



Office of the State Fire Marshal
Kansas Firefighter Recruitment & Safety Grant
(KFRSG)
Application
Fire Safety Equipment
Volunteer and Part-Time Department
FY2019



Applicant Information

Department Name: _____ FDID#: _____
 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 over \$5,000			
Total Fire Department Budget			

FOR OFFICE USE ONLY

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

Equipment Request

Complete one page per item

Item Description: _____ Meets Current
Make: _____ Model: _____ NFPA Standard? _____
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 2019, 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 or typing your name 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: _____

Submit 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