



Volunteer Firefighter Equipment and Training Grant Program Application



Application – Checklist

In 2019, the Tennessee General Assembly created the Volunteer Firefighter Equipment and Training Grant Program with the passage of Public Chapter 497. The program establishes a fund for volunteer fire departments to utilize for necessary equipment and training. The funds can be used to meet federal grant matching requirements for firefighting equipment and training or for local purchases of firefighting equipment. For additional information regarding the Program, please refer to the rules at <https://publications.tnsosfiles.com/rules/0780/0780-02/0780-02-24.20191230.pdf>.

Eligible volunteer fire departments must have a valid recognition certificate from the State Fire Marshal’s Office and must be staffed by less than 51% full-time career firefighters. If you have any questions related to this application, please contact fire.prevention@tn.gov. **All applications must be complete and received by the SFMO by announced application deadline.**

Completing this checklist will help you prepare your Volunteer Firefighter Equipment and Training Grant Program (VFEAT) application. Prior to turning in your application, ensure that you’ve completed or meet the following:

Verify Eligibility	
<input type="checkbox"/>	Verify that fire department recognition is up-to-date pursuant to TCA § 68-102-304
<input type="checkbox"/>	Verify compliance with the National Fire Incident Reporting System (NFIRS) reporting as pursuant to TCA § 68-102-111
Preference Metrics	
<input type="checkbox"/>	Verify that your fire department is current with annual financial report filings with the Comptroller of the Treasury as pursuant to TCA § 68-102-309
<input type="checkbox"/>	Review training records to ensure personnel meet the minimum training requirements established by TCA § 4-24-112 (a) - (e)
<input type="checkbox"/>	Update information in FDTN*
<input type="checkbox"/>	Complete form “Application – Grant Information” (pages 2-3 of this document)
<input type="checkbox"/>	Complete form “Application – Roster (Optional)” (page 4 of this document)
<input type="checkbox"/>	If applying for federal grant match, the award letter is attached
Financial Documents (Must be completed prior to funds being disbursed)	
<input type="checkbox"/>	Register as an Edison vendor
<input type="checkbox"/>	Complete State of Tennessee Supplier Direct Deposit Authorization
<input type="checkbox"/>	Complete Form W-9

*Fire department information for this grant will be pulled from FDTN. To access this portal, visit tnmap.tn.gov/fdtn/. For help logging in, please contact Ali Fontana at Alexandra.Fontana@tn.gov.





Fire Department Name: _____ FDID: _____



Application – Grant Information

Fire Department Information

Fire Department Name: _____

FDID: _____ Federal Employer Identification Number (FEIN): _____

Mailing Address: _____

City: _____ Zip: _____ County: _____

Are the funds requested going to be used for a federal grant match? Yes No

Authorized Representative Information

Title: _____ First Name: _____ Last Name: _____

Phone: _____ Email: _____

Department Statistics

Fires Reported to NFIRS – Series 100: **2016** _____ **2017** _____ **2018** _____

Amount of money expended to operate your fire department (excluding station construction and vehicle/apparatus acquisition) during fiscal year: **2016** \$ _____ **2017** \$ _____ **2018** \$ _____

How much funding are you requesting? \$ _____

How will the proposed expenditures made with this grant assist your department in improving firefighter safety and protecting lives and property in your jurisdiction?

The final portion of this application asks that you attach a roster of active personnel and specify those who meet Tennessee’s minimum firefighter training standard. The roster is optional, but please indicate the following as defined on the final portion as part of a complete application:

Count of career firefighters: _____ Count of volunteer firefighters: _____ Count of personnel trained to the state minimum: _____



Fire Department Name: _____ FDID: _____



I. Existing Personal Protective Equipment to be Replaced

Name of Item	Quantity	Age (Years)
Helmet		
Eye Shields		
Nomex or PBI Hood		
Bunker Coats		
Bunker Pants & Suspenders		
Boots		
Gloves – firefighting		
Other PPE - Describe:		

II. Requested Personal Protective Equipment

Name of Item	Unit Cost	Quantity	Total Cost
Helmet (NFPA 1971, 2018 edition)			
Eye Shields (NFPA 1971, 2018 edition)			
Nomex or PBI Hood (NFPA 1971, 2018 edition)			
Bunker Coats (NFPA 1971, 2018 edition)			
Bunker Pants & Suspenders (NFPA 1971, 2018 edition)			
Boots (NFPA 1971, 2018 edition)			
Gloves – firefighting (NFPA 1971, 2018 edition)			
Other PPE - Describe:			
		Total:	

III. Other Items

Description (<i>attach additional pages if necessary</i>)	Unit Cost	Quantity	Total Cost
		Total:	

By signing below, I affirm that the information contained herein is accurate, and I understand that by making a false statement in this application, I am subject to the penalties of perjury pursuant to Tenn. Code Ann. § 39-16-702(a)(4).

Print Name and Title of Department Representative: _____

Chief Signature: _____ Date: _____

