



Illinois Department of Natural Resources
Division of Forest Resources
Volunteer Fire Assistance Grant Program
Application 2023

IDNR USE ONLY

(*) indicates a required field

SECTION 1 - APPLICANT INFORMATION		
Applicant (FD) Name (*)	Tax ID number (9 digits) (*)	
Description of the Applicant (*)		
Address (*)	City, State, Zip (*)	County (*)
Daytime Telephone(*) : (cell if station is not manned)		
Fax (*)		
E-Mail (*):		
Applicant Representative (*):		Title:
Applicant Signature (*):		
Date:		
Other Contact Person (<i>Only if different from Applicant Representative</i>) Must be available during business hours.		
Name:		Title:
Daytime Telephone (*):		
E-Mail:		

SECTION 2 - ELIGIBILITY

1. Is 100% of the total project cost available at the time of application? YES NO
If the answer is NO, the applicant is not eligible for funding.
2. Does your Fire agency serve a rural area? YES NO
Does your Fire agency serve a community with a population under 10,000? YES NO
What is the population of the community served? _____ (From the most recent Census)
(See Section I for eligibility requirements)
3. Does your Fire agency have a written Memorandum of Understanding (MOU) on wildfire control with the Illinois Department of Natural Resources? YES NO

(A signed MOU is required for funding consideration, form included in this package). A MOU older than 3 years must be renewed. (See page vii) (Attach signed copy)
4. Provide a map of your protection area, and include any areas within the boundaries that are not under your protection. If project includes purchase and installation of a dry hydrant, include a satellite map (such as Google Earth) with GPS coordinates and elevation drawings for the placement of the hydrant. If dry hydrant will be on Private Property attach signed 30 year easement.

SECTION 3 - EVALUATION CRITERIA

5. Is wildland fire training, PPE or equipment being purchased? (Eligible items include National Wildfire Coordinating Group (NWCG) training, wildland PPE, wildland hand tools, chainsaws, drip torches, backpack blowers, slip in units, brush trucks, and GPS units.
- 6.a. Does your department have National Wildfire Coordinating Group (NWCG) trained and active members? Yes No
S130 & S190, persons trained _____? (i.e. trained by IDNR Forestry, IFSI, or FWS)
S290 _____?
S131 _____?
S211 _____?
S212 _____?
S230 _____?
S231 _____?
S234 _____?
Other NWCG Classes _____?
- 6.b. Do you have members that hold a Red Card: Yes No If yes, list names.

7. Does your Fire agency protect any Natural Resource public lands or public own facilities, such as State Parks or Forests, Forest Preserve Districts, National Forest lands, County or Township Parks, State or Federal Lodges ?
YES NO If YES, please list. (BE SPECIFIC)
EXAMPLE: Starved Rock State Park (Lodge, Maintenance Building, Site Superintendent Residence, 625 acres)

Name of Facility: _____ Acres Protected: _____
Name of Facility: _____ Acres Protected: _____
Name of Facility: _____ Acres Protected: _____
Name of Facility: _____ Acres Protected: _____

(For more facilities, use additional sheets if necessary)

Highway right-of-ways, City Buildings or City Parks, Community Centers, Schools, Churches, Cemeteries and/or Post Offices and Mutual Aid assistance are **NOT ELIGIBLE** for consideration.

<p>8. What is your approximate annual budget? \$ _____</p> <p>List the source (s) of your income with its approximate percentage of your total budget.</p> <p>a. _____ % b. _____ %</p> <p>c. _____ % d. _____ %</p>
<p>9. What is your present rating from the Insurance Services Office? (ISO)</p> <p>City: _____ Rural: _____</p>
<p>10. Does your Fire agency use the National Fire Incident Reporting System (NFIRS) to report wildfires to the Illinois State Fire Marshal's office? YES NO</p> <p>Did your Fire agency report wildland fires to the Department of Natural Resources in 2020 or 2021? YES NO</p> <p>Copies of the (NFIRS) reports or on the DNR fire reporting website. https://arcg.is/15CPyO You may submit reports with the application.</p> <p>If the wildfires have already been reported to DNR, you will receive credit for each report.</p>
<p>11. In 2020 – 21 did your Fire agency suffer a loss (not covered by insurance) of 50% or more of the asset value, not including real estate value, of the fire agency's equipment? YES NO</p> <p><i>If yes, attach a copy of the formal report documenting the equipment loss.</i></p>
<p>12. Will communications equipment requested enable your Fire agency meet the 2012 FFC narrow banding requirements?</p> <p>YES NO N/A</p>
<p>13. Will this project increase the water supply to your protection area? YES NO</p> <p>Tankers, tenders, dry hydrants and cisterns are eligible, and other projects will be considered. Permanent installations of dry hydrants or cisterns on private property require written and signed 30 year easements (and must be included with the application) along with all-weather access. Survey and legal fee estimates can be included in your request and must be submitted with the reimbursement request.</p>
<p>14a. Does the proposed project involve the conversion of Federal Excess Property? YES NO</p> <p><i>If yes, please include the serial number and equipment description in Section 4 - Project Description.</i></p> <p>14b. List and Identify FEPP/FFP equipment to be altered or modified</p> <p>Serial Number: _____ Equipment Description: _____</p> <p>Serial Number: _____ Equipment Description: _____</p>
<p>15. Does your community have a Community Wildfire Protection Plan. Yes No</p> <p>Name of Plan: _____ County/Area Covered by Plan _____</p> <p>Name of Plan: _____ County/Area Covered by Plan _____</p>

SECTION 4 - PROJECT DESCRIPTION		
Classification (*): Equipment Purchase Training New Organization _		
Project Title (*):		
Project Description and Comprehensive Justification (*):		
<p>Provide a map of the project location with GPS coordinates and elevation drawings if purchase and installation of a dry hydrant is requested. If Hydrant will be placed on private property include a 30 year signed easement with the application.</p> <p>Click inside the box to insert map into document.</p>		

SECTION 5 - BUDGET SUMMARY <i>(Round to nearest dollar)</i>				
Budget Summary/Category	Grant Funds Requested	In-Kind Match	Matching Funds	Project Total
Personnel				
Travel				
Equipment				
Materials/Supplies				
Contractual Services				
Other				
Total				

SECTION 6 - DETAILED BUDGET *(Required for all applications.)*

PERSONNEL

Name or Position Title	Hourly Rate	Hours	Total

TRAVEL

Position/Description	Item Rate	Quantity	Total

EQUIPMENT

Description	Price/Item	Quantity	Total

MATERIALS/SUPPLIES

Description	Price/Item	Quantity	Total

CONTRACTUAL SERVICES

Description	Total

OTHER

Description: (i.e. legal description; survey fees)	Total

TOTAL COST OF PROJECT \$

Mail or scan and email
application and attachments
(all pages) to: Adrian Walker;
Adrian.Walker2@illinois.gov
ORC, Div, of Forest Resources 1
Natural Resources Way
Springfield, IL 62702-1271
Questions - Contact:
Ben.Snyder@illinois.gov

Equal opportunity to participate in programs of the Illinois Department of Natural Resources (IDNR) and those funded by other agencies is available to all individuals regardless of race, sex, national origin, disability, age, religion or other non-merit factors. If you believe you have been discriminated against, contact the funding source's civil rights office and/or the Equal Employment Opportunity Officer, IDNR, One Natural Resources Way, Springfield, IL 62702-1271; (217) 782-2662; TTY (217) 782-9175.



RESPONSIBILITIES OF ILLINOIS DEPARTMENT OF NATURAL RESOURCES

- ## RESPONSIBILITIES OF THE FIRE AGENCY

- This memorandum may be terminated by mutual agreement in writing with 60 days notice. Unless otherwise stated, there will be no charge by either the Department of Natural Resources or the Fire Agency for services rendered under this MOU.

Illinois Department of Natural Resources

Date

Address

City, State, Zip

Cell Phone

e-mail address

Date _____

IDNR Forest Resources
One Natural Resources Way
Springfield, IL 62702-1271
PH: 217/785-8774

This State agency is requesting information that is necessary to accomplish the statutory purpose as outlined under 20ILCS 805 Coop. Forestry Assistance Act of 1978 as amended. Equal opportunity to participate in programs of the Illinois Department of Natural Resources (IDNR) and other agencies is available to all individuals regardless of race, sex, national origin, disability, age, religion or other non-merit factors. If you believe you have been discriminated against, contact the funding source's civil rights office and/or the Equal Employment Opportunity Officer, IDNR One Natural Resources Way, Springfield, IL 62702: 217/782-2662: TTY 217/782-9175. This information may be provided in an alternative form if required. Contact the DNR Clearinghouse at 217/782-7498 for assistance. Printed with authority of the State of Illinois.

EXAMPLE ONLY

**FFY 16/17 Volunteer Fire Assistance - Request for Reimbursement
Illinois Department of Natural Resources**

Grantee Organization Name: Somewhere VFD

Grant Number: XXXXXX

Maximum Federal Award \$1,500.00

Please complete the section below for items purchased according to the grant agreement. The federal share cannot exceed 50% of the total nor the maximum eligible grant award. Please send copies of all invoices (statements are not acceptable) and canceled checks (front and back) of the items listed below. Circle or highlight each item on the invoice to be claimed for reimbursement, and circle or highlight corresponding check numbers.

Item Description	Quantity	Unit Price	Total		
3" hose	10	\$210.00	\$2,100.00		
Labor	5hrs	\$15.00	\$75.00		
			Grand Total	Matching	Federal
			\$2,175.00	\$1,087.50	\$1,087.50

Federal Reimbursement Requested \$ 1,087.50

Payment Certification

I do hereby certify that this project cost breakdown is correct, just and is based upon the actual payment(s) of record by the Grantee referenced above. That payment from other governmental or private funding sources has not been received for these costs, and that the completed work and services or purchases are in accordance with the provisions of the signed Grant Agreement, including amendments thereto, with the Illinois Department of Natural Resources.

BY: _____ TITLE: _____
(Signature) (Date)

NAME: _____ Grantee FEIN/TIN: _____
(Typed or Printed) (9 digit tax number)

Please send copies of all invoices and canceled checks for the above items to:

Illinois Department of Natural Resources
Attention: Adrian Walker
Volunteer Fire Assistance Grant Program
Office of Resource Conservation
One Natural Resources Way Springfield,
Illinois 62702-1271
Adrian.Walker2@illinois.gov

IDNR – Approved for Payment: _____
IDNR Fire Program Manager (Date)