



**TENNESSEE DEPARTMENT OF AGRICULTURE  
DIVISION OF FORESTRY  
P.O. BOX 40627  
NASHVILLE, TN 37204  
(615) 837-5091  
FAX: (615) 837-5129  
April 1, 2008**

Dear Fire Department Representative:

The Division of Forestry is now accepting grant applications for the **2008 Volunteer Fire Assistance (VFA) Program**. Volunteer fire departments serving communities with populations of 10,000 or less are eligible. The maximum 50/50 match amount per fire department is \$3,000; the minimum is \$500. In other words, eligible purchases totaling \$1,000 to \$6,000 may have half the total amount reimbursed by grant funds.

Applications will be accepted from **May 1 through June 30, 2008**.

Requests for funding will **not** be considered for the following:

- Repair or construction of buildings
- Land acquisition, water lines or hydrants
- Emergency medical equipment
- Any equipment not fire related
- Applications for a single piece of equipment exceeding \$5,000 in cost
- **Purchases made before July 1, 2008 or after March 31, 2009**

Please complete and send to your Assistant District Forester (ADF) [see page 3 of application] no later than **June 30, 2008**:

- Application for Assistance (all correspondence will be sent to the contact address listed)
- Substitute W-9
- Authorization Agreement for Automatic Deposit form with requested attachment

Your fire department **must** have a *Memorandum of Understanding* with the Division of Forestry that is dated after **June 30, 2003**. If you do not have one, contact your ADF.

If you have any questions, please contact your ADF or myself.

Sincerely,

Jeffrey K. Piatt, CF  
Fire Program Specialist



**TENNESSEE DEPARTMENT OF AGRICULTURE  
DIVISION of FORESTRY**

**2008 VOLUNTEER FIRE ASSISTANCE (VFA) PROGRAM GUIDELINES**

Application

- Phase:
1. Grantee volunteer fire departments (VFD's) are to submit with their application a list of proposed purchases including estimated unit prices. Purchases must be made from this list. **Purchases made before July 1, 2008 or after March 31, 2009 will not be eligible for reimbursement.** Applications must be received by your Assistant District Forester (see page 3 of application) on, or before **June 30, 2008.**
  2. Grantee VFD's must complete and sign a current "Authorization Agreement for Automatic Deposits (ACH Credits) forms". All reimbursement payments will be made by direct deposit to the grantee's bank.
  3. Grantee VFD's are required to submit with their application a current Substitute W-9 form verifying the accuracy of their Federal Tax Identification Number. A Federal Tax Identification Number **IS REQUIRED.** A social security number will not be accepted as a substitute.
  4. Only Grantee VFD's serving communities with populations of 10,000 or less are eligible.

Contract Grant contracts will be awarded based on the VFD's rating determined from information  
Phase: provided on the application.

5. This is a 50/50 Federal matching grant program. No contract shall be issued for less than \$500 or more than \$3,000.

Reimbursement

Phase: 6. A one time reimbursement will be made after the grantee has provided sufficient proof of purchases in the form of copies of **paid invoices** for twice the amount of the grant. **Note:** A list summarizing the grant items purchased, purchase price, shipping cost, and invoice copies must be submitted at the same time for a one time reimbursement.

Restrictions: Requests for funding will not be considered for the following:

- Repair or construction of buildings
  - Land acquisition, water lines or hydrants
  - Emergency medical equipment or equipment not fire related
  - Single items costing more than \$5,000
8. Communities imposing strict boundary limits, which exclude rural residences or use a subscription response system, **will not** be considered.
  9. The grantee VFD must maintain a permanent file containing all information and correspondence relating to the grant. Grantee VFD must have a ***Memorandum of Understanding*** with the Division of Forestry dated after June 30, 2003.



