

# 2015 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 #:

Project Information	
2	Name of Project:
	Community Name:
	County(ies):
	Congressional District:
	Latitude: _____ Longitude: _____

Total Project Expense					
3	Budget Detail (Provide additional information in Block 4)	Grant Share (\$ Amount Requested)	Match		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:				
	Fringe Benefits:				
	Travel:				
	Equipment:				
	Supplies:				
	Contractual:				
	Construction:				
	Other:				
	Indirect Costs:				
	<b>TOTAL:</b>				

	<b>Budget Narrative</b>	
4		

	<b>Project Area Description and Challenges</b>	
5		

	<b>Relation to Forest Action Plan   CWPP</b>	
6		

	<b>Proposed Activities</b>	
7		

	<b>Landscape</b>	
8		

<b>Project Collaboration</b>	
9	

<b>Project Timeline</b>	
10	

<b>Project Sustainability</b>	
11	

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