



General Guidelines

- 1. Eligible applicants are legal entities (cities, towns, fire departments or districts) under a population level of 10,000.
- 2. Major Categories of expenditure:
 - A. Fire Station Construction.
 - B. Fire Equipment.
- 3. Funding limits per application are:
 - A. \$30,000 Limit of State Funds for fire station construction <u>or</u> \$20,000 Limit of State Funds for purchase of fire equipment.
 - B. No advance payments will be made. Grant amounts may be claimed only on a reimbursement basis; 80% of expenses will be reimbursed up to the grant award amount. (Station Grant Example: Must spend \$37,500 to receive \$30,000 reimbursement.) Up to three (3) partial payments may be requested during the grant period.
 - C. Recipients can only make purchases <u>after</u> their fire department has been officially awarded a grant <u>and</u> received a copy of the <u>State Purchase Order</u> issued by the Department of Agriculture. <u>Purchases prior to the State Purchase Order date will not be eligible for this grant.</u>
 - D. Recipients must submit their **Federal Employers Identification (FEI)** number before a State Purchase Order can be issued.
- 4. Communities imposing strict boundary limits, which exclude rural residences logically part of the community, or using strict subscription response systems will not be eligible for funds under this program.
- 5. APPLICATION DEADLINE IS SEPTEMBER 12, 2022.

 Application must be received by your Rural Fire Coordinator by the close of business,

 SEPTEMBER 12, 2022. (See attached map for your Rural Fire Coordinator's name,
 telephone number and mailing address.

THIS IS A REIMBURSEMENT GRANT





LEGAL APPLICANT:		DATE:		
NAME:		-		
ADDRESS:		CITY:		
ZIP CODE + 4:	COUNTY:	RF COORDINATOR:		
E-MAIL:	FEI:			
CONTACT PERSON:		PHONE:		
CONTACT ADDRESS:				
	ent intends to purchase with the ed below must be approved by (ase.	,		
1007	Station / Equipment		Estimated Cost	
	~			
	ONLIN			
	19			
			4-2-2	
	511	Project Total:		

PROJECT NARRATIVE: Give a brief explanation of the intended use of the above listed equipment or materials and explain how it will benefit your fire department or your community.

CERTIFICATION: To the best of my knowledge and belief, data in this application are true and correct, the documents have been duly authorized by the governing body of the applicant, and the applicant will comply with the attached assurances. Applicant further certifies the local funds are available to match the grant request.





am authorized to apply for this grant in beha	alf of the above named entity. (Both Signatures Required)					
ire Chief:	Date:					
Mayor or Board Chairperson:	Date:					
TRAINING INFORMATION						
What is the total area (in square miles) protected by your fire department?						
Does your fire department have a written plan of action or standard operating procedure? If yes, attach copy.						
3. Provide the name of your fire depart	ment training officer.					
. (a) Total training hours recorded for	your firefighters during the past 12 months.					
OSU certified Training:	In House Training:					
(b) How many of your firefighters have	ve completed the following training? (Cumulative Total)					
Hazardous Materials (Awareness, Ops or Tech)	Wildland Fire Fighting					
Emergency Vehicle Operation	First Responder					
Incident Command	Firefighter I or Essentials					
Structural Firefighter Practices	Volunteer Firefighting Practices					
	Training Officer Signature					
FINANCIAL INFORMATION						
5. Are the proposed expenditures made	e with this grant essential for the fire department to reach					
ISO/CRS Protection Class 9?	Circle one: Yes No					
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6.	What is your Department's OFIRS (Oklahoma Fire Incident Reporting System) reporting number?							
7.	How many fire runs did your fire department report to the State Fire Marshal in the previous calendar year?							
8.	How much money was expended to operate your fire department during the last fiscal year?							
	(Exclude salaries and benefits for personnel)							
9.	How much money was designated (your share) to your fire department last year to	from						
	a. City, County, State, or Other Taxes and/or Assessments (list total)	\$						
	b. Membership Fees	\$						
	c. Donations & Fund Raisers	\$						
	Municipal fire departments must attach a statement from the municipal clerk or t the amount listed above.	reasure	er cer	tifyin				
	Chief Financial O	fficer S	ignat	ure				
OF	PERATIONS AND PREVIOUS GRANT INFORMATION							
10.	Do you have written mutual aid agreements with other fire departments? Circle	one: `	Yes	No				
11.	Are your firefighters covered by Worker's Compensation Insurance? Circle	one: \	⁄es	No				
12.	Do you have liability insurance coverage on all fire department vehicles? Circle	one: \	⁄es	No				
13.	How many complete sets of NFPA/OSHA approved protective clothing does your have? (a complete set include gloves, boots, hood, helmet, bunker pants and coal	·	partm	ent				





