



**Kansas State Fire Marshal  
Kansas Volunteer Firefighter Grant  
(KVFG)**



**Application  
Fire Safety Equipment  
Volunteer Department  
FY2026**

**Applicant Information**

Department Name: \_\_\_\_\_ FDID#: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Population Served: \_\_\_\_\_  
 Chief Name: \_\_\_\_\_

Grant Contact Information:  
 Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, 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>			

**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 should be willing to share with nearby fire departments. **No quotes are necessary for these extractor machines. KSFM has an established contract.**

**FOR OFFICE USE ONLY**

Received	Status	Approved	Equipment	Number of Sets
On-time	Approved	Full	Bunker	
Late	Denied	Partial	Wildland	
			Extractor	

## Grant Request and Justification

How many sets of bunker gear are you requesting?

Select Quantity

How many sets of wildland gear are you requesting?

Justification for request. (Include department size, needs, benefits to department if awarded)

## Affirmation

**Kansas 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 request on its behalf. The fire department agrees to comply with the rules and guidelines governing financial assistance from the Kansas State Fire Marshal, Kansas Volunteer Firefighter Grant request. Equipment received is the property of the department and if dissolved within 5 years of receiving, equipment will be returned to KSFM. If merged with another department within 5 years department will contact KSFM to request transfer of equipment. By applying for this grant, we are verifying that we are a volunteer-only fire department. The grant contact and fire chief, by signing or typing 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**  
Kansas 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)