



## Volunteer Fire Department Grant Application

Fire Dept. Name			
PO Box/Street	City	State	Zip
Contact Person		Title	
Contact Phone Numbers		Amount Requested	
Day: (    ) -                      Night: (    ) -		\$	
Annual operating costs of VFD:		\$ _____	
Last Time Application Submitted & Amount Awarded		_____ \$	
<b>Grant Request Information</b>			
Purpose of request. Include specifics on how funds will be used and <b>attach itemized costs of equipment</b> needed. (Attach additional pages for specifics if necessary)			
How is your VFD funded?			
Your VFD Insurance Rating?			
Other Sources of Assistance That Have Been Applied For And/Or Received That Will Be Used On This Project			
\$		\$	
\$		\$	
Community Support			
<p>The information contained in this statement is for the purpose of obtaining funding from the Coastal Electric Cooperative Foundation, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that The Coastal Electric Cooperative Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Coastal Electric Cooperative Foundation, Inc. is authorized to make all inquiries as deemed necessary to verify the accuracy of the statements made herein.</p>			
Fire Department Name	Authorized Signature		Date

**Equipment Department Owns (check off items)**

Class "A" Pumper with 500 gpm Pump	<input type="checkbox"/>	59' - 100' Extension Cord	<input type="checkbox"/>
750 Gallon Water Tank(or larger)	<input type="checkbox"/>	(1) Truck Mounted Radio Fire/Emer. Channels	<input type="checkbox"/>
Four Self Contained Breathing Apparatus	<input type="checkbox"/>	(1) Hand Held Radio with Above Frequencies	<input type="checkbox"/>
One Spare SCBA Bottle For Each Above	<input type="checkbox"/>	(1) 5000 Watt Generator	<input type="checkbox"/>
One Personal Alert Safety Device	<input type="checkbox"/>	(1) Positive Pressure Fan	<input type="checkbox"/>
800' - 2 1/2" Hose-Supply Line	<input type="checkbox"/>	(1) OSHA/NFPA Approved First-Aid Kit	<input type="checkbox"/>
400' - 2 1/2" Hose-Attack Line	<input type="checkbox"/>	(1) Hose Bed Cover	<input type="checkbox"/>
(2) 200' - 1 1/2" Hose Lines	<input type="checkbox"/>	(1) Set Wheel Chocks	<input type="checkbox"/>
(2) 10' x 5" Hard Suction Hose	<input type="checkbox"/>	<u>Per Person:</u>	
(1) 5" Hose Strainer	<input type="checkbox"/>	Helmet with Nomex Guard W/Accessories	<input type="checkbox"/>
(2) 2 1/2" Adjustable Nozzles	<input type="checkbox"/>	Nomex Hood	<input type="checkbox"/>
(2) 1 1/2" Adjustable Nozzles	<input type="checkbox"/>	Coat with Vapor Barrier	<input type="checkbox"/>
(1) Bresnan Nozzle or Piercing Nozzle	<input type="checkbox"/>	Pants with Vapor Barrier	<input type="checkbox"/>
(1) Master Stream Device(with accessories)	<input type="checkbox"/>	Suspenders	<input type="checkbox"/>
(1) Hydrant Gate Valve,Hose Clamp,Jacket)	<input type="checkbox"/>	Boots	<input type="checkbox"/>
(2) Sets Hose/Hydrant Wrenches	<input type="checkbox"/>	Gloves	<input type="checkbox"/>
(2) 20 BC Fire Extinguishers (ABC)(Co2)	<input type="checkbox"/>		
(1) 24' Extension Ladder	<input type="checkbox"/>	Other Equipment Not Listed:	
(1) 12'-14' Roof Ladder	<input type="checkbox"/>	_____	
(1) 8' - 10' Attic Ladder	<input type="checkbox"/>	_____	
(1) Crow Bar	<input type="checkbox"/>	_____	
(1) Pry Bar - 48" - 60"	<input type="checkbox"/>	_____	
(1) Pick Head Axe	<input type="checkbox"/>	_____	
(1) Flat Head Axe	<input type="checkbox"/>		
(1) Halogen Tool	<input type="checkbox"/>		
(1) Tool Box (Assorted Hand Tools)	<input type="checkbox"/>		
(2) Portable Hand Lights	<input type="checkbox"/>		
(2) Portable Scene Lights	<input type="checkbox"/>		

