

State Fire Assistance Grant Application

FOR OFFICIAL USE ONLY	
State Submitting Project:	
State Priority Number:	
Dollar Amount Requested:	
Matching Share:	

*For guidance on filling in each box in this application, refer to the *Criteria and Instructions*

Applicant Information	
1	Applicant:
	Contact Person:
	Address:
	City/Zip Code:
	Phone (Work/Cell):
	Email:
	Fax:
	Federal Tax ID\DUNS #:

Community At Risk Information	
2	Name of Project:
	Community Name:
	County(ies):
	Congressional District:
	Latitude:

Grant Contributors (Matching Share)							
(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception) Specify each match contributor and the dollar amount of each contribution. DO NOT show grant requested funds in this table. This is for matching share only.							
3	Contributors Name:						TOTAL
	Dollars (Hard Match):						
	In-Kind (Soft Match):						
	TOTAL:						

Total Project Expense (break down matching share totals from block #3)					
4	Budget Detail (Provide additional information in Block 7)	Grant Share (\$ Amount Requested)	Match (from block #3)		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:				
	Fringe Benefits:				
	Travel:				
	Equipment:				
	Supplies:				
	Contractual:				
	Construction:				
	Other:				
	Indirect Costs:				
	TOTAL:				

Budget Narrative	
5	

Project Area Description	
6	

Scope of Work	
7	

8	Project Summary (check all that apply and answer related questions)		
	Project Category 1: Hazard Fuels Reduction / Fire Adapted Ecosystem Restoration		
	Number of acres to be treated:		Estimated cost per acre:
	Number of communities directly affected by this project:		
	Project Category 2: Information & Education		
	Number of citizens to be reached:		
	Project Category 3: Planning		
	Number of residences affected:		

9	Interagency Collaboration	
	Community Wildfire Protection Plan (CWPP)	
	Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines?	
	Is this project part of the plan?	
	Where would we obtain a copy of this plan?	
	Is this project identified in your Statewide Forest Resource Assessment and Strategy?	

10	Project Timeline	

	Maintenance / Sustainability	
11		

	Landscape Scale	
12		

ALL INFORMATION MUST FIT INTO THE BOXES PROVIDED. ATTACHMENTS AND/OR MODIFICATIONS WILL NOT BE CONSIDERED BY THE COMMITTEE.