Fire Department currently has this equipment:	Number		Number
Pumpers 750 gpm +	_____	Rescue Vehicles	_____
Pumpers 250 - 500 gpm	_____	Jaws of Life	_____
Pumpers <250 gpm	_____	SCBAs	_____
Brush Trucks	_____	Extra SCBA bottles	_____
Tanker Trucks	_____	Sets of Wildland PPE	_____
Amount of NFPA/OSHA approved protective clothing your fire department has:			
Turnout (bunker) Coats	_____	Turnout (bunker) Pants	_____
Helmets with eye protection	_____	Hoods	_____
Pairs of boots	_____	Pairs of gloves	_____

1. What is the total area (in square miles) protected by your fire department? \_\_\_\_\_
2. If requested, does your department respond to structure fires/other emergency incidents in:  
Your community only \_\_\_\_\_ 2-5 Communities \_\_\_\_\_ County wide \_\_\_\_\_ Multi-County \_\_\_\_\_
3. Geographic location (latitude/longitude) of your fire department: \_\_\_\_\_
4. Does your fire department have a written plan of action or standard operating procedures? (Yes / No)  
If yes, do they include a plan of action or standard operating procedure for wildfire incidents? (Yes / No)  
If yes, attach a copy of the wildfire standard operating procedures.

Do you have written mutual aid agreements with other fire departments? (Yes / No)

What is the effective date of your department's MoU with the Division of Forestry? \_\_\_\_\_

5. How many active firefighters are on roll for your department? \_\_\_\_\_  
Total training hours recorded for your firefighters during the past 12 months, either in-house or State certified? \_\_\_\_\_ Number of firefighters \_\_\_\_\_

How many of your firefighters have completed the following training?

Hazardous Materials	_____	Wildland Fire Fighting	_____
Communicable Disease	_____	Emergency Vehicle Operation	_____
Incident Command	_____	Firefighter 1 or Essentials	_____

6. Are the proposed expenditures made with this grant essential for the fire department to reach a lower ISO Protection Class? (Yes / No) If yes, what ISO rating will it allow? \_\_\_\_\_
7. How many structure fires did your department report to the State Fire Marshal in 2007? \_\_\_\_\_  
How many wildfires did your department report to the State Fire Marshal in 2007? \_\_\_\_\_
8. How much money was expended to operate your fire department during the last fiscal year?  
\$ \_\_\_\_\_

How much of that money came from the following sources?

Municipal government	\$ _____	Memberships & fees	\$ _____
Property tax/assessments	\$ _____	Donations & fund raisers	\$ _____

9. Are your firefighters covered by Workers Compensation Insurance? (Yes / No)

10. Do you have liability insurance coverage on all fire department vehicles? (Yes / No)

\_\_\_\_\_  
Signature and Title of Department Representative

\_\_\_\_\_  
Date

**PLEASE SEND YOUR APPLICATION PACKAGE TO THE FOLLOWING DIVISION OF FORESTRY ASSISTANT DISTRICT FORESTER IN YOUR AREA:**



**DISTRICT OFFICES**

<b>District One</b> John Henderson, Assistant District Forester Tennessee Division of Forestry 1250 Highway 73 Newport, TN 37821 Voice: (423) 625-4092 Fax: (423) 625-4092	<b>District Four</b> James Dale, Assistant District Forester Tennessee Division of Forestry 390 South Lowe, Suite 10 Cookeville, TN 38501-4702 Voice: (931) 526-9502 Fax: (931) 526-2279
<b>District Two</b> Nathan Waters, Assistant District Forester Tennessee Division of Forestry P.O. Box 2666 Knoxville, TN 37901-2666 Voice: (865) 594-6432 Fax: (865) 594-8907	<b>District Five</b> Jonathan Boggs, Assistant District Forester Tennessee Division of Forestry 3497 Church Street Burns, TN 37029 Voice: (615) 797-3117 Fax: (615) 797-3113
<b>District Three</b> Robert Rhinehart, Assistant District Forester Tennessee Division of Forestry P.O. Box 160 Hixson, TN 37343 Voice: (423) 634-3091 Fax: (423) 634-6083	<b>District Six</b> Philip Blakley, Assistant District Forester Tennessee Division of Forestry P.O. Box 438 Lexington, TN 38351 Voice: (731) 968-6676 Fax: (731) 968-5356

**APPLICATION PACKAGE MUST INCLUDE:**

- Application Form
- Substitute W-9 Form
- Authorization Agreement for Automatic Deposit (**with voided check or deposit slip**)

**Application Package must be received your local ADF by 4:00 pm June 30, 2008.**

VFA-2008



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
ACH (AUTOMATED CLEARING HOUSE) CREDITS (Not Wire Transfers)

NAME \_\_\_\_\_

Federal Identification Number or Social Security Number \_\_\_\_\_
(under which you are doing business with the State.)

