



**Office of the State Fire Marshal**  
**Kansas Firefighter Recruitment & Safety Grant**  
**(KFRSG)**  
**Application**  
**Fire Safety Equipment**  
**Volunteer and Part-Time Department**  
**FY2024**



**Applicant Information**

Department Name: \_\_\_\_\_ FDID#: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City, Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Population Served: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_  
 Chief Name: \_\_\_\_\_  
 Grant contact information:  
 Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Department Budget Information by Fiscal Year**

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

**FOR OFFICE USE ONLY**

NFIRS	Received	Status	Approved	Equipment	Amount
Compliant	On-time	Approved	Full	Bunker	
Non-Compliant	Late	Denied	Partial	Wildland	
				SCBA Masks	
<b>CRMCS</b>				Extractor	
Compliant					
Non-Compliant				<b>TOTAL</b>	

## Equipment Request

Equipment Description: \_\_\_\_\_ Meets Current NFPA Standard? \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Quantity: \_\_\_\_\_ Cost Each: \_\_\_\_\_ Total Request: \_\_\_\_\_

### Request Extractor

For those requesting extractor machines, we are now offering the 20-pound unit, which is designed to launder two sets per wash cycle. Those fire departments who receive a machine need to be willing to share with nearby fire departments. **No quotes are necessary for these extractor machines. OSFM has an established contract.**

#### Quote Information, to include shipping:

- Minimum of two vendor quotes, good through March 2024, are required, lowest price will be used in determining award, unless additional explanation is included. (Online pricing will not be accepted in place of quote.)
- Quotes are required to show the cost of each individual item.
- Ask vendor for any and all discounts and/or special pricing for purchases made through this grant.
- Attach copies of each quote.

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: \_\_\_\_\_

Grant Contact Signature & Date: \_\_\_\_\_

Fire Chief Signature & Date: \_\_\_\_\_

**Mail, fax or email to:**    **Kelly Ingold**  
Office of the State Fire Marshal  
800 SW Jackson, Suite 104  
Topeka, KS 66612-1216  
Phone: 785-291-3586  
Fax: 785-296-0151  
Email: [kelly.ingold@ks.gov](mailto:kelly.ingold@ks.gov)