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| ***VSFA Office Use Only*** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICATION #:** | | | **-** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | **Date:** | | | | |  | | | | / | |  | | | / | | |  | |
| **AUTHORIZED AGENT / ORGANIZATIONAL CONTACT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Grant Point of Contact & Oversight** | | | | |  | | | | | | | | | | | | | | **Title** | | | |  | | | | | | | | | | |
| **Mailing Address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City** | |  | | | | | | | | | | | | **State** | | | |  | | | | | | | **ZIP** | | | |  | | | | |
| **Phone** | | **Work** | | ( | |  | ) |  | | **Cell** | | ( |  | | | ) |  | | | | | **Fax:** | | | | | | ( | |  | ) | |  |
| **E-Mail Address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Grant Point of Contact** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name of Department** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City** |  | | | | | | | | | | **State:** | | | |  | | | | | | **ZIP:** | | | | | |  | | | | | | |
| **Population of First Due Response Area** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of Active Members** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dept. Budget** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Funding Source(s)** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Briefly Describe the Purpose of Your Organization.** |
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| **Briefly Describe the Type and Purpose of Equipment Requested.** |
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| **Describe the Purpose & Scope of the Grant Request & Describe the Targeted Audience for your Quarterly Community Events. (School/Church, etc.)** |
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| **ESTIMATED EXPENSES AND REQUESTED FUNDING**  ***Indicate the estimated cost of the following items and the amount of funding your organization requests from the Dominion Volunteer Fire Department Pilot Grants Program to assist with that cost.***  ***\*Round all figures to the nearest dollar.*** | | |
|  | **Estimated Total Cost** | **Dominion Grant Request Amount** | |
| **Equipment** |  |  | |
| **ESTIMATED TOTAL EXPENSES** |  |  | |

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| **Please Indicate If You Anticipate Receiving Additional Funding For items/activities listed above. If So, List the Other Funding Agency and The Amounts Requested/Awarded.** |
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| **SIGNED VERIFICATION OF INFORMATION** | | | |
|  | | | |
| **Printed Name and Signature of Authorized Individual Completing Application.** | | | |
| *“I hereby attest that the information enclosed within this application is true and accurate to the best of my knowledge.”* | | | |
| **Printed Name:** |  | **Title:** |  |
| **Signature:** |  | **Date:** |  |

**Application Must be postmarked by April 15, 2023**

**Mail Application to:**

Virginia State Firefighters Association  
9994 Sowder Village Square, #544  
Manassas, Va. 20109