



## ARKANSAS FIRE PROTECTION SERVICE BOARD

### COMMUNITY FIRE PREVENTION GRANT PROGRAM

AFPSB 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:	
Organization Name:					
Mailing Address:					
City:		State:		Zip:	
Tel. #:	( )	Fax #:	( )		
E-Mail Address					
FDID #:					
Does the organization report to NFIRS?			Yes	No	

AUTHORIZED AGENT/ORGANIZATIONAL CONTACT					
Grant Coordinator:					Title:
Tel. #:	W: ( )	Other: ( )	Fax #: ( )		
E-Mail Address					

<b><i>FIRE CHIEF/PRESIDENT OF ORGANIZATION</i></b>			
<b>Name:</b>			<b>Title:</b>
<b>Tel. #:</b>	<b>W: ( )</b>	<b>Other: ( )</b>	<b>Fax #: ( )</b>
<b>E-Mail Address</b>			

<b><i>ASSISTANT CHIEF/VICE-PRESIDENT OF ORGANIZATION</i></b>			
<b>Name:</b>			<b>Title:</b>
<b>Tel. #:</b>	<b>W: ( )</b>	<b>Other: ( )</b>	<b>Fax #: ( )</b>
<b>E-Mail Address</b>			

<b><i>Briefly describe the purpose of your organization:</i></b>

<b><i>Have you applied for the AFPSB Community Fire Prevention Grant before?</i></b>	Yes	No
<b><i>Was your organization approved or denied an AFPSB grant?</i></b>	Approved	Denied
<b><i>If approved, what was the amount and the purpose of your grant?</i></b>		

**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. <i>Provide evidence of collaboration with other organizations such as schools, faith-based and/or community organizations. You may include support letters.</i>

**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 projected project? If yes, explain:**




<b>10. Detailed Estimated Expenses and Requested Funding</b>			
<b>Item</b>	<b>Est. Total Cost</b>	<b>AFPSB Grant Request</b>	<b>Other Funds</b>

**SIGNED VERIFICATION OF INFORMATION**

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