

Mississippi Forestry Commission

Volunteer Fire Assistance Program (VFA) 2021 Grant Announcement

The Mississippi Forestry Commission expects to receive federal grant funds in 2021 for sub-grants to rural communities under the Volunteer Fire Assistance Program. This program provides grants up to \$4,500 to eligible fire departments for the purchase of wildland firefighting equipment. To qualify for the maximum \$4,500, the applicant's "Total Project Cost" must be at least \$4,500 for qualifying wildland firefighting equipment.

NOTES: Communities imposing strict boundary limits which exclude residences that are logically a part of the community, charge a fee for responses, or respond only to those who are paying members of the fire protection district are ineligible to participate in this program.

Only communities with a population under 10,000 are eligible for this grant.

Only departments made up of at least 75% volunteer firefighters are eligible for this grant.

This grant packet contains the application and other information needed to apply for a grant under the Volunteer Fire Assistance Program. There are three required parts of the grant application, all of which must be correctly completed and signed where indicated by the Authorized Official (mayor of city or town, president of chartered rural fire departments, fire chief, county fire coordinator, etc.) of the entity making application. **Incomplete applications, including applications not signed by the Authorized Official, will not be considered for funding.**

The **REQUIRED** parts of the grant application are:

1. 2021 Application Form
2. Digital or clearly delineated paper map of the department's primary response boundaries
3. W-9

To be considered for participation in this program, **a completed and signed application must be returned to the Forestry Commission by 5:00 p.m., Wednesday, April 28, 2021.** Mail to:

Mississippi Forestry Commission
Rural Fire Assistance
Attn: Keith Beatty
3139 Hwy 468 West
Pearl, MS 39208

The completion date for approved projects is Tuesday, October 5, 2021. On or before this date, approved applicants must have purchased, been in receipt of, paid for all the equipment covered by the application, and submitted the Project Completion Report (Form 490.1A, to be sent to approved grant recipients) with all attachments as called for.

Each applicant will be notified by letter if their application is approved or not approved.

To obtain a Volunteer Fire Assistance Program grant application, please contact Keith Beatty at (662) 251-6396 or visit our website at www.mfc.ms.gov.

Mississippi Forestry Commission

Volunteer Fire Assistance Program (VFA)

2021 Guidelines

1. Only communities with a population under 10,000 are eligible for this grant.
2. This grant is available for funds up to \$4,500 to purchase **WILDLAND FIREFIGHTING EQUIPMENT**.
3. Only departments made up of at least 75% volunteer firefighters are eligible for this grant.
4. Local funds, in the full amount of the request, must be available at the time the application is submitted.
 - a. This is a matching fund program. However, the department is not required to match the \$4,500 grant with an additional \$4,500 expenditure of their own, i.e. spend \$9,000 dollars in department funds to receive \$4,500 reimbursement in grant funds. The Mississippi Forestry Commission is using its fire expenditures to match the grant funds from the USDA Forest Service.
5. To qualify for grant funding, the department **must** submit either a digital or paper map clearly delineating the protection area boundaries of the department. Submitted area must clearly define the departments primary response boundaries, with road names, named water bodies, etc. This information will be used to create a statewide map of cost-share assisted departments.
6. Communities imposing strict boundary limits which exclude residences that are logically a part of the community, charge a fee for responses, or respond only to those who are paying members of the fire protection district are ineligible to participate in this program.
7. Any single item with a total cost of \$4,500 or more **WILL NOT** be approved for grant funding consideration.
8. Due to the small amount of funds available for the entire state program, only applications for assistance in purchasing **wildland** firefighting equipment will be accepted.
 - a. Approved items of equipment include the following:
 - i. Tanks, pumps, hose (up to 1.5"), hose reels, hose fittings, nozzles
 - ii. Slip-on units, complete (tanks, pump, hose, etc.) for converting trucks to pumper units. (If complete unit is more than \$4,500, itemize the components.)
 - iii. Communication equipment (two-way radios) with statewide firefighting frequency and "pagers" with tone alert and audio receivers.
 - iv. Hand tools (back-pack pumps, fire axes, drip torches, fire flaps, etc.)
 - v. Wildland protective items for firefighters (Nomex shirts, pants, jumpsuits, wildland helmets, boots, gloves, etc.)
 - b. Some Items Will Not Be Approved
 - i. Salaries, labor charges, service charges, utilities, installation or repair charges, supplies (batteries, foam, fuel, fuel mix, etc.)
 - ii. Trucks to be converted to fire apparatuses.
 - iii. Cost of structural improvements or real estate.
 - iv. Fire trucks complete (chassis, tank, pump, etc.).
 - v. Costs of equipment **which will not be carried on fire trucks**.
 - vi. Citizen band radios.
 - vii. Cost for equipment on hand, ordered or purchased prior to the announcement date.

