



# DOMINION VOLUNTEER FIRE DEPARTMENT GRANT

## ❧ APPLICATION FOR FUNDING ❧

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

Briefly Describe the Purpose of Your Organization.



**DOMINION VOLUNTEER FIRE DEPARTMENT  
GRANT**

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<b>Briefly Describe the Type and Purpose of Firefighting Equipment Requested.</b>
<b>Describe the Targeted Audience for your Community Events that you are planning to provide at a minimum on a quarterly basis (School/Church, etc.)</b>



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Requested Funding & Estimated Expenses		
<p><i>Indicate the estimated cost of the following items and the amount of funding your organization requests from the Dominion Volunteer Fire Department Grants Program to assist with that cost.</i></p> <p><i>*Round all figures to the nearest dollar.</i></p>		
	Estimated Total Cost	Dominion Grant Request Amount
<b>Equipment</b>		
<b>ESTIMATED TOTAL EXPENSES</b>		

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.

### SIGNED VERIFICATION OF INFORMATION

Printed Name and Signature of Authorized Individual Completing Application.			
<p><i>"I hereby attest that the information enclosed within this application is true and accurate to the best of my knowledge."</i></p>			
<b>Printed Name:</b>		<b>Title:</b>	
<b>Signature:</b>		<b>Date:</b>	

**Application Must be postmarked by May 15, 2026**

**Mail Application to:**  
 Virginia State Firefighters Association  
 PO Box 9413  
 Hampton, Va. 23670