California Department of Forestry and Fire Protection
2020-2021 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: 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 visit the DUNS Number web page.

B. Area to be served by award (include areas covered by contract or written mutual aid agreements).

Number of Communities: Area: square miles

Congressional District #: CA-##

Population: Annual Budget:

Latitude N ° ' " Longitude W "

(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 Applicant's service area for the general area covered by the project).

All projects **MUST** have a project area.

C. Activity: Annual number of emergency incidents.

Fire: + EMS: + Other: = Total: 0

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)

Total Application Request (up to 50%; $500 minimum, $20,000 maximum)

Project Total Cost: $ 0.00

Amount Funded for this Agreement:

Organization Name:

E. Proposed Project (List individual items for funding. Include tax and shipping in unit cost):

	Type	Item	Quantity	Unit Cost	Item Total
1.					$ 0.00
2.					$ 0.00
3.					$ 0.00
4.					$ 0.00
5.					$ 0.00
6.					$ 0.00
7.					$ 0.00
8.					$ 0.00
9.					$ 0.00
10.					$ 0.00
11.					$ 0.00
12.					$ 0.00
13.					$ 0.00
14.					$ 0.00
15.					$ 0.00
16.					$ 0.00
17.					$ 0.00
18.					$ 0.00
19.					$ 0.00
20.					$ 0.00
21.					$ 0.00
22.					$ 0.00

F. CAL FIRE USE ONLY (Formula-Driven)

Project Total Cost: $ 0.00

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(s), 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 advance written approval by the State, the applicant may use additional/excess funding up to the contract maximum amount to purchase State approved 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, 2021. 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 1, 2021.

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 the 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 — Date Signed

Printed Name: Title:

Executed on: at

Date City

Organization Name:

Grant Assurances 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:

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

1. Has the legal authority to apply for the Volunteer Fires Assistance grant, 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 for items requested and approved in the application.

3. Assures that all wildland fire response employees (full-time, part-time, or volunteer) are fully equipped with appropriated wildland fire response personal protective equipment that meets NFPA 1977, *Standard on Protective Clothing and Equipment for Wildland Fire Fighting*, and are trained to a proficient level in the use of the personal protective equipment. Wildland fire suppression safety clothing, and equipment includes:

   - Safety helmet
   - Goggles
   - Ear Protection
   - Fire-resistant (i.e. Nomex) hood, shroud, or equivalent face and neck protection
   - Fire-resistant (i.e. Nomex) shirt and pants
   - 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 the Forest Service Civil Rights literature on their web page.

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

   ☐ In compliance with NFPA 1977 and trained in the use of Wildland PPE.

   ☐ Not in compliance with NFPA 1977, but applying for grant funding to purchase Wildland 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:

Please submit the completed unsigned application electronically to: CALFIRE.GRANTS@FIRE.CA.GOV.

In addition, please print the application, sign and date, then scan the signed version and send to the email address listed above.

Electronic copy must be submitted by May 21, 2020 at 11:59pm.

Organization Name: