

Organization Name

E-Mail Address

ARKANSAS FIRE PREVENTION COMMISSION

COMMUNITY FIRE PREVENTION GRANT PROGRAM

AFPC Use Only	
Application #:	Amount Requested:
FDID #:	Amount Funded:

Please read the attached section on the grant policy carefully before completing this application. Questions should be directed to the State Fire Marshal's Office.

Date:

Organiza							
Mailing A	Address:						
City:			State:			Zip:	
Tel. #:	()		Fax #:	()		
E-Mail A	ddress						
FDID #:							
Does the	organiza	tion report to	NFIRS?	Yes		No	
	AU	THORIZED .	AGENT/ORG	SANIZA	ATIONAL (CONTACT	
Grant Co	ordinato	::			Title:		
Tel. #:	W: () 0	ther: ()		Fax #: ()	

		FI	RE CH	IEF/PRESI	DENT OF	ORGANIZ	ZATION	
Name:						Title:	-	
Tel. #:	W: ()		Other: ()	Fax #: ()	
E-Mail A	ddress			l		1		
	ASSI	STA	NT CH	IEF/VICE-	PRESIDEN	T OF OR	GANIZATION	V
Name:						Title:		
Tel. #:	W: ()		Other: ()	Fax #: ()	
E-Mail A	ddress							
		j	Briefly (describe the	purpose of	your orga	nization:	
Have you	applied _.	for ti	he AFP	PC Commun	ity Fire Pre	vention G	rant before?	Yes No
Was your organization approved or denied an AFPC grant? Approved Denied								
If approved, what was the amount and the purpose of your grant?								

1. What is the purpose of your grant request?
2. What is the planned approach for the use of funds?

3. Who is the intended audience?	
4. Other Funding Sources	
Name:	Amount:
1)	
2)	
3)	
4)	
5)	
5. Collaboration. Provide evidence of collaboration with other or schools, faith-based and/or community organizations. You may inc	ganizations such as clude support letters.

6. Sustainability. Describe if there a plan to continue this project without additional funding?
7. Report of Outcome: Describe your plan to evaluate this project, such as compiling outreach numbers, conducting pre/post tests, etc
8. If this request for funding is DENIED, will your organization be unable to do the
8. If this request for funding is DENIED, will your organization be unable to do the projected project? If yes, explain:

9. ADDITIONAL EXPLANATION OF REQUEST: Please use this space to provide any other information that you believe is pertinent to this application.			

10. Detailed Estimated E	xpenses and Reques	ted Funding	
Item	Est. Total Cost	AFPC Grant Request	Other Funds

SIGNED VERIFICATION OF INFORMATION

Printed Name and Signature of Authorized Individual Completing Application "I hereby attest that the information enclosed within this application is true and accurate to the best of my knowledge"			
Printed Name:			
Title:			
Signature:			
Date:			