



VIRGINIA FIRE SERVICES BOARD REGIONAL FIRE SERVICES TRAINING FACILITIES GRANT APPLICATION

GENERAL INSTRUCTIONS & NOTICES

- Applicants are directed to "**Regional Fire Services Training Facilities Grant Program Policy**" as amended for the current funding year which is incorporated by reference to all applications and any subsequent awards. (Such practices document is inclusive of all terms & conditions.)
- The filing of an application does not bind the Board to award nor the Department to pay any such grant.
- Incomplete applications and those received after the deadline will not be considered.

(Deadline each year): **September 1st** postmarked

- Completed applications executed by the competent authority will only be accepted directly from jurisdictions not fire departments.
- Timeliness of filing and subsequent receipt by the Agency are solely the applicant's responsibility – all applications must be completed and sent directly to:

Address:
VDFP Grants Manager,
1005 Technology Park Drive, Glen Allen, VA
23059-4500

- All decisions regarding grant awards made by the Board are final; applicants may appeal decisions in writing to the address provided above within 15 business days of the notice of awards.

A. APPLICANT INFORMATION

1	Title of Jurisdiction Making Application (Check only one, then make entry)	County of: City of: Incorporated Town of:
2	Employer Identification Number (EIN) (9 digits)	
3	Principal Point of Contact (Include salutation, name & title.)	
4	Mailing Address (Include zip code+4) Identify COUNTY if appropriate	
5	Telephone Number	
6	Fax Number	
7	E-mail address	

B. ADDITIONAL PARTIES

- Identify ALL jurisdictions (Not Fire Departments) participating in the proposed project.
- Attach additional sheets as may be required.

1	Formal Agreement Among Parties	<p>In accordance with Program Policy, multi-jurisdictional regional training partnerships must be documented (e.g. MOA, MOU, etc.) as required supporting documentation to the Application for consideration of Program funding.</p> <p>A copy of the Agreement has been attached to this application.</p> <p align="center">Yes No</p> <p><i>If a copy of the Agreement has not been attached as required supporting documentation, this Application will be considered incomplete and funding will not be approved.</i></p>
---	--------------------------------	---

- **Reproduce and complete as many additional blocks as may be necessary for complete disclosure.**

2a.	Complete <u>one each</u> for ALL other parties of Interest	Number _____ of a total of _____ parties to proposed project. (Count the LEAD Locality as #1, thereby start with #2.)
2b.	Title of Jurisdiction making Application (Check _____ only one, then make entry)	County of: City of: Incorporated Town of:
2c.	Employer Identification Number (EIN) (9 digits)	
2d.	Principal Point of Contact (Include salutation, name & title.)	
2e.	Mailing Address (Include zip code+4) Identify COUNTY if appropriate	
2f.	Telephone Number	
2g.	Fax Number	
2h.	E-mail address	

- **Reproduce and complete as many additional blocks as may be necessary for complete disclosure.**

3a.	Complete <u>one each</u> for ALL other parties of Interest	Number _____ of a total of _____ parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
3b.	Title of Jurisdiction Making Application (Check _____ only one, then make entry)	County of: City of: Incorporated Town Of:
3c.	Employer Identification Number (EIN) (9 digits)	
3d.	Principal Point of Contact (Include salutation, name & title.)	
3e.	Mailing Address (Include zip code+4) Identify COUNTY if appropriate	
3f.	Telephone Number	
3g.	Fax Number	
3h.	E-mail address	

- **Reproduce and complete as many additional blocks as may be necessary for complete disclosure.**

4a.	Complete <u>one each</u> for ALL other Parties of Interest	Number _____ of a total of parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
4b.	Title of Jurisdiction making Application (Check _____ only one, then make entry)	County of: City of: Incorporated Town of:
4c.	Employer Identification Number (EIN) (9 digits)	
4d.	Principal Point of Contact (Include salutation, name & title.)	
4e.	Mailing Address (Include zip code+4) Identify COUNTY if appropriate	
4f.	Telephone Number	
4g.	Fax Number	
4h.	E-mail address	

C. PREVIOUS APPLICATIONS OR AWARDS

1.	Has the Applicant previously applied for a RFSTF Grant from the Board? Check one that applies	No	Yes
2.	Has the Applicant previously received a RFSTF Grant from the Board? Check one that applies	No	Yes
3.	If yes what year and how much was the award.	Year	Amount

D.MATCHING / COST SHARE

1.	Which statement best describes the matching funds contributions? <i>Check one that applies</i>	50%	20%	None
-----------	---	-----	-----	------

E. ATL FUNDING

1a.	What is the amount of the lead Applicant's last Aid to Localities (ATL) allocation from the Fire Programs? <i>Check one and complete as necessary</i>	\$15,000 or \$30,000 exactly Other - Enter amount here
1b.	Did the lead Applicant have cash carry forward balance on their last ATL report? <i>Check one and complete as necessary</i>	Yes No If "Yes", enter carry forward amount:

<p>2a.</p>	<p>What is the amount of the other jurisdiction's <u>last</u> Aid to Localities(ATL) allocation?</p> <p><i>Check one and complete as necessary</i></p>	<p>\$15,000 or \$30,000 exactly</p> <p>Other - Enter amount here</p>
<p>2b.</p>	<p>Did the jurisdiction have cash carry forward balance on their last ATL report?</p> <p><i>Check one and complete as necessary</i></p>	<p>Yes No</p> <p>If "Yes", enter carry forward amount:</p>
<p>3a.</p>	<p>What is the amount of the other jurisdiction's <u>last</u> Aid to Localities (ATL) allocation?</p> <p><i>Check one and complete as necessary</i></p>	<p>\$15,000 or \$30,000 exactly</p> <p>Other - Enter amount here</p>
<p>3b.</p>	<p>Did the jurisdiction have cash carry forward balance on their last ATL report?</p> <p><i>Check one and complete necessary</i></p>	<p>Yes No</p> <p>If "Yes", enter carry forward amount:</p>

F. PROJECT NARRATIVES

Financial Need

- Please provide a description of your locality's funding need.

