

Mississippi Forestry Commission

EQUIPMENT REQUEST FORM & COOPERATIVE EQUIPMENT AGREEMENT INFORMATION

County

Date of Request

Fire Coordinator (Print)

Fire Coordinator E-Mail

Fire Coordinator (Signature)

Fire Coordinator Phone Number

VFD / Entity Name

VFD / Entity Physical Address

VFD / Entity Mailing Address

GENERAL INFORMATION TO CONSIDER BEFORE SUBMITTING FORM:

- Can the requesting entity provide insurance on the item(s)? YES NO
- Can the requesting entity have the item in full compliance (painted, repaired (if needed), housed, equipped, and in service) within 180 days of receipt? YES NO

The information on these forms becomes part of the cooperative agreement and is agreed to by the COUNTY FIRE COORDINATOR and the VFD or AUTHORIZED ENTITY returning this form.

All forms must be filled out completely and signed by the County Fire Coordinator to be considered.

Complete this form for each individual department/entity requesting equipment from the FFP Program.

List all equipment needed for the department/entity. By submitting this request, all previous equipment requested, but not listed on this form will be purged from the request database. However, equipment requested again will keep the original date of submission.

Check the box beside the type of equipment which will best meet your needs. Also check the box for the sub-type of equipment (if applicable). Include any notes if you have specific needs for your request. List all equipment currently needed.

TYPE	SUB-TYPE		NOTES / NEEDS
1. <input type="checkbox"/> TRUCK, .75 TON	<input type="checkbox"/> 4x2	<input type="checkbox"/> 4x4	_____
2. <input type="checkbox"/> TRUCK, 1 - 1.5 TON	<input type="checkbox"/> 4x2	<input type="checkbox"/> 4x4	_____
3. <input type="checkbox"/> TRUCK, 2 TON	<input type="checkbox"/> 4x2	<input type="checkbox"/> 4x4	_____
4. <input type="checkbox"/> TRUCK, 2.5 TON 4X4, LMTV			_____
5. <input type="checkbox"/> TRUCK, 5 TON 6X6, MTV			_____
6. <input type="checkbox"/> TRUCK, TRACTOR	<input type="checkbox"/> 4x2	<input type="checkbox"/> 6x4 <input type="checkbox"/> 6x6	_____
7. <input type="checkbox"/> TRUCK, TANKER			_____
8. <input type="checkbox"/> TRUCK, FIRE	<input type="checkbox"/> Commercial	<input type="checkbox"/> ARFF	_____
9. <input type="checkbox"/> TRUCK, RESCUE	<input type="checkbox"/> 4x2	<input type="checkbox"/> 4x4	_____
10. <input type="checkbox"/> GENERATOR	<input type="checkbox"/> 15 KW	<input type="checkbox"/> 30 KW <input type="checkbox"/> 60 KW	_____
11. <input type="checkbox"/> PUMP	<input type="checkbox"/> 125 GPM	<input type="checkbox"/> 300 GPM <input type="checkbox"/> 500 GPM	_____
12. <input type="checkbox"/> SCENE LIGHT SET			_____

MISC REQUESTS (PLEASE PRINT) _____

MAXIMUM PAYLOAD SIZE FOR VEHICLES

Cooperator is responsible for insuring that add on tanks, pumps, hose reels, etc. will not cause the vehicle to exceed the gross vehicle weight rating (GVWR).

Vehicles designed primarily for ON-ROAD USE, maximum payload should be calculated by subtracting the curb weight* from the GVWR.

Vehicles designed primarily for OFF-ROAD USE, maximum payload should be calculated by multiplying GVWR by 0.80, then subtracting the curb weight*.

*The curb weight of a vehicle shall include the weight of the chassis and cab with all attachments, accessories, and equipment, including a full complement of fuel, lubricant, and coolant.

INITIAL _____
PAGE 2 OF 4

RETURN ORIGINAL TO:
Rural Fire Assistance
3139 Highway 468 West
Pearl, MS 39208
601-420-6017

QUESTIONNAIRE

1. Is this equipment a replacement request for old FEPP property? YES NO
- If YES, give inventory number. _____
 - Reason for replacement: _____
2. Do you have housing for the requested equipment? YES NO
- If NO, is housing under construction? YES NO
 - If YES, estimated date of completion? _____
3. Does the department currently have any FEPP/FFP issued equipment? YES NO
- If YES, is the equipment in full compliance with the signed cooperator's agreement? YES NO
 - List all FEPP/FFP equipment by FEDERAL INVENTORY NUMBER. (if additional space is needed, attach additional pages.)

INVENTORY NUMBER	DESCRIPTION

4. How long has the department been in operation? _____
5. How many grass/wildland fire runs does your department average per year? _____
6. Use space below to provide additional information you feel would be helpful.

INITIAL _____
PAGE 3 OF 4

COOPERATIVE EQUIPMENT AGREEMENT INFORMATION

COOPERATOR AGREES TO:

- Sign a Cooperative Agreement with the Mississippi Forestry Commission upon receipt of property.
- Convert equipment into Fire Apparatus or Emergency Unit.
- Meet all provisions of the cooperative agreement within 180 days.
- Provide shelter adequate to protect equipment from vandalism and adverse weather.
- Provide photos of equipment to the MFC when all provisions of the cooperative agreement have been met.
- Obtain, prior to operation, liability insurance on equipment and continue in effect for duration of cooperative agreement.
- Ensure that equipment is used for FIRE AND EMERGENCY RESPONSE ONLY.
- Make equipment available for inspection by the MFC or Federal Partners.
- Take ownership of all equipment acquired. Vehicle Titles will be transferred to the VFD or Authorized Entity (not an individual) after final inspection by the Mississippi Forestry Commission.
- Ensure equipment is maintained in working condition no less than one year from the date terms of the cooperative agreement were met.
- Ensure equipment is disposed of according to federal, state, and local public property guidelines.
- Maintain records on equipment, no less than 7 years after disposal.
- Each Cooperator will be responsible for payment of a Processing and Handling Fee of \$100 for each piece of equipment that requires a title.

PLEASE LIST CURRENT FIRE DEPARTMENT OFFICERS OR CONTACT PERSONNEL

NAME	TITLE	DAYTIME PHONE	CELL
	FIRE CHIEF		
	ASST FIRE CHIEF		
	PRESIDENT		

INITIAL _____
PAGE 4 OF 4

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