



**Office of the State Fire Marshal  
 Kansas Firefighter Recruitment &  
 Safety Grant (KFRSG)  
 Junior Firefighter Program  
 Fire Department 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: \_\_\_\_\_

**Program Information**

Program Affiliation: \_\_\_\_\_  
 Initiation Fee \$: \_\_\_\_\_  
 Start Up Fund \$: \_\_\_\_\_  
 Start up funds will be considered up to \$100

Description of program

Attach additional page if needed.

## 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:

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Local Appointing Authority Name:

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Grant Contact Signature & Date:

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Fire Chief Signature & Date:

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