

**APPLICATION FOR RURAL FIRE DEFENSE ASSISTANCE**

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 : ( ) \_\_\_\_\_  
 Department Fax : ( ) \_\_\_\_\_

⑤ State of Texas Charter Number **(REQUIRED)**: \_\_\_\_\_

⑥ Year Fire Department was Created: \_\_\_\_\_

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

⑧ Federal Tax Identification Number **(REQUIRED)**: \_\_\_\_\_  
Include completed copy of Form W-9 when returning application for Cost-Share Assistance or Training Tuition only.

⑨ Do you have a designated primary protection area under a 911 Public Service Answering Point (PSAP)?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

⑩ Size of your Primary 911 Protection Area **(DO NOT INCLUDE MUTUAL AID RESPONSE AREA)**: \_\_\_\_\_  
Attach a map of your Primary 911 Protection area to this application if: (1) a map has not been previously submitted, OR (2) there is a change in the size of the primary 911 protection area. **(Square Miles)**

⑪ Population of your Primary 911 Protection Area: \_\_\_\_\_

⑫ Distance to the Nearest Viable Mutual-Aid Department **(STATION TO STATION)**: \_\_\_\_\_  
**(Miles)**

Name of Department: \_\_\_\_\_

⑬ List the Total Funds Received from Taxing Authorities (such as City, County, Rural Fire Prevention Districts, etc.). DO NOT INCLUDE DONATIONS.

**14 COST-SHARE ASSISTANCE** (Attach additional sheets if necessary)

Please describe what type of cost-share assistance you are requesting and the total cost of the item:

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Estimated Total Cost: \_\_\_\_\_

Total Cost-Share Amount You Are Requesting: \_\_\_\_\_

**15 HELPING HANDS/FEDERAL EXCESS PROPERTY** (Form W-9 not required for these programs)

Please describe what type of donated equipment you are requesting. For water handling equipment (i.e., connections, hoses, nozzles, etc.), please specify size.

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**16 TRAINING TUITION** (Attach multiple sheets for additional schools)

Name of School: \_\_\_\_\_

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

**17 FIRE DEPARTMENT OFFICERS**

Name	Title	Mailing Address	Telephone
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

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

Name (Print): \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Signature: \_\_\_\_\_ ( ) \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail or fax completed, signed application and W-9  
to the following:**

Texas Forest Service  
John B. Connally Building  
301 Tarrow, Suite 304  
Attn: Emergency Services Grants Division  
College Station, Texas 77840-7896  
Fax (979) 845-6160 -- Tel (979) 458-5540