NOTE: If in doubt about any item of equipment, check with the Forestry Commission before including it in the Wildland Fire Equipment Request List. **No changes will be allowed** in the items of equipment to be purchased.

9. Purchase must be made after the award announcement, and items received before the deadline to be eligible for reimbursement. No purchases made prior to the announcement or after the deadline will be reimbursed. If funds are not spent, and items received by the deadline, the department will lose that portion of the funds.
10. Only the original application with an original written signature will be accepted. Faxed or emailed applications will not be accepted.
11. As in most federal grant programs, certain records and documents must be maintained by approved applicants. These records are subject to state and federal audit. The following records must be kept by the applicant.
 - a. Approved application signed by State Forester or designee, complete with all attachments.
 - b. Canceled checks, signed receipts and other proof of full payment for equipment purchased.
 - c. Records showing source of applicant's funds and how funds were expended.
 - d. Records showing receipt and disposition of the check for the federal matching funds.
 - e. Copy of project completion report (Form 490.1A, to be sent to approved grant recipients).
 - f. Property records showing current status of equipment purchased with grant funds.

NOTE: The federal Office of Management and Budget (OMB) Circular A-102, attachments N and O apply to all grants. The federal government will retain an interest in the equipment purchased with federal matching funds.

Instructions for Completing 2021 Application

1. Enter the name and complete mailing address of the organization which will undertake the grant project. Provide the latitude and longitude of the primary station. This can be obtained from Google Maps.
2. Provide the department's Federal Tax Identification Number and the official name of the organization it is registered to.
3. Check the box for the appropriate type of your department.
4. List the number of active firefighters on the department's roll by paid or volunteer status.
5. Check the box indicating the legal basis for your fire department's existence. If other, explain. Provide the Department's FDID.
6. Check the box indicating the U.S. Congressional District in which the fire department is located.
7. Enter the number of residents who will directly benefit from this project. This will be all persons residing in the project area.
8. List the number of structures that are protected in the department's primary response area.
 - a. List any major structures that are protected (ex. Schools, hospitals, major industries, etc.).
 - b. List any Wildland Urban Interface Communities (WUI) that are protected in the department's primary response area, and provide estimate of number of residences. WUI is an area where residences and other human developments meet or intermingle with undeveloped wildland. These communities could include:
 1. A named subdivision or gated community
 2. A group of homes with some organized structure (i.e. homeowner's association)
 3. A cluster of residences (10 minimum) in close proximity that could effectively work together to develop and implement actions to protect their homes from wildfire (often locally known by a common name or area of the county)
9. List the number of Incidents the department responded to in the past year, broken out by structural fire, wildland fire (grass, brush, forest), and other (medical, rescue, etc.).
10. Provide the number of structures, in the department's primary response area, that were destroyed in the past year.
11. Check the box indicating whether the department is National Incident Management System (NIMS) compliant.
 - a. Departments will be considered in compliance with the NIMS by adopting the Incident Command System and NIMS principles and policies. This can be accomplished by formally adopting ICS for all incidents, and incorporating NIMS into Emergency Operation Plans. For more information, please visit:

<https://www.fema.gov/national-incident-management-system>
12. Check the appropriate box if the department has a written Plan of Action or Standard Operating Procedures (SOP).
 - a. If yes, check the appropriate box, if it includes wildland fire incidents.
 - b. If yes, please enclose a copy of the wildland fire portion.
13. Check the appropriate box if the department has a written mutual aid agreement of formal plan of action with other fire departments.
 - a. If yes, please list all departments with which you have agreements.
14. Check the appropriate box for the department's Insurance Protection Classification.
15. List the quantity of current "in-service" equipment the department has, broken out into pumpers, tankers, brush trucks, and sets of Wildland Personal Protective Equipment (PPE).
 - a. List the total water capacity of this equipment in gallons.

16. Check the appropriate box if any other department provides PRIMARY fire protection to the applying department's protection area.
 - a. If yes, list the departments.
17. Check the appropriate box if your department limits response to those who contribute or pay dues.
18. Check the appropriate box if a fee is charged by your department for fire responses.
19. Check the appropriate box if your department utilizes a Central Dispatch System (ex. One dispatch for the entire county or multiple counties).
 - a. If yes, list who the department is dispatched through, and the current phone number for the dispatch center.
20. Check the appropriate box if the department is currently utilizing the MSWIN statewide radio system.
21. Check the appropriate box if your department enters data about Wildland Fires (grass, brush, and forest), into the MS Fire Bridge reporting system.
 - a. If yes, indicate the frequency the data is entered.
22. Please list all Wildland equipment, tools, PPE, etc. the department is requesting reimbursement for. Please list actual cost not estimated cost. Multiply "Individual Item Cost" by the "Quantity" to obtain the "Total Item Cost". Add all "Total Item Costs" together to obtain "Total Project Cost".
 - a. If the "Total Project Cost" is higher than \$4,500, list \$4,500 in the "Federal Funds Requested" block, subtract the "Federal Funds Requested" from the "Total Project Cost" to obtain the "Funds to be Provided by Applicant".
 - b. If the "Total Project Cost" is less than \$4,500, list that amount in the "Federal Funds Requested" block. The "Funds to be Provided by Applicant" block will be \$0.00.
23. Check the appropriate box if the department has the "Total Project Cost" funds on hand, and available.

NOTE: In order for reimbursement to be made, all items must be paid for, received by the department, and all required documentation submitted BEFORE the deadline.
24. Provide a brief description of the intended use of the requested items, and how they will benefit the department, and surrounding communities.
25. Provide contact information for the Authorized Official submitting the application.
26. Complete the certification before submitting the application. Signature indicates applicant has authority to enter into this agreement with the Mississippi Forestry Commission.

If additional space is needed to answer application questions, attach additional pages as needed.

Incomplete applications, including applications not signed by the Authorized Official, will be not be considered.

Along with the application form, the department must submit a digital map (shapefile) or a clearly delineated paper map (no hand drawn maps) showing the department's primary response boundaries. Submitted area must clearly define the departments primary response boundaries with road names, named water bodies, etc. This information will be used to create a statewide map of cost-share assisted departments. Please email shapefile to kbeatty@mfc.ms.gov.

The department must also submit a W-9 with application.

Mail application packet to:

Rural Fire Assistance
3139 Highway 468 West
Pearl, MS 39208
601-420-6017
mfc.ms.gov

Mississippi Forestry Commission

Volunteer Fire Assistance Program (VFA)

2021 Grant Application

1. Applicant Information (please print)

Department / Entity Name

County

Mailing Address

Mississippi

City

State

Zip Code

Latitude of Primary Station (ex. 00°0000)

Longitude of Primary Station (ex. 00°0000)

2. Federal Tax ID #

Organization that the Federal ID is registered to

3. Grantee Type
☐ Municipal ☐ County ☐ Rural Department ☐ Other (specify): _____
4. Number of Active Firefighters in Department Paid _____ Volunteer _____**5. Legal Basis for Fire Department**

FDID # _____

☐ Chartered (under Section 79-11-1, MS Code 1972)☐ Incorporated Non-Profit☐ Created by Ordinance☐ Other (specify): _____**6. U.S. Congressional District**☐ 1☐ 2☐ 3☐ 4**7. Population Directly Benefiting from Project (Primary Response Area)**

Rural: _____ Community/ Town(s): _____ Total: _____

8. How many structures (residences, businesses, stores, schools, churches, etc.) are in the department's area of primary responsibility? _____**List major structures protected. (schools, hospitals, major industries, etc.)**

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

List Wildland Urban Interface (WUI) Communities Protected (Primary Response Area)

Name	# of Residences
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

9. Number of incidents responded to in the past year

_____ Structure Fires _____ Wildland/Grass Fires _____ Other (medical, rescue, etc.)

10. How many structures (residences, businesses, stores, schools, churches, etc.) in the department's primary area of responsibility were destroyed in the past year? _____**11. Is the department National Incident Management System (NIMS) compliant?** ☐ Yes ☐ No**12. Does the department have a written Plan of Action or Standard Operating Procedures?**

☐ Yes ☐ No

If yes, do they include a Plan of Action or Standard Operating Procedures for wildfire incidents?

