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RATING:			
CASE NO:	the same of		
ROUTING:	2604	HH	

APPLICATION FOR FIRE DEPARTMENT ASSISTANCE

VOLUNTEER PROGRAMS: Rural VFD Assistance Programs (HB2604), Helping Hands

Name of Fire Department: Webb Cou	unty Volunteer Fire D	рерагинени	
Physical Address: 7210 E. Saunders -		Laredo	78041
(Street) Mailing Address: 7210 E. Saunders - HWY 59 Units A&B Laredo (Street or PO Box)			(Zip) 78041
Email Address: rirangel@webbcountytx		(City)	(Zip)
County: Webb	Departm	ent Telephone: 956-523-5	700
		Fax Number:	
Fire Department Officers (Contact Informa	tion)		
Name	Title	Telephone Number	Cell Number
Ricardo A. Rangel	Fire Chief	956-523-5703	956-286-9049
Felix Nuñez	Asst. Fire Chief	956-523-5700	956-489-1482
State of Texas Charter Number (Required)	: "Under Cou	nty"	
	If operating u	under a city government, please pri	int "Under City".
Year Fire Department was Created:	20	10	
Membership: Number of Volunteers:	37	7	
Number of Paid Full-Time	e: 2		
Number of Paid Part-Tim	e: 12	2	
Federal Tax Identification Number (Require	ed):	74-6001587	
052767030			11
To obtain a DUNS number call 1-866-705-5711 or v		b.com/webform/	
Required for grants incorporating Federal Funds			
Do you have a designated protection area	a under a 911 Public	Service Answering Point?	
X Yes No			
Yes No Size of Protection Area (Do not include mutua	Il aid response area):	3,271	
Size of Protection Area (Do not include mutua		(Square Miles)	
Size of Protection Area (Do not include mutua		(Square Miles)	ed.
Size of Protection Area (Do not include mutual		(Square Miles)	ed.
	vith this application if a ma	(Square Miles) p has not been previously submitte to Station): 3	
Size of Protection Area (Do not include mutual Attach a map of your Primary 911 Protection Area we Population of your 911 Protection Area:	15,000 Department (Station	(Square Miles) p has not been previously submitte	

RURAL VOLUNTEER FIRE DEPARTMENT ASSISTANCE PROGRAM (HB2604) (IRS FORM W-9 Required)

Purchases made before a grant approval date are not eligible for reimbursement.

You may apply for multiple Elements. Applications will remain on file until approved by TFS or cancelled in writing by the VFD.

Compressed Air Foam System (CAFS) Options will be offered at the time of award for the following program elements: Large Brush Truck, Water Tender, Small Brush Truck and Slip-On Unit. CAFS Cost Share Rate: 90% up to a maximum of \$18,000. Manual Calculation (Percentage Conversion: 90%=.9, 75% = .75)

Mark (X)	Program Element	Estimated Total Cost	TFS Cost Share %	Requested Amount	TFS Maximum Allowable Amount
	Water Tender		x 90%		\$200,000
	Large Brush Truck		x 90%		\$200,000
	Small Brush Truck		x 90%		\$100,000
	Truck Chassis - Large		x 90%		\$90,000
	Truck Chassis - Small		x 90%		\$45,000
	Slip-On Unit		x 90%		\$20,000
	Rescue Equipment		x 75%		\$15,000
	Fire Equipment		x 75%		\$15,000
	Structural Gear		x 90%		\$8,400
	Wildland Gear		x 90%		\$8,400
	Training Aids		x 100%		\$8,000
	Dry Hydrants		x 100%		\$8,400 \$1,200/Installation

TRAINING TUITION (IRS FORM W-9 Required)

Applications received on or after the course start date are not eligible for reimbursement. Cost share rates are 100% of the actual cost of tuition not to exceed \$125 per day up to a maximum of \$625 per trainee. The Annual Maximum for Training Tuition grant assistance per department is \$12,500.

Name of School (Required): TEEX- Municipal Fire School- College Station

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Please attach additional course information, such as a syllabus, brochure, and/or a flyer for eligibility determination purposes.					
Date(s) of Training	Course Name (s)		Number of Trainees	Tuition Cost per Trainee	
July 24 - July 29, 2016	EMS100 Emergency Medical Responder		3	\$ 320.00	
July 24 - July 29, 2016	ASP 112 Firefighting Phase II		3	\$ 625.00	
July 24 - July 29, 2016	ASP114 Firefighting Phase IV		3	\$ 625.00	
July 24 - July 29, 2016	ASP123 Rescue III: Automobile Extrication		1	\$ 625.00	
July 24 - July 29, 2016	Trainees in need of dorm lodging		10	\$ 185.00	
July 24 - July 29, 2016	Trainees in need of meals		10	\$ 95.00	

HELPING HANDS PROGRAM				
Describe the equipment you are requesting, including size in	formation for all protective clothing	water handling equipment, etc.		
Attach additional sheets as needed. Please submit the Struct				
		TO DESCRIPTION OF THE PROPERTY		
POINT OF CONTACT: The Point of Contact should be an inc	dividual who may be easily reache	d to coordinate with TFS.		
Name: Araceli Perez	Home Phone:	956-722-7886		
Email: arperez@webbcountytx.gov	Work Phone:			
		956-285-1315		
	Cell Phone:	930-263-1313		
AUTHORIZATION: This document requires authentication by I certify that the information entered on this applicatio am authorized by the Webb County to represent their interests in acquiring funds and equivalent their interests in acquiring funds and equivalent to the second s	n is true and accurate and in its true and its in i	that I, the undersignedVolunteer Fire Department		
Name (Print): Ricardo A. Rangel, Fire Chief	Date:_	5-23-16		
Signature: //Lecito A Kangel				
Submit via Mail, E-mail or Fax:				
Rural VFD Assistance Program (2604)		ds Programs		
Texas A&M Forest Service		Texas A&M Forest Service		
Capacity Building Department		ding Department		
200 Technology Way, Suite 1162 College Station, Texas 77845-3424	P.O. Box 310			
2604@tfs.tamu.edu	Lufkin, Texas	@tfs.tamu.edu		
Fax: (979) 845-6160	Fax: (936) 63			
Call 979-458-6505 to confirm it was received.		00 to confirm it was received.		
mportant Notes:				
Send all 3 pages of the application with each submission.				

Reset Form

Rural VFD Assistance Program (HB2604) requires IRS Form W-9. The application and IRS Form W-9 must be signed and dated.

Print

11/9/2015 3 TFS-FO-400