

State Fire Assistance Grant Application

FOR OFFICIAL USE ONLY	
State Submitting Project:	
State Priority Number:	
Dollar Amount Requested:	
Matching Share:	

*For guidance on filling in each box in this application, refer to the *Criteria and Instructions*

Applicant Information		
1	Applicant:	
	Contact Person:	
	Address:	
	City/Zip Code:	
	Phone (Work/Cell):	
	Email:	
	Fax:	
	Federal Tax ID\DUNS #:	

Project Information		
2	Name of Project:	
	Community Name:	
	County(ies):	
	Congressional District:	
	Latitude:	Longitude:

Total Project Expense					
3	Budget Detail (Provide additional information in Block 4)	Grant Share (\$ Amount Requested)	Match		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:				
	Fringe Benefits:				
	Travel:				
	Equipment:				
	Supplies:				
	Contractual:				
	Construction:				
	Other:				
	Indirect Costs:				
	TOTAL:				

	Budget Narrative	
4		

	Project Area Description and Challenges	
5		

	Relation to Forest Action Plan CWPP	
6		

	Proposed Activities	
7		

	Landscape	
8		

Project Collaboration	
9	

Project Timeline	
10	

Project Sustainability	
11	

ALL INFORMATION MUST FIT INTO THE BOXES PROVIDED. ATTACHMENTS AND/OR MODIFICATIONS WILL NOT BE CONSIDERED BY THE COMMITTEE.