



# TEXAS A&M FOREST SERVICE

FOR INTERNAL USE ONLY

RATING: \_\_\_\_\_

CASE NO: \_\_\_\_\_

## APPLICATION FOR TIFMAS GRANT ASSISTANCE REQUEST for TRAINING TUITION / EMERGENCY GRANT

**1** Name of Fire Department: \_\_\_\_\_

**2** Physical Address \_\_\_\_\_  
(Street) (City) (Zip)

Mailing Address \_\_\_\_\_  
(Street or PO Box) (City) (Zip)

**3** Email Address: \_\_\_\_\_

**4** County: \_\_\_\_\_ Department Telephone: ( ) \_\_\_\_\_  
Fax Telephone: ( ) \_\_\_\_\_

**5** State of Texas Charter Number **(REQUIRED)**: \_\_\_\_\_  
▶ If operating under city government, please indicate "Under City".

**6** Federal Tax Identification Number **(REQUIRED)**: \_\_\_\_\_  
▶ Please attach a completed Form W-9.

**7** Personnel - Number of Volunteers: \_\_\_\_\_  
Number of Paid Full-Time: \_\_\_\_\_  
Number of Paid Part-Time: \_\_\_\_\_

**8** Do you have a designated protection area under a 911 Public Service Answering Point (PSAP)?  
Yes No

**9** Population of your Primary 911 Protection Area \_\_\_\_\_

**10** Fire Department Budget \$ \_\_\_\_\_  
▶ Please attach a current copy of the fire department's budget summary page.

**11** Percentage of FD Budget Allocated to Personnel \_\_\_\_\_ %

**12** Call Volume: (Total Fires + Overpressure Ruptures, Explosion, Overheat + Hazardous Condition) \_\_\_\_\_  
▶ Please attach an NFIRS report summarizing the calls as identified above for the previous calendar year.

### **13** EMERGENCY GRANT (Replacement of PPE & SCBAs Lost In a Catastrophic Event)

▶ Applications for Emergency Grants will be reviewed following an on-site assessment conducted by a TFS agent.

Please provide a summary of your request:

Total Cost:

\$ \_\_\_\_\_

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**14 TRAINING TUITION**

Name of School (REQUIRED): \_\_\_\_\_

Date(s) of Training	Course Name	Number of Trainees	Tuition Cost per Trainee:
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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**15 FIRE DEPARTMENT REPRESENTATIVE(S) (Primary & Alternate Contacts)**

Name	Title	Mailing Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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I certify that the information entered on this application is true and accurate and that I, the undersigned, am authorized by the \_\_\_\_\_ Fire Department to represent their interests in acquiring funds and equipment for the Department.

Name (Print): \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

**Signature:** \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Title: \_\_\_\_\_ (REQUIRED) \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

**To Apply, Please Submit:**

- 1) Application for TIFMAS Grant Assistance (TFS-FO-420)
- 2) Fire Department's Budget Summary Page
- 3) NFIRS Summary Report (Total Fires + Overpressure Ruptures, Explosion, Overheat + Hazardous Condition)
- 4) Request for Taxpayer Identification Number and Certification (Form W-9)

**Via Mail or Fax To:** Texas A&M Forest Service  
2127 South First Street  
Lufkin, Texas 75901  
Attn: Emergency Services Grants Unit  
Fax (936) 639-8138 -- Tel (936) 639-8130

**IMPORTANT!**

Once we are in possession of your application, you can expect to receive a "Notification of Receipt" letter within approximately 10 business days. If not, please contact our office to confirm receipt of application.