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| Application Date: | | | | | |  | | | | | | | | Application Number: | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | (VDOF Headquarters Office Use Only) | |
| Community/Organization Name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| UEI# (See Section 9 for Instructions) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 1 – Community Contact Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | |  | | | | | | | | | | | State: |  | | | | | | | Zip: | |  |
| Phone (primary): | | | | |  | | | | | | | | | | | | Phone (other): | | | | | |  | | | | | |
| E-mail: | |  | | | | | | | | | | | | | | | | | | | Fax: | | |  | | | | |
| Fire Department Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Fire Chief: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Community Firewise Committee Members (Optional): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  |  | | | | | | | | | |  |  | | | | |
| Contact Name (Print) | | | | | | | | | | | |  | Contact Title | | | | | | | | | |  | Contact Phone | | | | |
|  | | | | | | | | | | | |  |  | | | | | | | | | |  |  | | | | |
| Contact Name (Print) | | | | | | | | | | | |  | Contact Title | | | | | | | | | |  | Contact Phone | | | | |
|  | | | | | | | | | | | |  |  | | | | | | | | | |  |  | | | | |
| Contact Name (Print) | | | | | | | | | | | |  | Contact Title | | | | | | | | | |  | Contact Phone | | | | |
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| SECTION 2 – Wildfire Hazard Mitigation Plans | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | We have a current Emergency Wildfire Action/Mitigation Plan that includes wildfire suppression and prevention. It is the: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | County Emergency Operations Plan | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | Fire Department Emergency Operations Plan | | | | | | | | |
|  | We want to develop an Emergency Wildfire Action/Mitigation Plan that includes wildfire suppression and prevention. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Please contact: | | | | | | | | Name: |  | | | | | | | | | | Phone: | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 3 – Project Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We are applying for a Firewise Virginia Community Hazard Mitigation Grant to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Attach a short narrative on what situation(s) you want to mitigate and your expected results from completing this project. Include a timeline for completion, who is responsible and measures of project accomplishments. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated Total Time to Complete this Project: | | | | | | | | | | | | | | |  | | | | | | | (maximum of 18 months) | | | | | | |
| Anticipated Start Date: | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | |
| Submit an itemized accounting of the costs associated with this project – in addition to the budget worksheet provided on this form. To qualify for funding, you must match at least 80% of the total project costs with 20% non-federal funds or in-kind contributions. Other federal funds cannot be used as a match for this grant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| SECTION 4 – VDOF Use Only | | | | | | | | | | | | | | | | | |
| VDOF Mitigation Specialist: | | | | | | |  | | | | | | | |  | | |
| Date: | | |  | | | Approval Amount: | | | |  | | | | | VDOF Approver: |  | |
| SECTION 5 – Budget Worksheet | | | | | | | | | | | | | | | | | |
| Categories (describe in detail) | | | | Grant Funds Requested | | | | Community Contribution | | | | | | | | | Total |
| Other Funds | | | Source of Funds | | | | | |
| Personnel | | | | $ |  | | | $ |  | |  | | | | | |  |
| Travel | | | | $ |  | | | $ |  | |  | | | | | |  |
| Equipment\* | | | | $ |  | | | $ |  | |  | | | | | |  |
| Supplies | | | | $ |  | | | $ |  | |  | | | | | |  |
| Contractual | | | | $ |  | | | $ |  | |  | | | | | |  |
| Other | | | | $ |  | | | $ |  | |  | | | | | |  |
| Total | | | | $ |  | | | $ |  | |  | | | | | |  |
|  | | | | Federal (80%) | | | | Non-Federal (20%) | | | | | | | | | Total (100%) |
| \* Equipment is defined as tangible, on-expendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. | | | | | | | | | | | | | | | | | |
| SECTION 6 – Community Approvals | | | | | | | | | | | | | | | | | |
| The applicant must sign the application. | | | | | | | | | | | | | | | | | |