14. List all State Community Fire Assistance matching grants, and/or CDBG grants, and/or other State Special Project grants your fire department has been awarded in the last three years. (Forestry Operational Grants Do Not Apply)

Year	Amount	Type of Grant

THE FOLLOWING SECTION APPLIES TO APPLICATIONS FOR FIRE STATION CONSTRUCTION

No monies from the fund shall be expended or obligated for construction of buildings for fire stations unless the participant proposing to expend or obligate monies distributed from the Community Fire Assistance Program Fund for that purpose holds a lease for a period of not less than ten (10) years, with provision for renewal annually, to land on which it proposes to construct such building. Provided, however that this provision shall not prohibit construction or location of a fire station on land donated in whole or in part to the participant for the purpose, and use of the Community Fire Assistance Program Fund monies for the construction or location, where the donor has received the right of reversion of such land under the stated conditions, if such use be appropriate and reasonable.

15	Do v	you have a	a fire	station	now?	Circle one:	Yes	Nο
IJ,	ן טע	you nave a	3 111 6	Station	HOW:	Circle one.	162	140





ANSWER ONLY ONE OF THE FOLLOWING QUESTIONS

16.	Is the	e grant you are seeking for expansion of your existing fire station?	Circle one:	Yes	No
	If circ	cled yes, what is the proposed additional square footage	-		_
	a.	Is the proposed expansion to provide adequate space for apparatus?			
			Circle one:	Yes	No
	b.	Is the proposed expansion to provide room for class space, officer's of	lesk(s), files, e	etc.?	
			Circle one:	Yes	No
	c.	Is the proposed expansion for fund raising occasions (may include kit	chen and res	trooms	s)?
			Circle one:	Yes	No
		- OR -			
17.	Is the	e grant you are seeking for the purpose of completing or repairing you	r fire station	(insula	tion,
	conc	rete floor, heating, etc.)?	Circle one:	Yes	No
		- OR -			
18.	one a	equate space exists for apparatus but it is comprised of two or more stanother, or if the fire department or city owns one such structure but and or third building in order to house all apparatus, it may be expected want to consolidate all apparatus under one roof.	must arrange	or bo	rrow
	ls ap	plication being made for such purpose?	Circle one:	Yes	No
		- OR -			
19.	is the	e grant you are seeking for construction of a sub-station, when such st	ation is neces	ssary to	0
	satis	fy ISO response time or distance requirements?	Circle one:	Yes	No
	stati	swer is yes, attach a map showing the location of the new sub-station on within a five (5) mile radius of the proposed sub-station. Map shall ways and the concentration of population to be served by the proposed	depict usable	roads	





FIRE DEPARTMENT CONTACT INFORMATION - PLEASE PRINT

	community Fire Assistance Program Grant.			
	Mayor:	Phone Number:		
	City Clerk:	Phone Number:		
	Fire Chief:	Phone Number:		
	Other Persons:	Phone Number:		
В.	List the name, address, and phone number of person(s) responsible for the following:		
	Filing Grant Forms:	_Phone Number:		
	Handling Invoices:	Phone Number:		
	Ordering Equipment:	Phone Number:		

Oklahoma Department of Agriculture, Food and Forestry **Rural Fire Coordinator Map**





DISTRICT 1 Melvin Mashburn 333 S. Oak Street P.O. Box Drawer B Big Cabin, OK 74332-0502 Phone: 918-783-5793

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E-mail:

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DISTRICT 5 COEDD Paul Simpson Pottawatomie P.O. Box 3398

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DISTRICT 11 **OEDA** Tom Sheats **Beaver**

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Stephens

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STATE COORDINATOR

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