



Illinois Department of Natural Resources  
 Division of Forest Resources  
 Volunteer Fire Assistance Grant Program Application  
 Updated January 18, 2011

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|-------------------------------|
| IDNR USE<br>ONLY<br><br>_____ |
|-------------------------------|

(\*) indicates a required field

| SECTION 1 - APPLICANT INFORMATION   |                               |
|---|-------------------------------|
| Applicant Name (*)  | Tax ID number (9 digits) (*)  |
| Description of the Applicant (*)  |                               |
| Address (*)   | City, State, Zip & County (*) |
| Daytime Telephone (*)   | Fax (*)                       |
| E-Mail (*):   |                               |
|   |                               |
| Applicant Representative (*):   | Title:                        |
| Applicant Signature (*):  |                               |
| Other Contact Person ( <i>Only if different from Applicant Representative</i> ) <b>Must be available during business hours.</b>   |                               |
| Name:   | Title:                        |
| Daytime Telephone (*):  | E-Mail:                       |
| CONGRESSIONAL INFORMATION   |                               |
| State Representative District (____) State Senatorial District (____) U. S. Representative District (____)  |                               |
| SECTION 2 - ELIGIBILITY   |                               |
| <b>1.</b> Is 100% of the total project cost available at the time of application? YES____ NO____<br>If the answer is NO, the applicant is not eligible for funding.   |                               |
| <b>2.</b> Does your Fire agency serve a rural area? YES____ NO____<br>Does your Fire agency serve a community with a population under 10,000? YES____ NO____<br>What is the population of the community served? _____ (From the most recent Census)<br><i>(See Section I for eligibility requirements)</i>  |                               |
| <b>3.</b> Does your Fire agency have a written Memorandum of Understanding (MOU) on wildfire control with the Illinois Department of Natural Resources? YES ____ NO ____<br><i>(A signed MOU is required for funding consideration, form included in this package). A MOU older than 3 years must be renewed. (See appendix v) (Attach signed copy)</i> |                               |

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 site location map 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.

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**SECTION 3 - EVALUATION CRITERIA**

5. Does your Fire Agency have written mutual aid agreements with other fire agencies, with a fireman's association or with a Mutual Aid Call Box Alarm System (MABAS)? YES \_\_\_\_\_ NO \_\_\_\_\_  
How Many? \_\_\_\_\_

6. Did your Fire agency receive a FFY 07 VFA grant? YES \_\_\_\_ NO \_\_\_\_ *Applicants that have not submitted prior year grant funding request for reimbursement will receive penalty points at the time of this application submission.*  
Did your Fire agency receive a financial award from another agency (Homeland Security, FEMA, State Fire Marshall) during 2010? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, attach a copy of the award letter from each Agency.

7. **a.** Does your Fire agency protect any public lands or public owned facilities, such as State Parks or Forests, Forest Preserve Districts, National Forest lands, County or Township Parks, State or Federal Prisons, State or Federal Lodges, Mental Health facilities or County, Township or State Highway maintenance facilities? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, please list. (*BE SPECIFIC*)  
EXAMPLE: Starved Rock State Park (Lodge, Maintenance Building, Site Superintendant Residence, 625 acres)  
Names of Facilities: \_\_\_\_\_ Acres Protected: \_\_\_\_\_  
\_\_\_\_\_  
*(For more facilities, use additional sheets if necessary)*

**b.** Listing of historic buildings is to be included and documented with a letter from the agency that has registered the building.  
Names of Facilities: \_\_\_\_\_  
\_\_\_\_\_  
*(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.

8. What is your approximate annual budget? \$ \_\_\_\_\_  
List the source (s) of your income with its approximate percentage of your total budget.  
a. \_\_\_\_\_ %    b. \_\_\_\_\_ %  
c. \_\_\_\_\_ %    d. \_\_\_\_\_ %

9. What is your present rating from the Insurance Services Office? (ISO)  
City: \_\_\_\_\_ Rural: \_\_\_\_\_

10. Does your Fire agency use the National Fire Incident Reporting System (NFIRS) to report wildfires to the Illinois State Fire Marshall's office? YES \_\_\_\_\_ NO \_\_\_\_\_  
Did your Fire agency report wildland fires to the Department of Natural Resources in 2008? YES \_\_\_\_ NO \_\_\_\_  
Copies of the (NFIRS) reports or the DNR fire reporting form may be attached. Attached is a blank DNR form.  
You may submit reports with the application.  
If the wildfires have already been reported to DNR, you will receive credit for each report.

11. In 2007-2009 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 \_\_\_\_\_  
***If yes, attach a copy of the formal report documenting the equipment loss.***

12. Will communications equipment requested enable your Fire agency to participate in an existing or soon to be completed (within 2 years) enhanced 911 emergency system? (*Include from 911 coordinator documentation showing 911 status*)  
YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

13. Will this project increase the water supply to your protection area? YES \_\_\_\_\_ NO \_\_\_\_\_  
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) and all weather access.

14. Does the proposed project involve the conversion of Federal Excess Personal Property? YES \_\_\_\_ NO \_\_\_\_  
 If yes, please include the serial number and equipment description in Section 4 - Project Description.

