



Rescue Squads Grant Program Application



Application – Checklist

The Rescue Squads Grant Program establishes a fund for Tennessee rescue squads to utilize for necessary equipment. The funds can be used for local purchases of rescue services equipment. For additional information regarding the program, please refer to the rules at <https://www.tn.gov/commerce/fire/departments/grant-opportunities.html>.

If you have any questions related to this application, please contact sfmo.grants@tn.gov.

All applications must be complete and received by the SFMO by 2:00 pm (Central) February 10, 2023.

Completing this checklist will help you prepare your Rescue Squads Grant Program application. Prior to turning in your application, ensure that you've completed or meet the following:

Verify Eligibility	
<input type="checkbox"/>	Verify active Charter registration with the Secretary of State's Office
<input type="checkbox"/>	Confirm on the Application that the rescue squad is recognized by local government in Tennessee to provide rescue services
<input type="checkbox"/>	Verify that rescue squad has obtained Edison Supplier ID or provided completed W-9 form
Application	
<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)

Application – Grant Information

Rescue Squad Information

Rescue Squad Name: _____

Federal Employer Identification Number (FEIN): _____

Mailing Address: _____

City: _____ Zip: _____ County: _____

Authorized Representative Information

Title: _____ First Name: _____ Last Name: _____

Phone: _____ Email: _____

Rescue Squad Statistics

Total Mission Hours Reported to TARS: **2019** _____ **2020** _____ **2021** _____

Amount of money expended to operate your rescue squad (excluding station construction and vehicle/apparatus acquisition) during fiscal year: **2019** \$ _____ **2020** \$ _____ **2021** \$ _____

How much total funding are you requesting (auto-calculated from page 3)? \$ _____

Please check the type(s) of rescue services provided by your rescue squad:

- EMS SAR Extrication Rope Rescue Water Recovery
- Swift Water Rescue Trench Rescue Structural Collapse OTHER _____

What items are you requesting funding for in this application? How will this grant funding assist your rescue squad in improving safety and protecting lives in your jurisdiction?

Application – Grant Information (Equipment Inventory and Request Details)

All items requested must meet the most current applicable standard. Applicants may attach additional sheets with more information for items that require description.

Item Description	Number of Items in Current Inventory	Number of Items to be Replaced with Funding	Avg Age of Items to be Replaced (in years)	Number of New Items to be Added to Inventory with Funding	Total Number of Items Requested (replacement + new)	Item Price (per unit)	Total Cost
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
TOTAL AMOUNT REQUESTED:							\$

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).

Chief Signature: _____ Date: _____

