



DOMINION VOLUNTEER FIRE DEPARTMENT GRANT

❧ APPLICATION FOR FUNDING ❧

<i>pilot</i>
APPLICATION #: -

Date:	/ /
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AUTHORIZED AGENT / ORGANIZATIONAL CONTACT												
Grant Point of Contact & Oversight						Title						
Mailing Address												
City					State			ZIP				
Phone	Work	()	Cell	()	Fax:	()
E-Mail Address												
Signature of Grant Point of Contact												
Name of Department												
City					State:			ZIP:				
Population of First Due Response Area												
Number of Active Members												
Dept. Budget												
Funding Source(s)												

Briefly Describe the Purpose of Your Organization.



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GRANT**

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Briefly Describe the Type and Purpose of Firefighting Equipment/Training Requested.
Describe the Purpose & Scope of the Grant Request & Describe the Targeted Audience for your Community Events. (School/Church, etc.)



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ESTIMATED EXPENSES AND REQUESTED FUNDING		
<p><i>Indicate the estimated cost of the following items and the amount of funding your organization requests from the Dominion Volunteer Fire Department Grants Program to assist with that cost.</i></p> <p><i>*Round all figures to the nearest dollar.</i></p>		
	Estimated Total Cost	Dominion Grant Request Amount
Equipment		
ESTIMATED TOTAL EXPENSES		

Please Indicate If You Anticipate Receiving Additional Funding For items/activities listed above. If So, List the Other Funding Agency and The Amounts Requested/Awarded.

SIGNED VERIFICATION OF INFORMATION

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

Application Must be postmarked by ~~May~~ June 31, 2024

Mail Application to:
 Virginia State Firefighters Association
 PO Box 9413
 Hampton, Va. 23670