>
<td>2840 Mt. Danaher Rd. Camino 95709</td>
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APPENDICES

APPENDIX A: CHECKLISTS

APPLICATION

☐ Download the fillable electronic application, complete, and submit it to the CAL FIRE Grants e-mail inbox at CALFIRE.Grants@fire.ca.gov.

☐ Print the electronic application and ensure signatures and dates are in BLUE INK where appropriate and mail it to the CAL FIRE Sacramento Headquarters by May 22, 2017. Residual Award Funds deadline is September 27, 2017.

☐ Wait for an Award Notification or Rejection Notification to come via e-mail.

THE FOLLOWING IS ONLY APPLICABLE IF AN AWARD NOTIFICATION E-MAIL IS RECEIVED!

GRANT AGREEMENT PACKAGE

☐ Receive Award Notification e-mail from CAL FIRE with Grant Agreement package to fill out.

☐ Print out four (4) copies of the Grant Agreement and complete each copy.

☐ Sign and date all four (4) copies of the Grant Agreement in BLUE INK.

☐ Complete a Board of Resolution and have it signed and dated in BLUE INK.

☐ Complete the STD-204 Payee Data Record https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf.

☐ Complete the AD-1048 Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions http://www.ocio.usda.gov/sites/default/files/docs/2012/AD1048-F-01-92.PDF.

☐ Mail the completed package no later than December 1, 2017 (Residual Award Funds deadline is December 29, 2017) to:
  CAL FIRE
  Grants Management Unit, ATTN: Megan Esfandiary
  P.O. Box 944246
  Sacramento, CA  94244-2460
PURCHASES AND INVOICES

☐ Begin purchasing items funded by the award AFTER YOU RECEIVE A SIGNED
GRANT AGREEMENT FROM THE CAL FIRE GRANTS MANAGEMENT UNIT
(You can expect your Grant Agreement to be mailed back to you with a signature of
approval around January 2018).

☐ Complete the provided CAL FIRE invoice coversheet (included in the Grant Agreement
package signed and sent by CAL FIRE authorizing the spending of funds).

☐ Submit invoices for purchases made between the time you received an approved Grant
Agreement signed by CAL FIRE and June 30, 2018.

☐ Mail invoice coversheet and corresponding invoices with proof of payment to:

CAL FIRE
Grants Management Unit, ATTN: Megan Esfandiary
P.O. Box 944246
Sacramento, CA  94244-2460
APPENDIX B: APPLICATION SAMPLE

CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
APPLICATION FOR FUNDING
COOPERATIVE FORESTRY ASSISTANCE ACT OF 1978
VOLUNTEER FIRE ASSISTANCE (VFA) PROGRAM
Agreement #7FG ________

A. DEPARTMENT/ORGANIZATION:

Organization Name:
Contact's First Name:  Contact's Last Name:
Street Address:
Mailing Address:
City:  County:  Zip Code:
State:  CAL FIRE Unit:
Phone Number:  Email Address:
DUNS Number:  To check to see what your DUNS number is, or to apply for one, please go to:
https://update.ddc.gov/iUpdate/compregister.htm

B. AREA TO BE SERVED BY AWARD (Include areas covered by contracts and other mutual aid agreements):

Number of Communities:  Area:  Miles:  Congressional District #:  CA-#

Population:  Annual Budget:

Latitude  Longitude

Latitude must be between 23° 42' N and 42° S and longitude between 114° and 125° W. Use a central point in the area served by the project. Use a map for complex area if necessary. Ignore area outside project.

All projects must be within project area.

