

# State Fire Assistance Grant Application

FOR OFFICIAL USE ONLY	
State Submitting Project:	
State Priority Number:	
Dollar Amount Requested:	
Matching Share:	

\*For guidance on filling in each box in this application, refer to the *Criteria and Instructions*

Applicant Information		
1	<b>Applicant:</b>	
	<b>Contact Person:</b>	
	<b>Address:</b>	
	<b>City/Zip Code:</b>	
	<b>Phone (Work/Cell):</b>	
	<b>Email:</b>	
	<b>Fax:</b>	
	<b>Federal Tax ID\DUNS #:</b>	

Project Information		
2	<b>Name of Project:</b>	
	<b>Community Name:</b>	
	<b>County(ies):</b>	
	<b>Congressional District:</b>	
	<b>Latitude:</b>	<b>Longitude:</b>

Total Project Expense					
3	Budget Detail (Provide additional information in Block 4)	Grant Share (\$ Amount Requested)	Match		TOTAL
			Dollars	In-Kind	
	<b>Personnel / Labor:</b>				
	<b>Fringe Benefits:</b>				
	<b>Travel:</b>				
	<b>Equipment:</b>				
	<b>Supplies:</b>				
	<b>Contractual:</b>				
	<b>Construction:</b>				
	<b>Other:</b>				
	<b>Indirect Costs:</b>				
	<b>TOTAL:</b>				

	<b>Budget Narrative</b>	
4		

	<b>The Project</b>	
5		

	<b>Relation to Forest Action Plan/CWPP</b>	
6		

	<b>Proposed Activities</b>	
7		

	<b>Landscape</b>	
8		

<b>Project Collaboration</b>	
9	

<b>Project Timeline</b>	
10	

<b>Project Sustainability</b>	
11	

**ALL INFORMATION MUST FIT INTO THE BOXES PROVIDED. ATTACHMENTS AND/OR MODIFICATIONS WILL NOT BE CONSIDERED BY THE COMMITTEE.**