TEXAS A&M FOREST SERVICE

FOR INTERNAL USE ONLY
Rating:_____
Case Number:_____

APPLICATION FOR TIFMAS GRANT ASSISTANCE

REQUEST FOR TIFMAS APPARATUS (VEHICLE)

Name of Fire Department: _____

Physical Address: _____
(Street) (City) (Zip Code)

Mailing Address: _____
(Street) (City) (Zip Code)

Email Address: _____

County: _____ Department Telephone: _____

State of Texas Charter Number **(Required)**: _____
If operating under city government, please indicate "Under City".

Federal Tax Identification Number **(Required)**: _____
Please attach a completed Form W-9

Personnel - Number of Volunteers: _____
Number of Paid Full-Time Positions: _____
Number of Paid Part-Time Positions: _____

Does the Department agree to the Supplemental Terms and Conditions? Yes ☐ No ☐

Time required for TIFMAS Apparatus to Mobilize and Roll? _____

Number of past Statewide Deployments? _____

List the Deployments by Incident Name and Year

_____
_____
_____
_____
_____
_____

Is the Department listed as NIMS Compliant with the TDEM? Yes ☐ No ☐

As an audit step, TFS will verify accuracy through analysis of the NIMS compliance listing as maintained by TDEM
To confirm or update your departments' status on the NIMS list, please contact TDEM at 512-424-2450.

Is the department a recognized member of TIFMAS? Yes ☐ No ☐

Is the Department registered in the Fire Department Directory? Yes ☐ No ☐

Does the Department report to TEXFIRS? Yes ☐ No ☐

As an audit step, TFS will verify that reports(s) have been submitted within the past 12 months.

Does the Department report to the TFS Fire Department Reporting System? Yes ☐ No ☐

As an audit step, TFS will verify that reports(s) have been submitted within the past 12 months.

Is the Department willing to commit additional resources to TIFMAS? Yes ☐ No ☐

FIRE DEPARTMENT REPRESENTATIVE(S) **(Primary & Alternate Contacts)**

Name	Title	Mailing Address	Telephone

I certify that the information entered on this application is true and accurate and that I, the undersigned, am authorized by the _____ Fire Department to represent their interests in acquiring funds and equipment for the Department.

Name (Print) _____ Title:_____

Signature: _____ Date:_____
(Required)

Telephone:_____ Email:_____

Cell:_____

To Apply, Please Submit:

1) Application for TIFMAS Grant Assistance (TFS-FO-430)

2) Request for Taxpayer Identification Number and Certification (Form W-9)

Via Mail or Fax to:
Texas A&M Forest Service
2127 South First Street
Lufkin, Texas 75901
ATTN: Emergency Services Grants Unit
Telephone: (936) 639-8130
FAX: (936) 639-8138
Email: tifmasgrants@tfs.tamu.edu

Important !

Once we are in possession of your application, you can expect to receive a "Notification of Receipt" letter within approximately 10 business days. If not, please contact our office to confirm receipt of application.

Reset Form **Print**