



Department of Military Affairs and Public Safety

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Charleston, WV 25301

www.firemarshal.wv.gov

WV VOLUNTEER FIRE DEPARTMENT TRAINING AND EQUIPMENT GRANT APPLICATION

FROM THE WEST VIRGINIA STATE FIRE MARSHAL

Overview

The WV Volunteer Fire Department Grant Fund considers grant requests for training, equipment, and community risk reduction efforts for fire departments throughout the great State of West Virginia. We do not make grants to individuals.

We realize that many departments fit these criteria and therefore we ask that the below guidelines be adhered to when submitting your requests for funding.

Lastly and most importantly, the West Virginia State Fire Marshal's Office is looking to partner with support departments that are proactive problem solvers. Please be sure to outline how your department has already taken action to find a solution to your problem related to the areas of training, equipment, and community risk reduction efforts, and how this small Grant Funding program can be a help in ultimately achieving results.

Size of Support

Grant sizes vary but typically range from \$1,500 to \$6,000; in the future the State Fire Marshal's Office may occasionally make larger grants based on the size of the fund. We make no recommendation about the size of the grant your department should ask for, other than to say that you should ask for what you need, and make your very best case as to how that grant will benefit your department and the community it serves.

Application

To apply for funding, please complete the following application. **Please note this application must be submitted by the Chief of the department.** This is a fillable form. Please fill in, print off, and sign in blue ink. You may mail the form to our office.

Sincerely,

Kenneth E. Tyree, Jr.
State Fire Marshal

Visit www.firemarshal.wv.gov

If you have questions about the application,
you may call (304) 558-2191, ext. 53224.

Please mail your application to:
VFD TRAINING & EQUIPMENT GRANT
WV State Fire Marshal's Office
1207 Quarrier St., 2nd Floor
Charleston, WV 25301

WV VOLUNTEER FIRE DEPARTMENT TRAINING AND EQUIPMENT GRANT APPLICATION

Fire Department Name:

FDID Number:

Chief's Home Address:

City, State, Zip code:

Home Phone:

Mobile Phone:

Email Address:

Date:

Prepared By: [Fire Chief's Printed Name] _____
[Title] _____

Signature of the Fire Chief (blue ink only): _____

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NOTE: Please attach additional sheets to answer any of the following questions if necessary. Again, if you have the exact information readily available, please provide the same. If, however, you do not have this information, you may provide reasonable estimates to answer the questions.

ORGANIZATION INFORMATION

Profile

Fire Chief:

Board President (if applicable):

Number of Chief Officers:

Number of Line Officers:

Number of Active Members:

Number of Inactive/Support/Honorary:

Does the Department have **current** Bylaws?:

Are the Bylaws actively followed and enforced?

General Information

Type of Organization

County (Volunteer)

Corporation/Incorporated (Combination)

Corporation/Incorporation (Volunteer)

Municipal (Combination)

Other

Detailed Information

Complete Mailing address:

Primary Physical Address:

Primary phone:

E-mail:

Number of all calls (fire **and** non-fire) dispatched in 2018:

Number of all calls (fire **and** non-fire) responded to:

Are all calls responded to entered into the NFIRS system?

Population of your town/city and any surrounding areas that your department serves:

FUNDING/INCOME SOURCES

Specific Funding Sources		
Source	Yes	Amount Received
Federal Appropriations	<input type="checkbox"/>	
State Appropriations	<input type="checkbox"/>	
County Fire Fee	<input type="checkbox"/>	
County Fire Levy	<input type="checkbox"/>	
Other County Allocation	<input type="checkbox"/>	
Municipal Allocations	<input type="checkbox"/>	
Federal Grant	<input type="checkbox"/>	
Other Grant	<input type="checkbox"/>	
Unsolicited Donations	<input type="checkbox"/>	
Solicited Donations	<input type="checkbox"/>	
Fundraising Activities	<input type="checkbox"/>	
Bingo, photography or other service exchanged fundraising	<input type="checkbox"/>	
Ambulance / EMS Services	<input type="checkbox"/>	
Other Income	<input type="checkbox"/>	
List any comment you may have to explain the above information:		

OPERATIONAL COSTS

Current Assets	
Total checking account balance: \$	Bank:
Total savings account balance: \$	Bank:
Value of stocks and bonds: \$	
Value of real estate owned: \$	
Value of personal property/equipment: \$	
Value of vehicle(s): \$	
Other current assets: \$	
Total asset value: \$	

Current Liabilities	
Real estate mortgage loan amount: \$	Annual Cost: \$
Improvement or other loan amount: \$	Annual Cost: \$
Charge accounts (include all account balances): \$	Annual Cost: \$
Vehicle loan amount(s): \$	Annual Cost: \$
Workers' Compensation Premiums: \$	Annual Cost: \$
All other liabilities (e.g. utilities, insurance, repairs, maintenance, etc.): \$	Annual Cost: \$
	Total Annually: \$
Has your department availed itself of available statewide contracts?	

FINANCIAL AND LOSS PREVENTION ACCOUNTABILITY

Financial Accountability	
<input type="checkbox"/> Last Audit by State Legislative Auditor	Date:
<input type="checkbox"/> Last Audit by State Auditor's Office (Municipality Only)	Date:
<input type="checkbox"/> Last Audit by other Governmental Auditor (if any)	Date:
<input type="checkbox"/> Last Audit by Independent Auditor or CPA	Date:
<input type="checkbox"/> Last In-house (uncertified) Financial Audit	Date:
<input type="checkbox"/> Findings of Audit(s). Specify:	
Financial Record Keeper	
Name:	Address:
Phone:	E-mail:
Comments:	

GRANT REQUEST INFORMATION

Type of Grant

Training: Equipment:

Estimated value of the grant your department is requesting: \$

Description

Please describe how the grant will be utilized and the timeline for implementation:

Justification

Why is your department requesting this grant? Please include challenges your department faces:

Efforts Made by Your Department

What steps have been taken and/or commitments made by your department/jurisdiction to try to meet this need of the department?

Other Funding Sources Sought

Indicate if you have reached out to others for similar funding. Reference any other sources being approached for support of this project.: