

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: _____

