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Rhode Island Volunteer Fire Assistance (VFA) Grant GRANT APPLICATION FORM



Applicant (Organization) Name:		
Project Location (City):	(County):	
Address:		
City:	State: RI	Zip Code:
Primary Contact Person and Title:		
Contact Phone:	E-mail:	
Secondary Contact Person and Title:		
Contact Phone:	E-mail:	
Employer Identification Number (EIN):	<input type="checkbox"/> Applicant is the local rural Fire Department (pop \leq 10,000) Name _____ <input type="checkbox"/> Applicant is a larger community/county that provides contractual fire-fighting services to a rural community/area with a pop \leq 10,000 Community/County applicant name _____ Rural Community/Area the project will serve _____ <input type="checkbox"/> Applicant is a station in a larger community whose specific jurisdiction includes a rural community/area \leq 10,000 pop Community/County applicant name _____ Fire Station/District name/# _____ Rural Community/Area the project will serve _____	
Unique Entity Identifier (https://sam.gov/content/home):		
Brief Description of Project:		
Grant Funds Requested \$ _____		
Cash Match \$ _____		
In-Kind Match \$ _____		
Total Amount of Project \$ _____		
Complete ALL fields on this application form and attach:		
<input type="checkbox"/> NARRATIVE – on ONE sheet of paper: 1. Describe the project and how it meets the goals of wild land fire suppression in your community. 2. Describe how the project adheres to the guidelines.		
<input type="checkbox"/> BUDGET – On ONE sheet of paper: 1. List the budget – supplies – labor – equipment – source of match		
BOARD: Is this applicant organization registered as a vendor at www.ridop.ri.gov/vendor-registration/ Yes ___ No ___		

I HEREBY CERTIFY THAT I HAVE READ THE APPLICATION AND WILL ADHERE TO ALL RULES, REGULATIONS, GUIDELINES AND DEADLINES. I HAVE READ THE ELIGIBILITY REQUIREMENTS AND WE QUALIFY TO APPLY FOR THIS GRANT.

FOR (organization): _____

Printed Name of Authorized Representative

Title/Position

Signature of Authorized Representative

Date