- Please utilize Continuation Sheet F to elaborate further on your financial need.

Impact on Training

- Please provide a description of the impact not receiving the funding will have on your locality.

- Please utilize Continuation Sheet F to elaborate further on the impact on training.

CONTINUATION SHEET F

Financial Need:

[Empty rectangular box for Financial Need]

Impact on Training:

[Empty rectangular box for Impact on Training]

G. PROJECT TITLE(S) AND DESCRIPTION(S)

***G.** Enter a descriptive 'Title' and brief Description for the lead training project *and/ or* program proposed for funding from any Grant which may be awarded pursuant to this application.*

G	(Project Title)	(Description)
1		
1a	Which statement best describes the above proposed project and/or program? Check one that applies	New Change to existing Continuing
1b	Which statement best describes how many <u>training programs</u> may benefit from the proposal? Check one that applies	Multiple programs Single program

- Please utilize Continuation Sheet G to account more than one(1) project /program.
- **IMPORTANT:** For applications that include more than one (1) project or program, please ensure Continuation Sheet G is completed and attached. Incomplete submissions may not be eligible for further evaluation.

CONTINUATION SHEET G

G. Enter a descriptive 'Title' and brief Description for the lead training project *and/ or* program proposed for funding from any Grant which may be awarded pursuant to this application.

G	(Project Title)	(Description)
2		
2a	Which statement best describes the above proposed project and/or program? Check one that applies	New Change to existing Continuing
2b	Which statement best describes how many <u>training programs</u> may benefit from the proposal? Check one that applies	Multiple programs Single program

G. Enter a descriptive 'Title' and brief Description for the lead training project *and/or* program proposed for funding from any Grant which may be awarded pursuant to this application.

G	(Project Title)	(Description)
3		
3a	Which statement best describes the above proposed project and/or program? Check one that applies	New Change to existing Continuing
3b	Which statement best describes how many <u>training programs</u> may benefit from the proposal? Check one that applies	Multiple programs Single program

H. PROJECT GOODS AND SERVICES REQUESTED

In the below table, itemize in priority order – starting with the most needed first, **ALL** items of “Goods” (e.g. equipment, hardware or other durable items) or categories of “Services” which are to be funded in whole or in part from any Grant which may be awarded pursuant to this application.

Line Item	Serial Number	Check one that applies	Description	Total Cost (a)	Less any matching funds (b)	Grant Amount Requested (a-b)
1		<p style="text-align: center;">Goods</p> <p style="text-align: center;">Services</p>				
2		<p style="text-align: center;">Goods</p> <p style="text-align: center;">Services</p>				

3		Goods Services				
4		Goods Services				
5		Goods Services				

CONTINUATION SHEET H

Line Item	Serial Number	Check one that applies	Description	Total Cost (a)	Less any matching funds (b)	Grant Amount requested (a-b)
6		<input type="checkbox"/> Goods <input type="checkbox"/> Services				
7		<input type="checkbox"/> Goods <input type="checkbox"/> Services				
8		<input type="checkbox"/> Goods <input type="checkbox"/> Services				

9		Goods Services				
10		Goods Services				
11		Goods Services				

12		Goods Services				
13		Goods Services				
14		Goods Services				

- Be sure that the total of ALL "Grant Amount Requested" entries are properly accounted for in the final line of section H of your application.

<p>I. Enter here the lesser amount of:</p> <ul style="list-style-type: none"> • Sum of <u>all</u> items (1 through n) under "Grant Amount Requested" • OR \$50,000 (Grant maximum) <p>Important:If the sum (1 to n) of individual "Grant Amount Requested" in I above exceeded \$50,000,an explanation must be entered in the remarks section as to how the shortfall would otherwise be made up.</p>	
<p>Make entries or check None</p>	<p>None</p>
<p>Remarks</p>	

EFT (EDI)

Grant awards are paid as an Electronic Funds Transfer / EDI to the current account-of-record for the jurisdiction’s annual allocation of Aid to Localities (ATL) from the Fire Programs Fund.

CERTIFICATION

To be completed by either:

- County Administrator –or- Executive, City Manager, Town Mayor –or- Administrator; Deputy, or...
- Other duly authorized official whereby the application is accompanied by a copy of an 'Ordinance' or other such formal instrument clearly granting that party such authority.

This grant application is entered on behalf of the applicant jurisdiction identified above with the knowledge and belief that all representations herein made are true and correct; with the understanding that all grant terms & conditions in-force as of the date of such application are hereby included by reference; with the further understanding that if an award is granted pursuant to this application that the recipient is bound by those same terms & conditions.

Signature:

Printed Name:

Title:

Date:

(All applications **must** be notarized to be considered – incomplete forms shall be returned.)

State of Virginia:

City / County of:

"On this _____ day of _____ (month) in _____ (year), before me, the undersigned a Notary Public for the Commonwealth of Virginia, personally appeared _____ to me known (or to me proved) to be the identical person named herein and having in my presence executed the above and acknowledged that he executed same as his voluntary act and deed."

My Commission expires:

Date:

Insert Notary Public Seal Here: