

**GEORGIA STATE FIREFIGHTER'S ASSOCIATION  
FIRE DEPARTMENT GRANT  
APPLICATION**



VOLUNTEER ( ) CAREER ( )

NAME OF FIRE DEPARTMENT \_\_\_\_\_ COUNTY \_\_\_\_\_

ADDRESS (Physical Address) \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ - \_\_\_\_\_

TELEPHONE: WORK \_\_\_\_\_ CELL \_\_\_\_\_

FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

FIRE CHIEF NAME \_\_\_\_\_

IF COMBINATION, # OF VOLUNTEERS \_\_\_\_\_ # OF CAREER \_\_\_\_\_ GSFA DISTRICT # \_\_\_\_\_

IS FIRE DEPARTMENT A MEMBER OF GSFA? ( ) # OF MEMBERS IN GSFA \_\_\_\_\_  
(At least 50% of department personnel must be members of GSFA to be eligible for Grant)

1. Are fire department's records computerized? ( ) Yes ( ) No
2. Is fire department a legally organized department in the State? ( ) Yes ( ) No
3. Approximate annual budget of fire department \_\_\_\_\_
4. Is fire department funded by: County ( ) Municipality ( ) Other \_\_\_\_\_
5. Approximate size of primary response area in square miles \_\_\_\_\_
6. Population of area served \_\_\_\_\_
7. Dispatched by: Sheriff Office ( ) Fire Department ( ) Phone ( )  
City/County ( ) Other ( )

This Grant is requested for:

- Fire Prevention/Education ( )
- Purchase of Equipment (BA, Protective Clothing, etc.) ( )
- Training or Communication ( )
- Purchase of Computer Accessories for Fire Department ( )

Estimated Timeframe for Implementation of Program for which funds will be used: \_\_\_\_\_