C. ACTIVITY: Actual number of emergency incidents:

Fire:  EMS:  Other:  = TOTAL:

D. INDIAN TRIBAL COMMUNITY (If project includes an Indian Tribal Community, please provide):

Population:  Size (acres):  # of structures:  Distance to nearest fire station (miles):

CAL FIRE USE ONLY (Formula-driven)

Project Total Cost

TOTAL APPLICATION REQUEST (up to 50%; $500 minimum, $20,000 maximum)  $0.00

AMOUNT FUNDED FOR THIS AGREEMENT

Organization Name:  

Page 1 of 5
E. Proposed Project (List individual items for funding. Please put in funding priority order):

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F. CAL FIRE USE ONLY (Formula-Driven) PROJECT TOTAL COST

Organization Name:
G. ADDITIONAL INFORMATION 1. Briefly describe the area to be served: fire protection system, water system, equipment, facilities, staffing, hazards, etc. and purpose of proposed project. 2. How will the request(s) maintain or bring your organization into compliance with NFPA 1977: Limited to space below.

In addition to the original request, Applicants may list alternative projects for excess or unused funds, which the State will review during the initial application process. The State will determine which of the Applicant’s projects are eligible for funding if excess or unused funds become available. Upon written approval by the State, the applicant may use additional/excess funding up to the contract maximum amount to purchase unbudgeted items in listed order of priority on their application.

Deviations from the original application are considered an amendment and require prior approval before the amended expenditures can be made.

The funds will be only for those projects accomplished and/or items purchased between Agreement Approval Date and June 30, 2018. The Recipient agrees to provide CAL FIRE with itemized documentation of the Agreement project expenditures and bill CAL FIRE as soon as the project is complete, but no later than September 30, 2018.

The Recipient gives CAL FIRE or any authorized representative access to examine all records, books, papers, or documents relating to the Agreement. The Recipient shall hold harmless CAL FIRE and its employees for any liability or injury suffered through the use of property or equipment acquired under this Agreement. The applicant certifies that to the best of applicant’s knowledge and belief, the data in this application is true.

I certify that the above and attached information is true and correct:

Original Signature Required: Grantee’s Authorized Representative

Printed Name

Title

Executed on: Date

at: City

Organization Name:
for
Cooperative Forestry Assistance Act of 1978
Volunteer Fire Assistance (VFA)

Organization Name:

Contact's First Name: 
Contact's Last Name:

Street Address:

Mailing Address:

City: 
County: 
Zip Code: 

State: California 
CAL FIRE Unit:

Phone Number: 
Email Address:

DUNS Number: 
To check to see what your DUNS number is, or to apply for one, please go to:
https://update.dnb.com/Update/companylookup.htm

As the duly authorized representative of the applicant, I certify that the applicant meets the above:

1. Has the legal authority to apply for the Volunteer Fire Assistance Act of the Cooperative Forestry Assistance Act of 1978 and has the institutional, managerial and financial capability to ensure proper planning, management, and completion of the grant.

2. Will assure that grant funds are used only as requested and approved in the application.

3. Assures that all wildland fire suppression employees (including the applicant) are fully equipped with appropriate wildland fire suppression personal protective equipment. (e.g. NFPA 1971, Standard for Protective Clothing and Equipment for Wildland Fire Fighting. Firefighters are trained to a competent level in the use of the personal protective equipment. Wildland fire suppression safety clothing and equipment are:

- Safety helmets
- Fire Protection suit (i.e. Nomex) hood, shroud, or equivalent face and neck protection
- Fire retardant (i.e. Nomex) shirt and pants
- Boots
- Gloves
- Safety work boots
- Wildland fire shelter
- Communications equipment

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain for themselves or others, particularly those with whom they have a family, business or other ties.

6. Will comply with all applicable requirements of all other federal laws, Executive orders, regulations, Program and Administrative requirements, policies and other requirements governing this program.

7. Will comply with USDA Forest Service Civil Rights requirements. See Forest Service Civil Rights literature here.

8. Understands that failure to comply with any of the above assurances may result in suspension, termination or reduction of grant funds.

Organization Name:  
Page 4 of 5
☐ In compliance with NFPA 1977 and trained in the use of Wildland PPE.

☐ Not in compliance with NFPA 1977 but are applying for grant funding to purchase PPE and/or provide required training.

The undersigned represents that he/she is authorized by the above named applicant to enter into this agreement for and on behalf of the said applicant.

Printed Name of Authorized Agent: 

Signature of Authorized Agent: 

Title of Authorized Agent: 

Date: 

Organization Name:
APPENDIX C: GRANT AGREEMENT SAMPLE

DEPARTMENT OF FORESTRY AND FIRE PROTECTION

STATE OF CALIFORNIA
Natural Resources Agency

Agreement for the Volunteer Fire Assistance Program of the
Cooperative Forestry Assistance Act of 1978

THIS AGREEMENT, made and entered into ON THE LAST SIGNATORY DATE ON PAGE 6, by
and between the STATE of California, acting through the Director of the Department of Forestry and Fire
Protection hereinafter called “STATE”, and ___________________________________________
hereinafter called “LOCAL AGENCY”, covenants as follows:

RECITALS:

1. STATE has been approved as an agent of the United States Department of Agriculture, (USDA),
   Forest Service for the purpose of administering the Cooperative Forestry Assistance Act (CFAA)
   of 1978 (PL 95-313, United States Code, Title 16, Chapter 41, Section 2010 et seq., Volunteer
   Fire Assistance Program), hereinafter referred to as “VFA”, and

2. The VFA has made funds available to STATE for redistribution, under certain terms and
   conditions, to LOCAL AGENCY to assist LOCAL AGENCY to upgrade its fire protection
   capability, and

3. LOCAL AGENCY desires to participate in said VFA.

NOW THEREFORE, it is mutually agreed between the parties as follows:

4. **APPROVAL:** This Agreement is of no force or effect until signed by both parties and
   approved by the Department of General Services, if required. LOCAL AGENCY may not
   commence performance until such approval has been obtained.

5. **TIMELINESS:** Time is of the essence in this Agreement.

6. **FORFEITURE OF AWARD:** LOCAL AGENCY must return this Agreement and required
   resolution properly signed and executed to STATE at the address specified in paragraph 11,
   with a postmark no later than December 1, 2017 or LOCAL AGENCY will forfeit the
   funds.
7. **GRANT AND BUDGET CONTINGENCY CLAUSE:** It is mutually understood between the parties that this Agreement may have been written for the mutual benefit of both parties before ascertaining the availability of congressional appropriation of funds, to avoid program and fiscal delays that would occur if the Agreement were executed after that determination was made.

This Agreement is valid and enforceable only if sufficient funds are made available to the STATE by the United States Government for the State Fiscal Year 2016 for the purpose of this program. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or to any statute enacted by the Congress that may affect the provisions, terms, or funding of this Agreement in any manner.

The parties mutually agree that if the Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.

The STATE has the option to invalidate the Agreement under the 30-day cancellation clause or to amend the Agreement to reflect any reduction in funds.

8. **REIMBURSEMENT:** STATE will reimburse LOCAL AGENCY, from funds made available to STATE by the Federal Government, an amount not to exceed the Awarded Amount on a 50/50 matching funds basis, for the performance of specific projects and/or purchase of specific items identified in Exhibit(s) A, Application for Funding, attached hereto. **Reimbursement will be only for those projects accomplished and/or items purchased between THE LAST SIGNATORY DATE ON PAGE 6 and JUNE 30, 2018.** This sum is the sole and maximum payment that STATE will make pursuant to this Agreement. LOCAL AGENCY must bill STATE, in triplicate at the address specified in paragraph 11, with a postmark no later than September 1, 2018 in order to receive the funds. The bill submitted by LOCAL AGENCY must clearly delineate the projects performed and/or items purchased. A vendor’s invoice or proof of payment to vendor(s) must be included for items purchased.

9. **LIMITATIONS:** Expenditure of the funds distributed by STATE herein is subject to the same limitations as placed by the VFA, upon expenditure of United States Government Funds. Pursuant to section 7 of the Code of Federal Regulations, Section 3016.32 subject to the obligations and conditions set forth in that section; title to any equipment and supplies acquired under this Agreement vests with the LOCAL AGENCY. For any equipment items over $5,000, the federal government may retain a vested interested in accordance with paragraph 16 below.

10. **MATCHING FUNDS:** Any and all funds paid to LOCAL AGENCY under the terms of this Agreement, hereinafter referred to as “VFA Funds”, shall be matched by LOCAL AGENCY on a dollar-for-dollar basis, for each project listed on attachment(s) hereto identified as “Exhibit(s) A”. No amount of unpaid “contributed” or “volunteer” labor or services shall be used or consigned in calculating the matching amount “actually spent” by LOCAL AGENCY.

LOCAL AGENCY shall not use VFA Funds as matching funds for other federal grants, including Department of Interior (USDI) Rural Fire Assistance grants, nor use funds from other federal grants, including USDI Rural Fire Assistance grants, as matching funds for VFA Funds.

11. **ADDRESSES:** The mailing addresses of the parties hereto, for all notices, billings, payments, repayments, or any other activity under the terms of the Agreement, are:
LOCAL AGENCY: __________________________________________________________________________
____________________________________________________________________________________
Attention: __________________________________________________________________________
Telephone Number(s): __________________________________________________________________
FAX Number: __________________________________________________________________________
E-mail ________________________________________________________________________________

STATE: Department of Forestry and Fire Protection
Grants Management Unit, ATTN: Megan Esfandiary
P. O. Box 944246
Sacramento, California 94244-2460
PHONE: (916) 653-3649
FAX (916) 653-8957

12. PURPOSE: Any project to be funded hereunder must be intended to specifically assist LOCAL
AGENCY to organize, train, and/or equip local firefighting forces in the aforementioned rural
area and community to prevent or suppress fires which threaten life, resources, and/or
improvements within the area of operation of LOCAL AGENCY.

13. COMBINING: In the event funds are paid for two or more separate, but closely related projects,
the 50/50 cost-sharing formula will be applied to the total cost of such combined projects.

14. OVERRUNS: In the event that the total cost of a funded project exceeds the estimate of costs
upon which this Agreement is made, LOCAL AGENCY may request additional funds to cover
the Agreement share of the amount exceeded. However, there is no assurance that any such
funds are, or may be, available for reimbursement. Any increase in funding will require an
amendment.

15. UNDERRUNS: In the event that the total cost of a funded project is less than the estimate of
costs upon which this Agreement is made, LOCAL AGENCY may request that additional
eligible projects/items be approved by STATE for Agreement funding. However, there is no
assurance that any such approval will be funded. Approval of additional projects/items, not listed
on the Exhibit A application, made by STATE, will be in writing and will require an amendment.

16. FEDERAL INTEREST IN EQUIPMENT: The Federal Government has a vested interest in any
item purchased with VFA funding in excess of $5,000 regardless of the length of this
Agreement, until such time as the fair market value is less than $5,000. The VFA percentage
used to purchase the equipment will be applied to the sale price and recovered for the
Government during the sale. This percentage will remain the same even following depreciation.
The Federal Government may not have to be reimbursed if the disposal sale amounts to a fair
market value of less than $5,000. LOCAL AGENCY will notify STATE of the disposal of such
items.

17. EQUIPMENT INVENTORY: Any single item purchased in excess of $5,000 will be assigned a
VFA Property Number by the STATE. LOCAL AGENCY shall forward a copy of the purchase
documents listing the item, brand, model, serial number, any LOCAL AGENCY property number
assigned, and a LOCAL AGENCY contact and return address to STATE at the address
specified in paragraph 11. The STATE will advise the LOCAL AGENCY contact of the VFA Property Number assigned.

18. **AUDIT**: LOCAL AGENCY agrees that the STATE, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. LOCAL AGENCY agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. LOCAL AGENCY agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, LOCAL AGENCY agrees to include a similar right of the State of California to audit records and interview staff in any subcontract related to performance of this Agreement. (GC 8546.7, PCC 10115 et seq., CCR Title 2, Section 1896).

