



# DOMINION VOLUNTEER FIRE DEPARTMENT GRANT

## ❧ APPLICATION FOR FUNDING ❧

|                       |   |
|-----------------------|---|
| <b>APPLICATION #:</b> | - |
|-----------------------|---|

|              |   |   |
|--------------|---|---|
| <b>Date:</b> | / | / |
|--------------|---|---|

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

| Briefly Describe the Purpose of Your Organization. |
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**DOMINION VOLUNTEER FIRE DEPARTMENT  
GRANT**

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| <b>Briefly Describe the Type and Purpose of Firefighting Equipment/Training Requested.</b>   |
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| <b>Describe the Targeted Audience for your Community Events that you are planning to provide at a minimum on a quarterly basis (School/Church, etc.)</b> |
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## ❧ APPLICATION FOR FUNDING ❧

| Requested Funding & Estimated Expenses   |                      |                               |
|--|----------------------|-------------------------------|
| <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 |
| <b>Equipment</b>   |                      |                               |
| <b>ESTIMATED TOTAL EXPENSES</b>  |                      |                               |

| 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. |
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### 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> |  |               |  |
| <b>Printed Name:</b>  |  | <b>Title:</b> |  |
| <b>Signature:</b>   |  | <b>Date:</b>  |  |

**Application Must be postmarked by May 15, 2025**

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