



# GEORGIA STATE FIREFIGHTER'S ASSOCIATION

*Fire Department Grant Application*

Volunteer ( ) Career ( )

NAME OF FIRE DEPARTMENT \_\_\_\_\_ COUNTY \_\_\_\_\_ GSFA District \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

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

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

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

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 for Fire Department ( )

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

Brief Narrative of what grant funds will be used for (use extra sheet if necessary)

---



---



---



---



---



---



---



---



---



---