**SECTION 4 - PROJECT DESCRIPTION**

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 hydrant is requested). If Hydrant will be placed on private property include a 30 year signed easement with the application.

**SECTION 5 - BUDGET SUMMARY (Round to nearest dollar)**

| Budget Summary/Category            | Project Total | Grant Funds Requested | In-Kind Match | Matching Funds |
|------------------------------------|---------------|-----------------------|---------------|----------------|
| Personnel                          |               |                       |               |                |
| Travel                             |               |                       |               |                |
| Equipment                          |               |                       |               |                |
| Materials/Supplies                 |               |                       |               |                |
| Contractual Services               |               |                       |               |                |
| Other                              |               |                       |               |                |
| Total (must match detailed budget) |               |                       |               |                |
| Source of Total Project Funds      |               |                       |               | Amount         |
|                                    |               |                       |               |                |
|                                    |               |                       |               |                |

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

| <b>PERSONNEL</b>  |             |   |       |
|---|-------------|---|-------|
| Name or Position Title  | Hourly Rate | Hours   | Total |
|   |             |   |       |
|   |             |   |       |
|   |             |   |       |
| <b>TRAVEL</b>   |             |   |       |
| Position/Description  | Item Rate   | Quantity  | Total |
|   |             |   |       |
|   |             |   |       |
|   |             |   |       |
| <b>EQUIPMENT</b>  |             |   |       |
| Description   | Price/Item  | Quantity  | Total |
|   |             |   |       |
|   |             |   |       |
|   |             |   |       |
|   |             |   |       |
| <b>MATERIALS/SUPPLIES</b>   |             |   |       |
| Description   | Price/Item  | Quantity  | Total |
|   |             |   |       |
|   |             |   |       |
|   |             |   |       |
| <b>CONTRACTUAL SERVICES</b>   |             |   |       |
| Description   |             |   | Total |
|   |             |   |       |
|   |             |   |       |
|   |             |   |       |
| <b>OTHER</b>  |             |   |       |
| Description   |             |   | Total |
|   |             |   |       |
|   |             |   |       |
|   |             | <b>TOTAL COST OF PROJECT</b>  |       |
|   |             | \$  |       |
| <b>Mail application and attachments (all pages) to:</b><br><br><b>Illinois Department of Natural Resources</b><br><b>Office of Resource Conservation</b><br><b>Division of Forest Resources</b><br><b>One Natural Resources Way</b><br><b>Springfield, IL 62702-1271</b><br><br><b>Questions - Contact: <a href="mailto:tom.wilson@illinois.gov">tom.wilson@illinois.gov</a></b><br><b>or call 618/498-1627</b> |             | 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. |       |



**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.

|                            |            |                            |  |
|----------------------------|------------|----------------------------|--|
| Fire Agency                |            |                            | Illinois Department of Natural Resources |
| 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             | 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.



ILLINOIS DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF FOREST RESOURCES  
WILDLAND FIRE REPORT

For use by all:  
Fire Departments

Fire Protection Districts  
Volunteer Fire Organizations

Fire Agency Reporting: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DATE OF FIRE: \_\_\_\_\_ TIME OUT \_\_\_\_\_ TIME IN \_\_\_\_\_

NO WILDFIRE ACTIVITY DURING THE MONTH OF \_\_\_\_\_ YEAR \_\_\_\_\_

Acres burned:

Forest \_\_\_\_\_ acres

Wildland: \_\_\_\_\_ acres

Crops: \_\_\_\_\_ acres

Cause:

- Lightning
- Trash
- Machinery
- Cigarette
- Escaped Prescribed fire
- Arson
- unknown
- Other \_\_\_\_\_

Property Destroyed (buildings, machinery, equipment, other):

What: \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

Landowner \_\_\_\_\_

Address: \_\_\_\_\_

Total Man Hours on fire: \_\_\_\_\_ County: \_\_\_\_\_

Location: \_\_\_\_\_ or \_\_\_\_\_

Latitude & Longitude

Township & Range

Send Report to:

Tom Wilson  
Illinois Department of Natural Resources  
Division of Forest Resources  
One Natural Resources Way  
Springfield, Il 62702 -1271 or fax 217/785-2438 or tom.wilson@illinois.gov

"The Illinois Department of Natural Resources does not discriminate based upon race, color, national origin, age, sex, religion or disability in its programs, services, activities and facilities. If you believe that you have been discriminated against or if you wish additional information, please contact the IDNR EEO Office at One Natural Resources Way, Springfield, Illinois 62702-1271 or by phone at (217) 782-2662.

**EXAMPLE ONLY**

FFY 08/09 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   |
|                        |          |            | \$2,175.00 | \$1,087.50  | Federal    |
|                        |          |            |            |             | \$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: Amina Everett  
Volunteer Fire Assistance Grant Program IDNR – Approved for Payment: \_\_\_\_\_  
Office of Resource Conservation IDNR Fire Program Manager (Date)  
One Natural Resources Way  
Springfield, Illinois 62702-1271