



**GEORGIA FIREFIGHTER  
STANDARDS AND TRAINING COUNCIL**

Georgia Public Safety Training Center  
1000 Indian Springs Drive  
Forsyth, Georgia 31029-9599

Office (478) 993-4521  
Fax (478) 993-4511

Gordon Henderson  
Executive Director

**GFSTC Fireworks Tax Monies Grant Application**

**2019**

Funding Priorities for 2018 include equipment and supplies necessary to achieve or maintain a Certificate of Compliance for a Fire Department as established by the GFTSC.

Fire Department Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address of the Department: \_\_\_\_\_

Mailing Address of the Department: \_\_\_\_\_

County: \_\_\_\_\_

Area served: \_\_\_\_\_ square miles

Population Served: \_\_\_\_\_

Current ISO Rating: \_\_\_\_\_

GFTSC Compliance Number: \_\_\_\_\_

Type of Department: Career / Combination / Volunteer

Number of Stations:

Staffing Numbers: Career \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteer Suppression \_\_\_\_\_  
Support \_\_\_\_\_

Most Recent Annual Call Totals: Fires \_\_\_\_\_ Alarms \_\_\_\_\_ Rescue \_\_\_\_\_  
Medical \_\_\_\_\_  
Other \_\_\_\_\_

Annual Budget: \_\_\_\_\_

Where funding is derived from: \_\_\_\_\_

Please include total amount requested: \_\_\_\_\_

**Please include a copy of a vendor quote good for 6 months for requested items.**

Reason for the Grant Application:

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Please outline the implementation plan for the funds requested:

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Please outline the departments plan for sustaining the items purchased:

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Please provide a short summary of how these funds will improve the fire protection efforts of the department.

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In accepting this grant, the below signature affirms that the department agrees to follow all of the rules and policies set forth for this program as established by the Georgia Firefighter Standards and Training Council. Furthermore the applicant understands that during the grant period, the applicant must achieve or maintain all department compliance and training requirements as established by GFTSC, and that any equipment requested may be purchased by the GFSTC through group purchasing programs and distributed to the departments.

Signature & Title of Representative: \_\_\_\_\_

Name of Department: \_\_\_\_\_

Signature and Title of Authorizing Authority:  
\_\_\_\_\_

Date: \_\_\_\_\_

Additional supporting documents may be attached to the application

Applications will be received by U.S. Mail, Fax, Delivery. Submit to:

Jan Mathis  
GFTSC  
1000 Indian Springs Drive  
Forsyth, GA 31029  
Fax: (478) 993-4511