19. **DISPUTES**: In the event of any dispute over qualifying matched expenditure of LOCAL AGENCY, the dispute will be decided by STATE and its decision shall be final and binding.

20. **INDEMNIFICATION**: LOCAL AGENCY agrees to indemnify, defend, and save harmless, the STATE, its officers, agents, and employees from and against all claims and losses, accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm, or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by LOCAL AGENCY in the performance of this Agreement.

21. **DRUG-FREE WORKPLACE REQUIREMENTS**: LOCAL AGENCY will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

   a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
b. Establish a Drug-Free Awareness Program to inform employees about:

1) the dangers of drug abuse in the workplace;
2) the person's or organization's policy of maintaining a drug-free workplace;
3) any available counseling, rehabilitation and employee assistance programs; and,
4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

1) receive a copy of the company's drug-free workplace policy statement; and,
2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and LOCAL AGENCY may be ineligible for future funding State Agreement if the department determines that any of the following has occurred: (1) the LOCAL AGENCY has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

22. **TERM:** The term of the Agreement SHALL COMMENCE ON THE LAST SIGNATORY DATE ON PAGE 6 and continue through June 30, 2018.

23. **TERMINATION:** This Agreement may be terminated by either party giving 30 days written notice to the other party or provisions herein amended upon mutual consent of the parties hereto.

24. **AMENDMENTS:** No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.

25. **INDEPENDENT CONTRACTOR:** LOCAL AGENCY, and the agents and employees of LOCAL AGENCY, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the STATE or the Federal Government.
IN WITNESS WHEREOF, the parties have executed this Agreement as of the last signatory date below.

STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY
AND FIRE PROTECTION

LOCAL AGENCY

By: ________________________________
Signature

Dan Sendek
Printed Name
Staff Chief
Cooperative Fire Programs

Last Signatory Date

*Ensure that the officer signing here for LOCAL AGENCY IS THE SAME Officer authorized in the Resolution to execute this Agreement.

**Ensure that the title entered here IS THE SAME title used in the Resolution for the Officer who is executing this Agreement.

***Ensure that the date LOCAL AGENCY signs IS THE SAME DATE as the Resolution date OR LATER.

FOR STATE USE ONLY

<table>
<thead>
<tr>
<th>AMOUNT ENCUMBERED BY THIS DOCUMENT</th>
<th>PROGRAM/CATEGORY (CODE AND TITLE)</th>
<th>FUND TITLE</th>
<th>Department of General Services Use Only</th>
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<th>PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT</th>
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<th>CHAPTER</th>
<th>STATUTE</th>
<th>FISCAL YEAR</th>
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<thead>
<tr>
<th>TOTAL AMOUNT ENCUMBERED TO DATE</th>
<th>OBJECT OF EXPENDITURE (CODE AND TITLE)</th>
</tr>
</thead>
</table>

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.

SIGNATURE OF CDF ACCOUNTING OFFICER

X

T.B.A. NO.  B.R. NO.

DATE

☐ CONTRACTOR  ☐ STATE AGENCY  ☐ DEPT. OF GEN. SER.  ☐ CONTROLLER
APPENDIX D: GRANT AGREEMENT FORM SAMPLES

STD. 204 PAYEE DATA RECORD
https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf

<table>
<thead>
<tr>
<th>PAYEE DATA RECORD</th>
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<tbody>
<tr>
<td>(Required when receiving payment from the State of California in lieu of IRS W-9)</td>
</tr>
<tr>
<td>STD 204 Rev. 6/2019</td>
</tr>
</tbody>
</table>

1. **PAYEE'S LEGAL BUSINESS NAME** (Type or Print)

2. **SOLE PROPRIETOR** - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)
   - E-MAIL ADDRESS
   - MAILING ADDRESS
   - CITY, STATE, ZIP CODE
   - BUSINESS ADDRESS
   - CITY, STATE, ZIP CODE