I (We) hereby authorize the State of Tennessee, hereafter called the STATE, to initiate credit entries to my (our) (select type of account)
\_\_\_\_\_ CHECKING or \_\_\_\_\_ SAVINGS account indicated below and the depository named below, hereinafter called DEPOSITORY,
to credit the same to such account.

This authority is to remain in full force and effect until the STATE has received written notification from me (or either of us) of its
termination in such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

Do you currently receive payments from the State through ACH? \_\_\_\_\_ (Yes or No). If yes, do you intend for this account information
to replace other existing account information currently used by the State? \_\_\_\_\_ (Yes or No). If yes, please specify the account that
should be changed: ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_
Is this authorization only for certain types of payments? \_\_\_\_\_ (Yes or No). If yes, please indicate types:

\_\_\_\_\_
\_\_\_\_\_

\*\*\*\*\*
Many banking institutions use different numbers for ACH. Please call your bank for verification of ACH transit and account number.

Bank official contacted: \_\_\_\_\_ Phone No. \_\_\_\_\_
\*\*\*\*\*

DEPOSITORY/BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ACH TRANSIT / ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

NAME(S) \_\_\_\_\_
(Please print names of authorized account signatory)

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK (OR FOR SAVINGS ACCOUNTS, A DEPOSIT SLIP):

PLEASE INDICATE ADDRESS TO WHICH YOU WOULD LIKE YOUR REMITTANCE ADVICES ROUTED WHEN
PAYMENTS ARE PROCESSED:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Contact name: \_\_\_\_\_
Telephone no.: \_\_\_\_\_

FOR STATE USE ONLY:
Contact Agency: \_\_\_\_\_
Contact Person: \_\_\_\_\_
Telephone No.: \_\_\_\_\_

## Examples of items purchased in 2007 by VFD's using VFA grant funds

Air pack test	Hose clamp
Antennas	Hose coiler
Appliances	ID tags & board
Attic ladder	Ladders
Axes	Laptop computer
Back packs	Lug tires for tanker
Backpack pumps	Mag Lite mounts
Battery chargers	Mask test kit
Booster hose	Misc. materials for lights
Bolt cutters	Nozzles
CAF Backpacks	Nozzle tips
Camera systems	Pager programmer
Carrier	Pagers
Chainsaws	PASS heat sensor
Chemguard monitor	Pickhead axes
Class A Foam	Pike poles
Coupling adapters	Portable generator
Engine for pump	Portable radios
Entry tool	Power supply
Extension cords	Pro Pac
Fan	Projector
Fire boots	Projector Screen
Fire coats	800 psi hose
Fire extinguishers	PTO control
Fire helmets	PPE's
Fire pants	Pump rebuild
Fire pole w/light	Radio batteries
Fire simulator software	Safety markers
Fire tools	Safety vests
Floating pump	Salvage covers
Floating strainer	SCBA brackets
Foam proportioners	Spanner wrenches
Forestry hose	Speaker mics
Frame materials	Strainers
Freight	Streamlights
Gate valve	Strobe lights
Gated wye	Suction hoses
Gloves	125 gallon tank
GPM monitor	225 gallon tank
GPS	2500 gal drop tank
Halligan tool	300 gallon poly tank
Hand lights	Tires
Handheld computer	Tools
Headlamp & batteries	Training materials
Helmets	Truck
Helmet shield	VHF mobile radios
3/4" hose	VX radio batteries
1" hose	Water extinguisher
1.75" hose	Wildfire coveralls
Hose brackets	Winch

**SUBSTITUTE W-9 FORM**  
**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

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**1. Please complete general information:**

Taxpayer Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Business Name (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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**2. Circle the most appropriate category below: (please circle only one)**

- 1) Individual (not an actual business)
  - 2) Joint account (two or more individuals)
  - 3) Custodian account of a minor
  - 4) a. Revocable savings trust (grantor is also trustee)  
b. So-called trust account that is not a legal or valid trust under state law
  - 5) Sole proprietorship (using a social security number for the taxpayer ID)
  - 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
  - 7) A valid trust, estate, or pension trust
  - 8) Corporation
  - 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
  - 10) Partnership
  - 11) A broker or registered nominee
  - 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
  - 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)
- 

**3. Fill in your taxpayer identification number below: (please complete only one)**

- 1) If you circled number 1-5 above, fill in your Social Security Number.

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

\_\_\_\_\_ - \_\_\_\_\_

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**4. Sign and date the form:**

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.  
If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title (if applicable) \_\_\_\_\_