☐ Yes ☐ No

If yes, please include a copy with this application.

13. Does the department have written mutual aid agreements or formal plans with other fire departments?

☐ Yes ☐ No

If yes, list departments:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

14. What is the Insurance Protection Classification in the department's protection area?

☐ 10 ☐ 9 ☐ 8 ☐ 7 or Less

15. Current Fire Department Equipment (list quantity for each)

_____ Pumpers _____ Tankers _____ Brush Trucks _____ Sets of Wildland PPE*

Total Water Available _____ gallons

* If department does not have Wildland PPE, the priority of this request should be to equip firefighters with PPE

16. Does any other fire department provide primary fire protection to the applicant's protection area?

☐ Yes ☐ No

If yes, list department(s):

1.	4.
2.	5.
3.	6.

17. Does the department limit response to those who contribute or pay dues? ☐ Yes ☐ No**18. Is a fee charged for fire responses?** ☐ Yes ☐ No**19. Does your department utilize a Central Dispatch System?** ☐ Yes ☐ No

If yes, through whom? _____ Dispatch Phone Number _____

20. Is the department currently using the MSWIN statewide radio system? ☐ Yes ☐ No**21. Does the department enter all wildland fires (woods, grass, brush) into the MS Fire Bridge reporting system?**

☐ Yes ☐ No

If yes, how often? ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually

22. Wildland Fire Equipment Request List

Description of Item (list each item requested)	Individual Item Cost	Quantity	Total Item Cost
Total Project Cost			\$
Total Federal Funds Requested (Maximum \$4,500)			\$
Funds to be Provided by Applicant			\$

23. Are funds for the "Total Project Cost" on hand, and available?☐ Yes☐ No**24. Project Narrative (brief description of the intended use of the above listed items, and how they will benefit your department and community.)****25. Contact Information (please print)**_____
Authorized Official's Name_____
Primary Phone Number_____
Authorized Official's Title_____
Secondary Phone Number_____
Authorized Official's Email_____
Best times to reach responsible official**26. Certify and Sign**

I _____ (print name) certify that to the best of my knowledge and belief, all data submitted as a part of this application is true and correct, and that I will comply with the attached assurances and all other federal regulations. I agree to make all records and items pertaining to this grant available to state and federal audits.

Signature of Authorized Official_____
Date

MFC USE ONLY:

APPROVED AMOUNT \$ _____ APPROVAL SIGNATURE _____ APPROVAL DATE _____

PAGE 3 of 5

Assurances

The Applicant hereby assures and certifies that he will comply with the regulations, policies, guidelines, and requirements, including OMB Circulars Nos. A--87, A--95, and A--102, as they relate to the application, acceptance and use of federal funds for this federally assisted project. Also, the Applicant assures and certifies with respect to the grant that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with Title VI of that Act, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives federal financial assistance, and will immediately take any measures necessary to effectuate this agreement.
3. It will comply with Title VI of the Civil Rights Act of 1964 (43 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefitting from the grant-aided activity.
4. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of federal and federally assisted programs.
5. It will comply with the provisions of the Hatch Act which limit the political activity of employees.
6. It will comply with the minimum wage and maximum hours provisions of the federal Fair Labor Standards Act, as they apply to hospital and educational institution employees of state and local governments.
7. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
8. It will give the grantor agency or the Comptroller General through any authorized representative the access to and the right to examine all records, books, papers, or documents related to the grant.
9. It will comply with all requirements imposed by the federal grantor agency concerning special requirements of law, program requirements, and other administrative requirements approved in accordance with Office of Management and Budget Circular No. A-102.

Signature of Authorized Official

Date

PAGE 4 of 5

Volunteer Fire Assistance Grant Program

Funding for this program is provided through the USDA Forest Service. It is administered in Mississippi by the Mississippi Forestry Commission.



In accordance with Federal law and U. S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (in education and training programs and activities), ages, disability, or retaliation. (Not all prohibited bases apply to all programs.)

If you require the information in alternative format (Braille, large print, audiotape, etc.), contact USDA's agency responsible for the program or activity, or any USDA office.

If you require information about this program, activity, or facility in a language other than English, contact USDA agency responsible for the program or activity, or any USDA office.

To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S. W., Washington, D. C. 20250-9410, or call, toll free, (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.