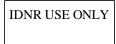


# Illinois Department of Natural Resources Division of Forest Resources Volunteer Fire Assistance Grant Program Application 2025



(\*) indicates a required field

SECTION	1 <b>-</b> APPI	ICANT	' INFORMATIO	N

5201			
Applicant (FD) Name (*)		Tax ID num	ber (9 digits) (*)
Description of the Applicant (*)			
Address (*)		City, State, Zip (*)	County (*)
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 (Only if different from A	Applicant Representative)	Must be available durin	g business hours.
Name:	Title:		
Daytime Telephone (*):	E-Mail:		

SECTION 2 - ELIGIBILITY
<b>1.</b> Is 100% of the total project cost available at the time of application? YES NO
<ul> <li>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 (From the most recent Census) (See Section 1 for eligibility requirements)</li> </ul>
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. <u>If project includes purchase and installation of a dry hydrant, include a satellite map</u> (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
<b>5.</b> 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? OYes No S130 & S190, persons trained? (i.e. trained by IDNR Forestry, IFSI, or FWS) S290? S131? S211? S230? S231? S234? Other NWCG Classes? 6.b. Do you have members that hold a Red Card: OYes O No If yes, list names.
<ul> <li>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 ?</li> <li>YES O NO O If YES, please list. (BE SPECIFIC) EXAMPLE: Starved Rock State Park (Lodge, Maintenance Building, Site Superintendent Residence, 625 acres)</li> <li>Name of Facility:</li></ul>
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 <b>NOT ELIGIBLE</b> for consideration.

8. What is your approximate	annual budget? \$		
List the source (s) of yo	our income with its approximate perc	entage of your total b	udget.
a	% b		%
c	% d		%
<b>9.</b> What is your present rating	from the Insurance Services Office	? (ISO)	
City:	Rural:		
<b>10.</b> Does your Fire agency us Fire Marshal's office? YI	e the National Fire Incident Reportir ES O NO O	ng System (NFIRS) to	
Copies of the (NFIRS) rep ef3e0196eeea4661b86a0b9	t wildland fires to the Department o orts or on the DNR fire reporting we <u>0f384ddf80?open=menu</u> You may su y been reported to DNR, you will rec	bsite. https://survey1 ubmit reports with the	23.arcgis.com/share/ e application.
real estate value, of the f	agency suffer a loss (not covered by ire agency's equipment? YES O the formal report documenting the end	NO 🔿	more of the asset value, not including
<b>12.</b> Will communications equ	ipment requested enable your Fire a	gency meet the 2012 l	FFC narrow banding requirements?
YES O NO O	N/A 🔿		
Tankers, tenders, dry hy of dry hydrants or cister	ll-weather access. Survey and legal	ther projects will be c and signed 30 year ea	NOO onsidered. Permanent installations asements (and must be included with the ncluded in your request and must be
1 1 1	ject involve the conversion of Feder le the serial number and equipment a	1.	YES O NO O 4 - Project Description.
14b. List and Identify FEPP	/FFP equipment to be altered or mod	ified	
Serial Number:	Equipment Descrip	ption:	
Serial Number:	Equipment Descrip	ption:	
<b>15</b> . Does your community h	ave a Community Wildfire Protection	on Plan. Yes 🔿	No 🔘 *Attach with Application*
Name of Plan:	County/.	Area Covered by Plan	l
Name of Plan:	County/	Area Covered by Plan	L

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

	IDNR FUNDING [Up to 50% of total project cost or 10,000. Whichever is less]	DEPARTMENT FUNDING	TOTAL PROJECT COST
PROJECT FUNDING	\$	\$	\$

<b>SECTION 6 - DE</b> (Required for all a	TAILED PROJECT BUDGET	Attached Item	ization is fine*
	onal Documents may be attached on back	*	
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			
OTHER			m . 1
Description: (i.e. legal description; survey fees)			Total
	TOTAL COST (	DF PROJECT \$	

# Fire Control MEMORANDUM OF UNDERSTANDING



This Memorandum of Understanding (MOU) is between the Illinois Department of Natural Resources, hereafter referred to as the "Department", and the \_\_\_\_\_\_\_, hereafter referred to as the "Fire Agency". The purpose of this MOU is to reduce the effects of uncontrolled wildfires upon the forest, wildlife habitat and soil and water resources of the State. **The territory covered by this agreement is defined per the attached map.** 

#### **RESPONSIBILITIES OF ILLINOIS DEPARTMENT OF NATURAL RESOURCES**

- 1. Provide training to Fire Agency personnel in the areas of fire prevention, suppression and damage appraisal.
- 2. Provide guidance and assistance in selecting and utilizing personnel protective equipment (PPE), tools, and other necessary equipment to fight wildland fires. As available, loan appropriate tools and equipment to the Fire Agency.
- 3. Provide available resources to assist in suppression efforts for fires on property adjacent to Department owned lands within the Fire Agency's territory. As available, dispatch help to suppress fires on private lands.
- 4. Provide the Fire Agency fire prevention materials, (e.g. Smokey Bear costume, literature etc).

### **RESPONSIBILITIES OF THE FIRE AGENCY**

- 1. Furnish proper storage and maintenance of equipment loaned by the Department and maintain and make available all pertinent records.
- 2. Provide fire protection on Department owned lands within or adjacent to the Fire Agency territory.
- 3. Take action on wildland fires. File reports to the Department for wildfires for which action was taken.

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 Natura	1 Resources
Fire Agency		L.	
Fire Agency Representative	Date	IDNR Forester	Date
Address		Address	
City, State, Zip		City, State, Zip	
Telephone	Cell Phone	Telephone	Cell Phone
e-mail address		e-mail address	
		State Forester IDNR Forest Resources	Date
		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: XXXX	XXX
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:			TITL	_E:	
	(Signature)	(Date)			
NAME:			Grantee FEI	N/TIN:	
	(Typed or Printed)			(9 digit tax numb	ber)
Please	send copies of all invoices an	nd canceled check	ts for the ab	pove items to:	
	Department of Natural Resources				
	n: Adrian Walker				
Voluntee	er Fire Assistance Grant Program	IDNR – Approved	for Payment:		
Office of	f Resource Conservation			IDNR Fire Program Manager	(Date)
One Natu	aral Resources Way Springfield,				
Illinois 6	2702-1271				
Adrian.W	Valker2@illinois.gov				