2018 Cooperative Fire Protection Assistance (CFPA) Grant

Fire Department Information

In-Kind Match from Fire Department

Total Project Cost

i ne bepar ement informatio	, 11				
Fire Department (FD) Name					
FD Street Address FD Mailing Address					
City		State	Zip Code		
Fire Department ID#					
* Duns #					
*The federal government has adopted the use of DU dentification number that is assigned by Dun & Bradentities required to register with the US Federal (1-866-705-5711 or visit the Dun & Bradstreet web parameters)	dstreet for each physical loca Government for contracts of	tion of your bus r grants. If you	siness. A DUNS numb a do not know your	er is assigned	I free to all businesse
Fire Chief					
Phone Number	E-Mail Addr	ess			
Contact Person (if different)		Title			
Phone Number	E-Mail Addı	ress			
Alternate Contact Person					
Phone Number	E-Mail Addı	ress			
District Information					
What is the population within your FD's area o	·				
Does your department report fires to the NDFS	S and NFIRS using the onli	ne Emergency	Reporting tool?	YES	NO
If your department protects federal lands, are	fires reported to that age	ncy? YE	S NO		
What is the total number of wildland fire response	onses in 2018?				
What is the total number of non-wildfire (struc	cture, EMS, etc.) response	es in 2018?			
Application Request					
Grant Category Applying for: (pull down tab)					
Additional Grant Category Applying for: (pull de	own tab)				
List all item(s) to be covered by this grant					
Grant Funds Requested from NDFS					
Cash Match from Fire Department					
cash Match from the Department					

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Justification of Request

Describe in detail what your department is requesting.
Why is the request important to your department and community?
Should you be approved, what is the timetable for completion? (reimbursement MUST be postmarked/submitted no later than April 1, 2019)

What will be the match for this project? Provide details	s on how your department will meet match requirements.
What additional information would you like to share w	ith the review committee to help evaluate your request?
what additional information would you like to share w	ith the review committee to help evaluate your request:
Email completed grant application and	cost estimate sheets from vendors to Mary.Fisk@ndsu.edu or
mail to:	North Dakota Forest Service
	CFPA Grant Applications 916 E Interstate Ave Ste. 4
	Bismarck, ND 58503
national origin, participation in lawful off-campus activ	s on the basis of age, color, gender expression/identity, genetic information, marital stativity, physical or mental disability, pregnancy, public assistance status, race, religion, so ployee, or veteran status, as applicable. Direct inquiries to Vice Provost, Title IX/Aladsu.edu.
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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http:// www.ascr.usda.gov/complaint filing cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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