



Volunteer Fire Department Grant Instructions

The Community Foundation of Abilene established the Volunteer Fire Department Fund in an effort to assist the various rural and volunteer fire departments in **Taylor County and the surrounding nine counties: Brown, Callahan, Coleman, Eastland, Fisher, Jones, Nolan, Runnels, and Shackelford**. Grants from this fund will help the departments address the safety and security issues that communities are facing due to the number of devastating fires that have affected the area. The generosity of citizens and organizations throughout these counties has made this Volunteer Fire Department Fund possible.

As you request funding, please consider the following:

Priority Areas of Funding:

- Trucks (partial funding)
- Fire equipment
- Communication devices
- Safety equipment
- Disposable supplies (drinking water, medical supplies, etc.)
- Medical training

Secondary Areas of Funding:

- Miscellaneous goods (for use in firefighting and prevention)

Requests will not be considered for:

- Buildings and/or building acquisitions
- Equipment losses that are covered by insurance

INSTRUCTIONS: Before completing the application, please review the eligible counties listed above.

1. Complete application and have signed by a county official (i.e., County Judge).
2. Collect and attach the following **required** information to the application form:
 - a. ___ IRS Determination Letter OR organization document
 - b. ___ Latest Financial Statements

- c. ____ Bid or photo documentation of item(s) requested
3. Mail or deliver the completed application with required attachments to:
Community Foundation of Abilene
VFD Fund/Grant Application
P.O. Box 1001
Abilene, TX 79604
4. Questions, contact Michelle Parrish at (325) 676-3883 or mparrish@cfabilene.org.



Volunteer Fire Department Grant Application

Contact Information		
VFD Name:		Tax ID #:
VFD Fire Chief Name:		Phone #:
E-mail:		
VFD Contact for this Grant:		Phone#
E-mail:		
VFD Mailing Address:		
	Street/PO Box	City/State/Zip

County and Budget Information		
County:		Population:
County Square Miles:		# of VFD's:
VFD's Annual Operating Budget Total: \$		
Please list the annual contributions from the revenue sources below:		
City: \$		County: \$
State: \$		Federal: \$
Individuals: \$		Fundraising Events: \$
Other Sources: \$		

Annual Statistics	
Number of Volunteers:	
Average total calls per year:	
% Fire Related:	% First Responder:
Square miles in coverage area:	Population in coverage area:
Grant Amount Requested:	

Item(s) Requested (Please attach bids and/or photos):

Describe need for requested item(s). If your department has had extenuating circumstances that have created this need, please include a separate sheet describing those circumstances and attach this information to the application packet.

Describe any special considerations or hazards in your coverage area:

Affirmation of Need: I/we affirm that the need described in this grant application is necessary for the safety and security of the people in _____ County, State of Texas, and the information provided is true and correct to the best of my/our knowledge.

County Official – Print Name and Title

Signature

Date

VFD Chief – Print Name

Signature

Date