Department of the Interior Rural Fire Assistance Application

Fire Department Name:

Fire Department mailing address:

Date Submitted:

Fire Department Contact Person:

Fire Department Business Phone Number:

Agreement with: (circle one) DOI Tribal State None

Cooperative Agreement Number:

Community Population:

Agency/Tribe:

Contact Name:

Address:

Phone Number:

Number of wildland urban interm ix acres protected by Fire Department:

Average annual number of wildland fire responses within primary response area:
(do not include mutual aid responses)

Number of Fire Department wildland fire engines:

Total number of active members on the Fire Department:

Does the Fire Department currently have wildland fire Personal Protective Equipment (PPE) for all active members? Y N

If not, how many members are not equipped with PPE?

How many members of your Fire Department do not meet your basic firefighter safety training?

Have you analyzed your Fire Department's wildland fire prevention program needs? Y N

PROJECT TITLE AND BRIEF SUMMARY OF THE PURPOSE AND OBJECTIVES OF REQUEST:

**PLEASE ATTACH AN ITEMIZED LIST OF YOUR REQUEST AND RESPECTIVE COSTS

Name and Title of Requestor:

Name and Title of Department of the Interior Officer reviewing:

FOR DEPARTMENT OF THE INTERIOR USE

Date Department of the Interior Official Reviewed:

Date Approved:

Amount Approved: