



**Office of the State Fire Marshal  
 Kansas Firefighter Recruitment &  
 Safety Grant (KFRSG)  
 Fire Safety Equipment  
 Volunteer and Part-Time Department  
 Reimbursement Application  
 FY2018**



**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
<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>			

Name	Date of Hire	Date of Last Physical

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: \_\_\_\_\_

For those requesting Extractor machines, we are now offering the opportunity for fire departments to request a large capacity machine (which would launder up to five sets per wash cycle) or a smaller unit (designed to launder two sets per wash cycle). Those fire departments who receive either type of machine need to be willing to share with nearby fire departments. **No quotes are necessary for these extractor machines. OSFM has an established contract.**

Requesting:

- Large capacity extractor machine
- Small capacity extractor machine

Quote Information:

- Minimum of 2 quotes, good through April 2018, 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:

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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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