



Notice: Use of this form is required by the Department for any application filed pursuant to s. 26.145, Wis. Stats.; Chapter NR 47, subch. I and VIII, Wis. Adm. Code; Cooperative Forestry Assistance Act as amended by Forest Stewardship Act of 1990. The Department will not consider your application unless you complete and submit this application form. Personally identifiable information collected will be used for grant administration and will also be accessible by request under Wisconsin's Open Records law [ss. 19.31 - 19.69, Wis. Stats.].

Instructions: Fill out form completely. Initial screening of applications will be made solely from the information given on the application. All applications must be **postmarked on or before July 1**.

Leave Blank – DNR Use Only	
Postmark Date	Score

Part 1: Applicant Information

Applicant Type: (select only one) <input type="checkbox"/> Fire Department <input type="checkbox"/> County/Area Fire Association		Applicant Name (Fire Department or County/Area Fire Association Name)		
Name of Individual Authorized to Act on Behalf of Applicant		Title		
Applicant Mailing Address	City	State	ZIP Code	County
Phone Number of Authorized Representative	Secondary Phone Number		Fax Number	
Email address	DNR Contact Information	Local DNR Forester/Ranger Name		DNR Region

- Will your fire department(s) be NIMS compliant? Yes No
- Total number of wildland fire incidents: _____ (wildland fires include: grass, woods, forest, marsh, etc.)
 Approximate acreage burned: _____ (one acre = one football field)
- Number of communities served by this applicant: Cities: _____ Villages: _____ Townships: _____ Tribal Governments: _____
- Does the applicant fire department or county/area association serve federal lands? If Yes, select all that apply:
 US Forest Service US Fish & Wildlife Service National Park Service Bureau of Indian Affairs
- Would the applicant fire department or county/area fire association be interested in receiving DNR wildland fire training? Yes No

Part 2: Fire Department Applicants Only – Scoring Criteria and Eligibility Information

Does the applicant fire department have a current forest fire suppression agreement with DNR? Yes No
Note: If your answer is "no," your fire department is not eligible to apply.

Does the applicant fire department serve areas within a DNR organized forest fire control area? (See map) Yes No

Does the applicant fire department provide, without cost to DNR, initial attack forest fire suppression within a DNR Organized Protection area or on DNR State Lands? Yes No

Do the majority of the current members of the applicant fire department meet the NFPA 1051 standards for wildland fire fighting training? **Note:** Includes any wildland fire training that meets NFPA 1051 standards. Yes No

Did the applicant fire department receive a DNR Forest Fire Protection grant award last grant cycle? Yes No

In what Fire Response Unit (FRU) is applicant fire department located? (See map.) If fire department is not in an organized protection area, the FRU is "CO-OP". _____

Part 3: County/Area Fire Association Applicants Only – Scoring Criteria and Eligibility Information

Number of fire departments that are current members of the Association: _____

Number of current member fire departments with a Memorandum of Understanding (MOU) that serve DNR organized forest fire control areas within their service area: (See map) _____

Number of current member fire departments that serve the areas designated by DNR as cooperative (CO-OP) forest fire control areas: (See map) _____

Did the applicant fire association receive a DNR Forest Fire Protection (FFP) grant last grant cycle? Yes No

Does the applicant fire association project impact a majority of the members of the association? Yes No

Applicant Name: _____

Forest Fire Protection (FFP) Grant Application

Form 4300-119 (R 4/09)

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Part 4: Grant Funding Requested by Category – Itemized List

Category	Item Description	Quantity	Cost/Item	Total	Category Total
Personal Protective Equipment (PPE)					
Training					
Prevention					
Tools/Equipment Include applicable requirements (diameter, feet, horsepower, gallons, etc.)					
Dry Hydrants # _____					
Communication Equipment					
Mapping					
Off-Road Vehicles; ATV/RTV/UTV					

* **Note maximums and minimums** depending on applicant type:
Fire Department applicants: Max: \$10,000 (total eligible project costs of \$20,000 or more); **Min:** \$750 (total eligible project costs of \$1,500 or more).
County/Area Fire Association applicants: Max: \$25,000 (total eligible project costs of \$50,000 or more); **Min:** \$5,000 (total eligible project costs of \$10,000 or more).

Project Total*		
X Grant Share (50%)	X	.50
Total Grant Funding*		

Applicant Name: _____

Project Description – Only complete if project needs more explanation.

Part 5: Additional information to be included with this grant application

For County/Area Association Applicants Only:

- A list of member fire departments identifying which departments serve DNR organized forest fire control areas.
- A copy of the association's constitution, bylaws (applies to first-time county/area fire association applicants only).

Part 6: Certification

I certify that, to the best of my knowledge:

- (a) the information contained in this application and attachments is correct and true;
- (b) the local cost share monies are not proceeds of any other federal grant program;
- (c) the organization has the ability and intention to finance and execute this project if a grant is approved;
- (d) all fire departments included as county association members on this application are not requesting grant funds under any other county fire association grant application this grant cycle; and
- (e) this grant request meets all applicable National Fire Protection Association (NFPA) and COMM-30 standards.

I further understand and agree that any grant funds subsequently awarded as a result of this application shall be used in compliance with s. 26.145, Wis. Stats.; ch. NR 47, subch. I and VIII, Wis. Adm. Code; Cooperative Forestry Assistance Act as amended by Forest Stewardship Act of 1990.

Signature of Authorized Representative

Date

X

X

Mail Grant Applications **postmarked on or before July 1** to:

**FFP Grant Manager - CF/2
Department of Natural Resources
PO Box 7921
Madison, WI 53707-7921**

Online DNR Grant Information at:

dnr.wi.gov/org/caer/cfa/lr/ffp/grants.html