| 1. |  | | | | | | | | | | |  | |  | | | |
|  | Applicant Name (Print) | | | | | | | | | | |  | | Applicant Title | | | |
|  |  | | | | | | | | | | |  | |  | | | |
|  | Applicant Signature | | | | | | | | | | |  | | Date | | | |
|  | | | | | | | | | | | | | | | | | |
| One Homeowner’s Association Board Member must approve the application. If the community has no formal Homeowner’s Association established, the applicant must have one community member approve the application in addition to the applicant. | | | | | | | | | | | | | | | | | |
| 2. |  | | | | | | | | | | |  | |  | | | |
|  | Board Member or Authorized Community Member Name (Print) | | | | | | | | | | |  | | Board Member or Authorized Community Member Title | | | |
|  |  | | | | | | | | | | |  | |  | | | |
|  | Board Member or Authorized Community Member Signature | | | | | | | | | | |  | | Date | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| SECTION 7 – Application Submission | | | | | | | | | | | | | | | | | |
| Return completed application and supporting documents to: | | | | | | | | | | | | | | | | | |
|  | | Michael Downey  Virginia Department of Forestry  900 Natural Resources Drive, Suite 800  Charlottesville, VA 22903 | | | | | | | | | | | Phone: (434) 529-7546  Michael.downey@dof.virginia.gov | | | | |

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| SECTION 8 – Budget Worksheet Instructions |
| The Budget Worksheet section (#5) must be completed to your best ability. Examples are given below.  In-Kind must be at least 20% of grant funds requested and documented.   1. Requesting funds for fuel reduction in defensible spaces near homes.  * After talking with a VDOF Mitigation Specialist and or a contractor, it is determined that you will need $4,000 to complete this project. The homeowners will be required to cut the vegetation and drag it to the road edge where a tree service company will chip. IMPORTANT – agreement must be made at the time the community and the contractor negotiates the project as to what will be done with the chips.   + Grant Funds Requested: Contractual = $4,000     - Community Contribution: Personnel = $800.00 (Source of Funds = In-Kind/Sweat Equity)  1. Requesting funds to cut back excessive overgrowth vegetation from along community roads.  * Same as above except the In-Kind may include a community maintenance person identifying the areas to be cutback and a mailing to the community informing them of the work.   + Grant Funds Requested: Contractual = $4,000     - Community Contribution: Personnel = $200.00 (Source of Funds = In-Kind/Sweat Equity)     - Community Contribution: Other = $600.00 (Source of Funds = Printing and Mailing)  1. Requesting funds to install house numbers.  * After talking with a VDOF Mitigation Specialist and or a contractor, it is determined, you will need $2,500 to complete this project. The homeowners will be required to post the numbers visible from road. * Grant Funds Requested: Contractual = $2,500 (having signs made from a sign shop)   + Community Contribution: In-Kind Matching:     - Community Contribution: Personnel = $200.00 (Source of Funds = In-Kind/Sweat Equity)     - Community Contribution: Supplies = $300.00 (Source of Funds = Purchase of Posts) |
| SECTION 9 – Registration for Unique Entity ID |
| The unique entity identifier used in SAM.gov has changed.  On April 4, 2022, the unique entity identifier used across the federal government changed from the DUNS Number to the Unique Entity ID (generated by [SAM.gov](https://sam.gov/content/duns-uei)).   * The Unique Entity ID is a 12-character alphanumeric ID assigned to an entity by [SAM.gov](https://sam.gov/content/duns-uei). * As part of this transition, the DUNS Number has been removed from [SAM.gov](https://sam.gov/content/duns-uei). * Entity registration, searching, and data entry in [SAM.gov](https://sam.gov/content/duns-uei) now require use of the new Unique Entity ID. * New entities can get their Unique Entity ID at [SAM.gov](https://sam.gov/content/duns-uei) and, if required, complete an entity registration.   For more information about this transition, visit [SAM.gov](https://sam.gov/content/duns-uei) or the Federal Service Desk, [FSD.gov](https://www.fsd.gov/gsafsd_sp?id=kb_article_view&sysparm_article=KB0046482). You can search for help at [FSD](https://www.fsd.gov/gsafsd_sp) any time or request help from an FSD agent Monday–Friday 8 a.m. to 8 p.m. ET. |