



**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:

Please outline the implementation plan for the funds requested:

Please outline the departments plan for sustaining the items purchased:

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

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