3. **ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):**
   - [ ] PARTNERSHIP
   - [ ] CORPORATION
   - [ ] ESTATE OR TRUST
   - [ ] OTHER (specify)

4. **PAYEE ENTITY TYPE**
   - [ ] INDIVIDUAL OR SOLE PROPRIETOR
   - [ ] ENTER SOCIAL SECURITY NUMBER
   - [ ] ENTER BUSINESS ENTITY NUMBER

5. **PAYEE RESIDENCE STATUS**
   - [ ] California resident or employee -进驻 California or maintains a permanent place of business in California.
   - [ ] Nonresident - Payments to nonresidents for services may be subject to State income tax withholding.
   - [ ] No business performed in California.
   - [ ] Copy of Franchise Tax Board waiver of State withholding attached.

6. **AUTHORIZED PAYEE REPRESENTATIVE'S NAME** (Type or Print)
   - [ ] TITLE
   - [ ] SIGNATURE
   - [ ] DATE
   - [ ] TELEPHONE

6. **Please return completed form to:**
   - Department/Office: __________________________
   - Unit/Section: __________________________
   - Mailing Address: __________________________
   - City/State/Zip: __________________________
   - Telephone: (____) __________ Fax: (____) __________
   - E-mail Address: __________________________
U.S. DEPARTMENT OF AGRICULTURE

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 C.F.R. part 3017, Section 3017.510, Participants’ responsibilities. The regulations were published as part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

1. The prospective lower tier participant certifies, by signature duly authorized, that neither it nor its principals is presently debarred, suspended, proposed for debarment, or is ineligible, or voluntarily excluded from participation in the transactions of the Department of Agriculture or any Federal department or agency.

2. Where the prospective lower tier participant is applicable, certify to any of the statements in this certification, such prospective participant attach an explanation to this proposal.

Organization Name ____________________________  FR Award Number or Project Name ____________________________

Name(s) and Title(s) of Authorized Representative(s)________________________

________________________
Signature(s)

Date ____________________________

SAMPLE
BEFORE THE BOARD OF DIRECTORS OF THE

COUNTY OF ______________________________, STATE OF CALIFORNIA

IN THE MATTER OF:

Resolution Number:

Approving the Department of Forestry and Fire Protection Agreement # __________ for services from the date of last signatory on page 6 of the Agreement to June 30, 2018 under the Volunteer Fire Assistance Program of the Cooperative Forestry Assistance Act of 1978.

BE IT RESOLVED by the Board of Directors of the ________________________________

that said Board does hereby approve the Agreement with the California Department of Forestry and Fire Protection dated as of the last signatory date on page 6 of the Agreement, and any amendments thereto. This Agreement provides for an award, during the term of this Agreement, under the Volunteer Fire Assistance Program of the Cooperative Fire Assistance Act of 1978 during the State Fiscal Year 2017-18 up to and no more than the amount of $ ______________.

BE IT FURTHER RESOLVED that _______________ of said Board be and hereby is authorized to sign and execute said Agreement and any amendments on behalf of the ________________________________

The foregoing resolution was duly passed and adopted by the Board of Directors of the ________________________________, at a regular meeting thereof, held at ______________, day of ______________, ______________, by the following vote:

AYES: ________________________________

Signature, Board of Directors Member

NAYS: ________________________________

Printed Name and Title

ABSENT: ________________________________

Signature, Board of Directors Member

Printed Name and Title

-----CERTIFICATION OF RESOLUTION-----

ATTEST:

I ________________________________, Clerk of the ________________________________,

County of ________________________________, California do hereby certify that this is a true and correct copy of the original Resolution Number ________________.

WITNESS MY HAND OR THE SEAL OF THE ________________________________, on this ______________ day of ______________, ______________.

OFFICIAL SEAL

OR NOTARY CERTIFICATON

Signature

Title and Name of Local Agency