



Office of the State Fire Marshal
Kansas Firefighter Recruitment & Safety Grant (KFRSG)
Fire Safety Equipment
Volunteer and Part-Time Department
Reimbursement Application
FY2016



Applicant Information

Department Name: _____ KS ID#: _____
 Address: _____
 City, Zip: _____
 Phone #: _____ Email: _____
 Population Served: _____ Federal Tax ID#: _____
 Chief Name: _____

Grant contact information if different, the Chief will be cc'd on all correspondence:

Name: _____
 Address: _____
 City, Zip: _____
 Phone #: _____ Email: _____

Department Budget Information by Fiscal Year

Fire Department Budget	Actual Previous FY	Estimate Current FY	Estimate Next FY
Personnel Costs			
Salary & Benefits			
Operating Expenses			
Utilities, Supplies & Equipment			
Contractual Services			
Leases & Rentals			
Capital Expenses			
Apparatus/Equipment > \$5,000			
Total Fire Department Budget			

Name	Date of Hire	Date of Last Physical – meets intent of NFPA 1582

Attach additional list if needed

Equipment Request

Complete one page per item

Item Description: _____ Meets current NFPA Standard? _____
Make: _____ Model: _____
Quantity: _____ Cost Each: _____ Total Request: _____

Quote Information:

- Minimum of 2 quotes, good through April 2016, are required
- Attach copies of each

Vendor Name	Cost Each	Contract?	Quote Exp Date	Comments

Justification, why do you need this, and the help purchasing?

Affirmation

Office of the State Fire Marshal, 800 S.W. Jackson, Suite 104, Topeka, Ks 66612

The grant contact and fire chief, whose names and signatures appear below, attest that he/she are aware of this request and have been designated by the local appointing authority to complete and submit a grant requests on its behalf. The fire department agrees to comply with the rules and guidelines governing financial assistance from the Office of the State Fire Marshal, Kansas Firefighter Safety Grant requests. Equipment purchased is the property of the department and if dissolved within 5 years of reimbursement, equipment will be returned to OSFM. If merged with another department within 5 years department will contact OSFM to request transfer of equipment. The grant contact and fire chief, by signing below, attest that to the best of his/her knowledge, the information contained herein is true and accurate.

Fire Department Name:

Local Appointing Authority Name:

Grant Contact Signature & Date:

Fire Chief Signature & Date:
