

**Committee Name:**

**Assembly Committee – Rural Affairs and Forestry  
(AC-RAF)**

**Appointments**

99hr\_AC-RAF\_Appt\_pt00

**Committee Hearings**

99hr\_AC-RAF\_CH\_pt00

**Committee Reports**

99hr\_AC-RAF\_CR\_pt00

**Clearinghouse Rules**

99hr\_AC-RAF\_CRule\_99-

**Executive Sessions**

99hr\_AC-RAF\_ES\_pt00

**Hearing Records**

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99hr\_sb0000

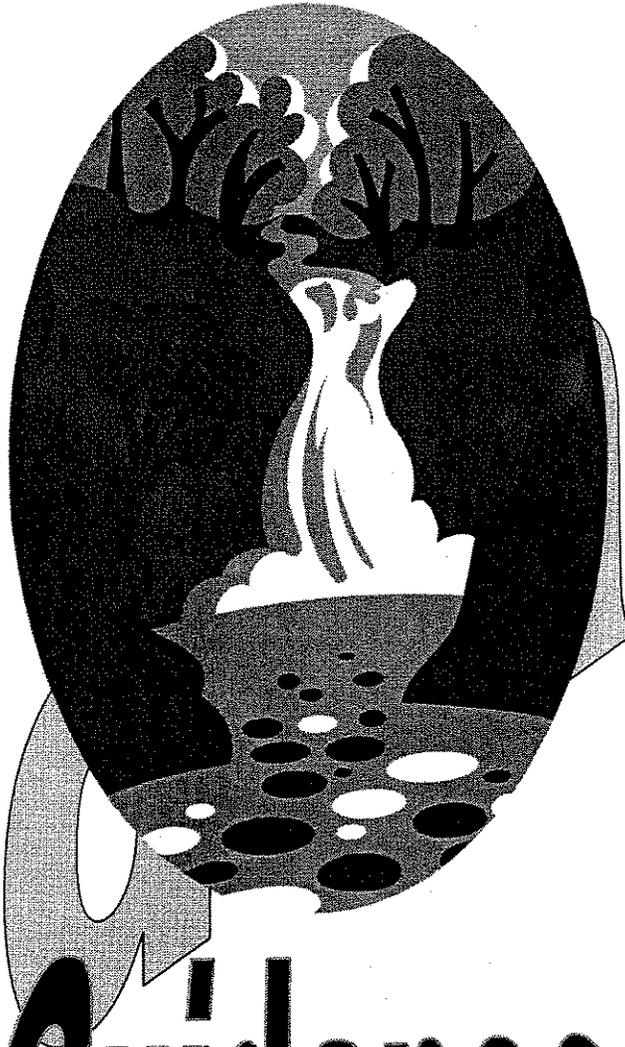
**Misc.**

99hr\_AC-RAF\_Misc\_Fire\_pt01c

**Record of Committee Proceedings**

99hr\_AC-RAF\_RCP\_pt00

# Forest Fire Protection Grant



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# Guidance

# TABLE OF CONTENTS

## INTRODUCTION

Objective.....	3
Description .....	3
Authorization .....	3
Budget.....	3
Where To Send Documents.....	4

## GENERAL GRANT PARTICIPANT ROLES

Fire Department .....	4
Local Forester .....	5
Region And Basin Fire Management Officer (FMO).....	5
Forest Fire Operations Specialist .....	6
FFP Grant Manager.....	6
FFP Accountant.....	7
FFP Auditor .....	7
FFP Legal Advisor/Attorney .....	8

## ELIGIBLE/INELIGIBLE ITEMS

OVER AND UNDERRUN PROJECT BUDGETS.....	10
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## GRANT ADMINISTRATION

Application Ranking.....	11
Grant Awards .....	11
Ordering From the Neil H. Lemay Forestry Center (Tomahawk).....	12
Grant Cancellations.....	12
Time Extensions.....	12
Variances .....	13
Reimbursement Requests.....	13
Payments .....	14
Field Audit.....	15

APPENDIX A: Timeline

APPENDIX B: Sample and Blank Application Forms

APPENDIX C: Sample Grant Agreement

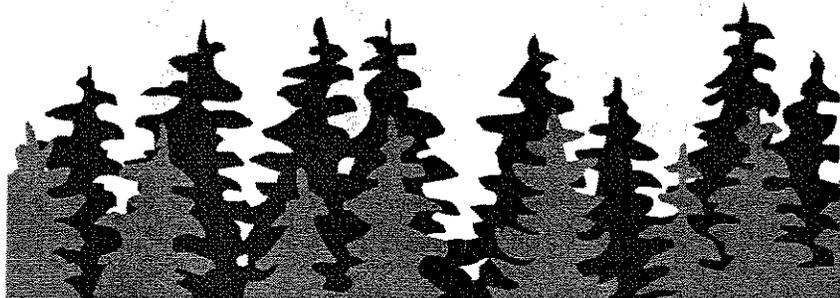
APPENDIX D: Sample Grant Cancellation Request

APPENDIX E: Sample Time Extension Request and Amendment

APPENDIX F: Sample Variance Request and Letter

APPENDIX G: Sample and Blank Reimbursement Request Forms

APPENDIX H: Sample and Blank Audit Form



## INTRODUCTION

**Guidance Notice:** This document is intended solely as guidance, and does not contain any mandatory requirements except where requirements found in statute or administrative rule are referenced. This guidance does not establish or affect legal rights or obligations, and is not finally determinative of any of the issues addressed. This guidance cannot be relied upon and does not create any rights enforceable by any party in litigation with the State of Wisconsin or the Department of Natural Resources. Any regulatory decisions made by the Department of Natural Resources in any matter addressed by this guidance will be made by applying the governing statutes and administrative rules to the relevant facts.

The purpose of this guide is to serve as a tool:

- To administer Forest Fire Protection (FFP) grants.
- To identify and describe the roles of Department of Natural Resources (DNR/Department) staff and applicants in the FFP program.
- To give a program overview from the application process through close-out.
- To furnish examples of eligible and ineligible projects and costs.
- To provide a fast and easy reference to statutes, rules, policies, legal options, and legal and policy determinations for FFP grant administration.

### Objective

The purpose of this program is to expand the use of local fire departments and other fire suppression organizations to augment and strengthen the Department's overall initial attack fire suppression capabilities on forest fires.

### Description

The FFP program is a competitive 50/50 cost-share program. This means that the grantee must use its own resources to fund the entire cost of the project and, upon project completion and Department approval, request reimbursement for 50 percent of the eligible costs up to the amount of the grant award.

Grant funding requests from fire departments can be between \$750.00 and \$10,000.00 and requests from county fire associations can be between \$5,000.00 and \$25,000.00.

Eligible applicants are fire departments that provide service to a municipality that has executed a forest fire suppression agreement to assist the Department in suppression of forest fires, or a Wisconsin fire suppression organization that agrees to assist the Department in the suppression of forest fires.

### Authorization

Authorizing statutes: Sections 26.145, 23.11, 28.07 and 227.11(2)(a), Wisconsin Statutes  
Statutes interpreted: Section 26.145, Wisconsin Statutes  
Administrative rules: Chapter NR 47, subchapter VIII, Wisconsin Administrative Code  
The FFP program was created by 1997 Wisconsin Act 27.

### Budget

The FFP program is supported by annual appropriations from the Wisconsin State Legislature.

## WHERE TO SEND DOCUMENTS

### Documents to send to FFP Grant Manager:

FFP Application  
Signed FFP Grant Agreement  
Time Extension Requests  
Grant Cancellation Letter  
Variance Request  
Reimbursement Request  
Signed Audit Checklist  
Local Public Relations Photos and News Articles

### Send documents to this address:

FFP Grant Manager – CF/8  
WDNR  
PO BOX 7921  
Madison, WI 53707-7921

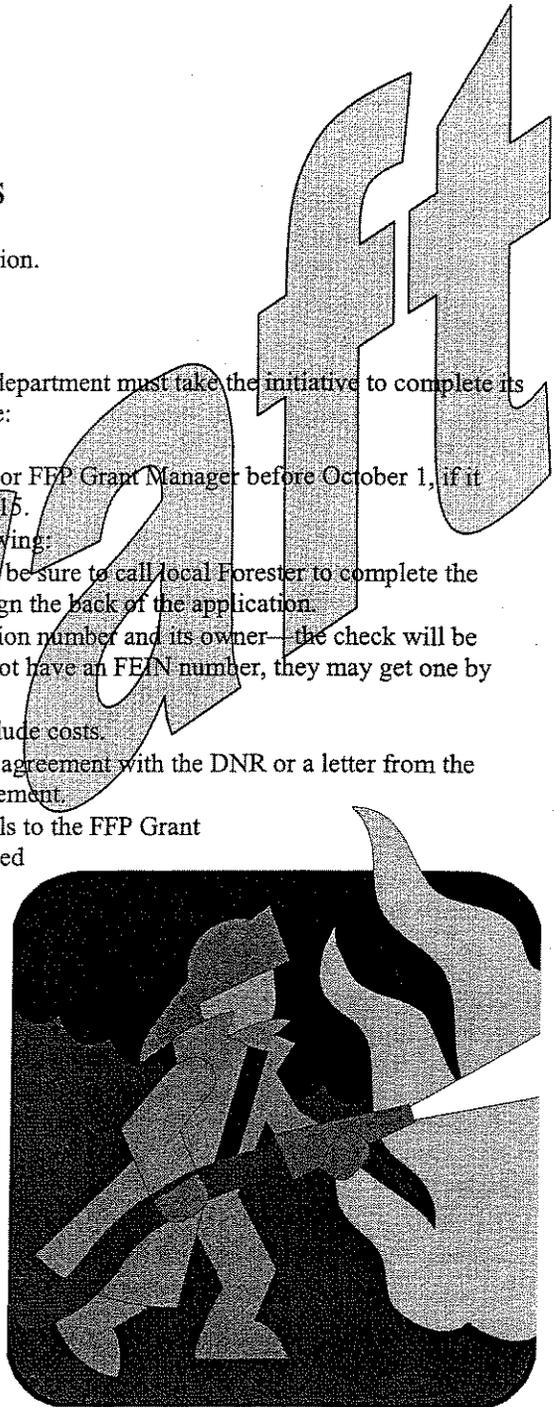
## GENERAL GRANT PARTICIPANT ROLES

These roles and duties are subject to change and modification.

### Fire Department

As the applicant and grantee of the FFP program, the fire department must take the initiative to complete its FFP grant project. Fire department responsibilities include:

- Request an application from the local Forester, FMO, or FFP Grant Manager before October 1, if it does not receive an application in the mail by August 15.
- Complete the FFP grant application; include the following:
  - Completed FFP grant application form 4300-119; be sure to call local Forester to complete the "To be filled out by local Forester" section and sign the back of the application.
  - Completed W-9; be sure to include tax identification number and its owner—the check will be issued to the owner. If the fire department does not have an FEIN number, they may get one by calling the IRS at (816) 996-5999.
  - Description of proposed purchases; be sure to include costs.
  - Signed copy of the current forest fire suppression agreement with the DNR or a letter from the Local Forester that confirms the suppression agreement.
- Mail copy of completed FFP grant application materials to the FFP Grant Manager. (Personally identifiable information requested by the FFP Grant Program is not likely to be used for purposes other than that for which it is originally being collected.)
- Read the FFP grant award agreement thoroughly upon receipt, sign it, and mail the "DNR Copy" to the FFP Grant Manager. Place orders for the items outlined in the FFP grant application with vendors **only after the FFP grant agreement is signed by the fire department**; solicit bids, if necessary.
- Pay for the items ordered from the grantee's account after the fire department receives them; the grantee may pay for its purchases in the following ways:
  - Write a check from the grantee's own account; in this case, the grantee must wait for the check to clear the bank, then make a copy (front and back) of the canceled check to include in the FFP grant reimbursement request, or
  - Purchase a cashier's check or money order from the grantee's account; in this case, only a copy of that cashier's check or money order is necessary for FFP grant reimbursement.



- Do NOT pay for FFP grant purchases in the following ways:
  - DO NOT USE A PERSONAL CHECK TO PAY FOR FFP GRANT PURCHASES, and
  - DO NOT USE A PERSONAL CREDIT CARD TO PAY FOR FFP GRANT PURCHASES.
- Copy invoices and canceled checks (front and back), cashier's checks or money orders for ALL FFP grant-eligible purchases after the grantee receives and pays for all of its FFP grant program purchases.
- Complete the Reimbursement Claim Worksheet Form 8700-274 by listing:
  - Each check, cashier's check or money order,
  - The date each check was written,
  - To whom the check was written,
  - The FFP grant items purchased with each check, cashier's check and money order, and
  - The dollar amount for which each check was written.
- Complete the Reimbursement Request Form 4300-120:
  - Fill in the white, unshaded boxes at the top of the form: "Mail Check To:", "Grant Number", and "Fire Organization Name",
  - Categorize all FFP grant purchases as required in the unshaded "Expenditures" column. *to do this use the Reimbursement Claim Worksheet Form 8700-274,*
  - Give the sum of the "Expenditures" column in the unshaded "Total Grant Expenditures" box, and
  - Complete the unshaded boxes at the bottom of the form for the Authorized Representative.
- Mail all FFP grant program reimbursement request materials to the FFP Grant Manager, include:
  - Copies of all invoices, all canceled checks, cashier's checks, or money orders,
  - Completed Reimbursement Request Form 4300-120, and
  - Reimbursement Claim Worksheet Form 8700-274.
- Notify the Local Forester when the FFP grant reimbursement check arrives.
- Assist in the planning of, and participate in, local public relations opportunities.
- Deposit the FFP grant program check in the tax identification number owner's account as listed on the W-9.
- Assist the Local Forester with the field audit of FFP grant purchases.

### Local Forester

The Local Forester in the organized protection area works closely with fire departments on a regular basis. Therefore, both regional and central office staff rely on him/her to provide assistance to the fire departments and consult with region Fire Management Officers and central office staff when questions arise. Local Forester responsibilities include:

- Serve as primary contact person for grant projects.
- Provide assistance with grant application process.
- Provide related technical and professional assistance prior to and during the grant period.
- Monitor projects and consult with region and central office staff about special and/or unusual situations.
- Advise fire departments that they may request in writing time extensions (when necessary) prior to grant expiration date.
- Provide assistance with the reimbursement request process.
- Prepare local press release and plan public relations activity with the fire department.
- Participate in public relations activity when fire department receives its FFP check.
- Audit fire department for grant purchases funded by the grant agreement found on the fire drive, and mail audit sheet to FFP Grant Manager.

### Region and Basin Fire Management Officer (FMO)

The FMO shares many roles with the Local Foresters, such as providing technical assistance, but only works directly with the fire departments on an "as needed" basis. Duties specific to the FMO include:

- Work closely with Local Foresters and each other.
- Organize and plan training opportunities for region staff.
- Coordinate program in the region.
- Facilitate communication efforts between the region and central office staff.
- Provide technical assistance to region and central office staff.
- Work with FFP Grant Manager, Forest Fire Operations Specialist, other central office staff, and region staff to develop and/or revise rules and regulations for administering the FFP grant program statewide.
- Work with region and bureau staff and the FFP Grant Manager and Forest Fire Operations Specialist to evaluate the effectiveness of the FFP program on a post-audit basis.
- Participate in Continuous Quality Improvement (CQI) efforts for all FFP forms, policies and procedures through an annual program review by internal and external customers involved in the program.

### Forest Fire Operations Specialist

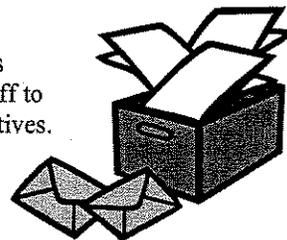
The Forest Fire Operations Specialist, located in the Department's Bureau of Forestry, is responsible for providing statewide policy and program leadership for the FFP grant program. It is his/her duty to work with the FFP Grant Manager and region staff to provide assistance and monitor the program from fire and forestry perspectives. Specific duties of the Forest Fire Operations Specialist include:

- Identify eligible and ineligible items for FFP grant reimbursement.
- Work with region staff to identify and rank eligible FFP grant applications.
- Provide technical assistance in reviewing grant applications.
- Coordinate work efforts and partner with Region and Basin FMOs.
- Maintain a statewide list of grant-eligible fire departments.
- Provide ongoing technical assistance to region and central office staff throughout the grant period.
- Prepare necessary FFP grant program reports.
- Work with FFP Grant Manager, other central office staff, and region staff to develop and/or revise rules and regulations for administering the FFP grant program statewide.
- Work with region and bureau staff and the FFP Grant Manager to evaluate the effectiveness of the FFP program on a post-audit basis.
- Participate in Continuous Quality Improvement (CQI) efforts for all FFP forms, policies and procedures through an annual program review by internal and external customers involved in the program.
- Coordinate federal grant application process for the state's forest fire protection program.

### FFP Grant Manager

The FFP Grant Manager, located in the Department's Bureau of Community Financial Assistance, is responsible for the grant aspects of the program. It is his/her duty to work with the Forest Fire Operations Specialist and region staff to provide assistance and monitor the program from grant and financial perspectives. Specific FFP Grant Manager duties include:

- Organize the distribution of FFP grant applications to eligible fire departments, ranger stations, FMOs, and DNR Service Centers.
- Participate in the reviewing and ranking of FFP grant applications.
- Format and prepare FFP grant program data.



- Prepare and distribute grants and governor's letters.
- Prepare and submit FFP grant press releases.
- Coordinate with Bureau of Finance to encumber grants.
- Prepare necessary amendments.
- Monitor grant process.
- Send grant expiration reminders to grantees; correspond and consult with grantees as needed.
- Review and sign off on payment requests and assist the FFP Auditor as necessary with the audit.
- Make payments in WiSMART.
- Notify region staff of check mailings, as well as if the check recipient is the municipality rather than the fire department.
- Mail a copy of the reimbursement request forms to the Local Forester for reference during the field audit.
- Reconcile grant program financial records each month.
- Provide assistance for FFP grant program reports.
- Provide information about the FFP grant program to internal and external customers.
- Work with region and bureau staff and the Forest Fire Operations Specialist to evaluate the effectiveness of the FFP program on a post-audit basis.
- Work with Forest Fire Operations Specialist, other central office staff, and region staff to develop and/or revise rules and regulations for administering the FFP grant program statewide.
- Facilitate Continuous Quality Improvement (CQI) efforts for all FFP forms, policies and procedures through an annual program review by internal and external customers involved in the program.

**FFP Accountant**

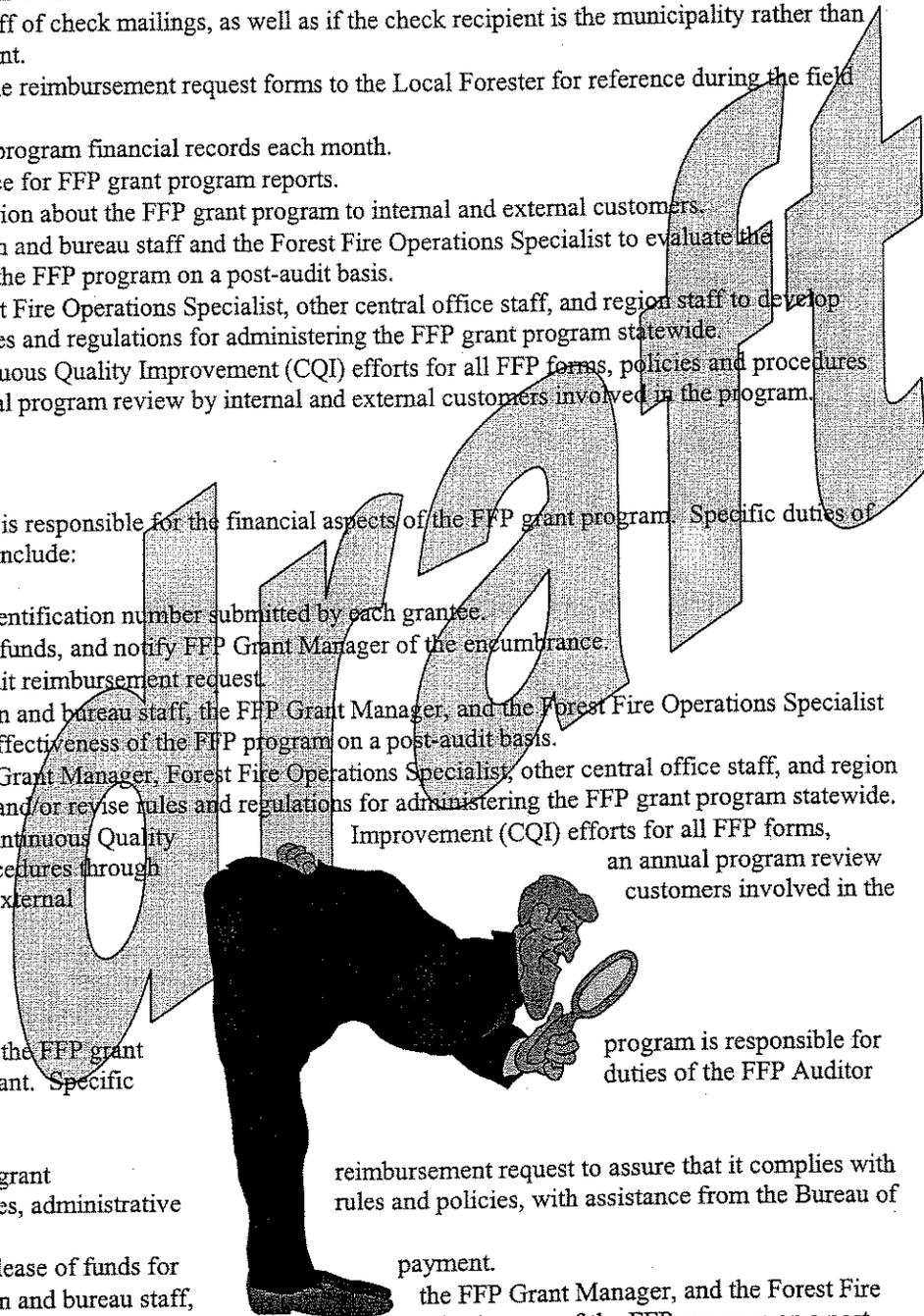
The FFP Accountant is responsible for the financial aspects of the FFP grant program. Specific duties of the FFP Accountant include:

- Verify the tax identification number submitted by each grantee.
- Encumber grant funds, and notify FFP Grant Manager of the encumbrance.
- Process post-audit reimbursement request.
- Work with region and bureau staff, the FFP Grant Manager, and the Forest Fire Operations Specialist to evaluate the effectiveness of the FFP program on a post-audit basis.
- Work with FFP Grant Manager, Forest Fire Operations Specialist, other central office staff, and region staff to develop and/or revise rules and regulations for administering the FFP grant program statewide.
- Participate in Continuous Quality Improvement (CQI) efforts for all FFP forms, policies and procedures through an annual program review by internal and external customers involved in the program.

**FFP Auditor**

The FFP Auditor for the FFP grant auditing each FFP grant. Specific duties of the FFP Auditor include:

- Audit each FFP grant applicable statutes, administrative Legal Services.
- Authorize the release of funds for payment.
- Work with region and bureau staff, Operations Specialist to evaluate the effectiveness of the FFP program on a post-audit basis.
- Work with FFP Grant Manager, Forest Fire Operations Specialist, other central office staff, and region staff to develop and/or revise rules and regulations for administering the FFP grant program statewide.

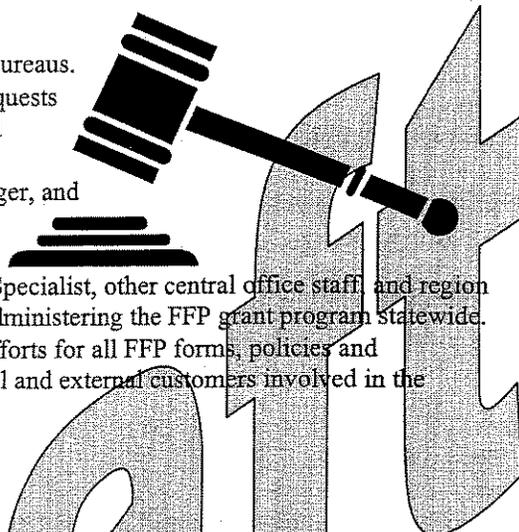


- Participate in Continuous Quality Improvement (CQI) efforts for all FFP forms, policies and procedures through an annual program review by internal and external customers involved in the program.

**FFP Legal Advisor/Attorney**

The FFP Legal Advisor/Attorney is responsible for giving legal advice to the program bureaus that administer the FFP program. Specific duties of the FFP legal advisor include:

- Review program policy and procedures.
- Interpret statutes and administrative codes for program bureaus.
- Work with FFP Auditor to assure that reimbursement requests comply with applicable statutes, administrative rules and policies.
- Work with region and bureau staff, the FFP Grant Manager, and the Forest Fire Operations Specialist to evaluate the effectiveness of the FFP program.
- Work with FFP Grant Manager, Forest Fire Operations Specialist, other central office staff and region staff to develop and/or revise rules and regulations for administering the FFP grant program statewide.
- Participate in Continuous Quality Improvement (CQI) efforts for all FFP forms, policies and procedures through an annual program review by internal and external customers involved in the program.



**ELIGIBLE/INELIGIBLE ITEMS**

The chart below is included to give an idea of items that, based on current interpretation of state statutes and administrative rules, are and are not eligible for reimbursement by the Forest Fire Protection Grant. Eligible and ineligible items are not limited to this list. Any eligibility question should be directed to the Forest Fire Operations Specialist.

<u>Eligible Items</u>	<u>Ineligible Items</u>
<ul style="list-style-type: none"> <li>• Forest fire protective clothing that has been approved by the National Fire Protection Association (NFPA), such as Nomex or other lightweight protective materials. Clothing articles include:                             <ul style="list-style-type: none"> <li>• Leather boots,</li> <li>• Coveralls,</li> <li>• Brush jackets,</li> <li>• Helmets and hard hats for fighting wildland fires,</li> <li>• Nomex hoods and shrouds,</li> <li>• Gloves, and</li> <li>• Fire Shelters.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Standard issue clothing for fighting structural fires such as:                             <ul style="list-style-type: none"> <li>• Bunker pants and coats,</li> <li>• Rubber boots,</li> <li>• Structural fire helmets with visors,</li> <li>• Pass Alarms, and</li> <li>• Self-contained breathing apparatus (SCBA).</li> </ul> </li> <li>• Sales tax, and</li> <li>• Items not specifically approved by the NFPA such as bandannas.</li> </ul>

<u>Eligible Items</u>	<u>Ineligible Items</u>
<ul style="list-style-type: none"> <li>• Tools and equipment used for forest fire suppression. Such items include:                             <ul style="list-style-type: none"> <li>• Hoses and nozzles of a diameter no more than 1¾ inches,</li> <li>• Class A foam and portable foam delivery equipment,</li> <li>• Foam systems permanently mounted on a brush truck,</li> <li>• Chainsaws,</li> <li>• Hand tools used in wildfire suppression,</li> <li>• Dry hydrants and equipment for and installation of dry hydrants, and</li> <li>• Vehicle slip-on pumping units.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Hoses and nozzles of a width greater than 1¾ inches,</li> <li>• Other equipment used for fighting structural fires such as:                             <ul style="list-style-type: none"> <li>• Large, trailer-type pumps,</li> <li>• Thermal imaging devices, and</li> <li>• Compressed air foam systems mounted permanently on structural fire engines.</li> </ul> </li> <li>• Sales tax.</li> </ul>
<ul style="list-style-type: none"> <li>• Communication equipment that is used for forest fire protection and suppression activities. Such items include:                             <ul style="list-style-type: none"> <li>• Radios,</li> <li>• Pagers,</li> <li>• Chargers,</li> <li>• Carrying cases,</li> <li>• Batteries,</li> <li>• Installation/programming fees,</li> <li>• Base station and repeater towers,</li> <li>• Warranties.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Mobile phones and related charges,</li> <li>• Fax machines, and</li> <li>• Sales tax.</li> </ul>
<ul style="list-style-type: none"> <li>• Rural fire mapping and numbering materials, supplies and equipment for forest fires, and</li> <li>• Direction or location devices. Such items include:                             <ul style="list-style-type: none"> <li>• Global positioning systems (GPS) and installation,</li> <li>• Maps of wildland areas, and</li> <li>• Other mapping equipment.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Mapping and numbering materials for fighting structural fires,</li> <li>• Sales tax.</li> </ul>

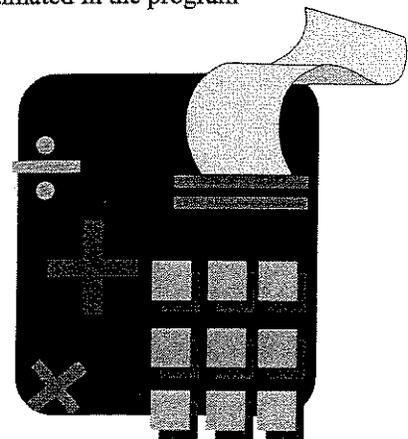
<u>Eligible Items</u>	<u>Ineligible Items</u>
<ul style="list-style-type: none"> <li>• Off-road vehicles used primarily for forest fire suppression. Such items include:                             <ul style="list-style-type: none"> <li>• Standard all-wheel drive trucks of less than five ton capacity equipped to fight forest fires,</li> <li>• Five ton Federal Excess Property military 6x6 vehicles,</li> <li>• Tankers with tanks that hold 1,000 gallons or less if equipped with mounted pumps and go off-road,</li> <li>• All-terrain vehicles equipped only to fight forest fires.</li> </ul> </li> <li>• Initial changes or repairs to a recently acquired vehicle to prepare it for forest fire fighting immediately after acquisition, such as                             <ul style="list-style-type: none"> <li>• Paint,</li> <li>• Identification letters and numbers</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Standard trucks that do not have all-wheel drive (not off-road),</li> <li>• Tankers with tanks that hold more than 1,000 gallons and are not equipped to go off-road,</li> <li>• All-terrain vehicles used for rescue or other duties, that are not equipped with a water tank and pump,</li> <li>• Vehicle maintenance and repair for existing vehicles to include new tires, and</li> <li>• Sales tax</li> </ul>
<ul style="list-style-type: none"> <li>• Eligible costs must be incurred during the grant period, and</li> <li>• Paid from the grantee's account</li> </ul>	<ul style="list-style-type: none"> <li>• Costs incurred prior to the date of the grant award letter or after the end date of the grant period,</li> <li>• Items purchased from an account other than that of the grantee,</li> <li>• Donated or in-kind labor, materials or equipment,</li> <li>• Items for which payment has been or will be received under another federal or state financial assistance program.</li> </ul>

### OVER AND UNDERRUN PROJECT BUDGETS

When a project costs more to complete than was estimated in the program application and grant agreement, this is called an *overrun*. When a project is completed for less than was estimated in the program application and grant agreement, this is an *underrun*.

Regardless of whether the project has over or underrun, the grantee may not receive more than the amount indicated in the grant award agreement. When a project is overrun, the grantee may only receive up to the amount awarded in the grant agreement. When a project is underrun, the grantee may only receive 50 percent of the eligible project costs.

In the case of an underrun, a grantee may purchase other grant-eligible items of the same category or higher for which grant funding was awarded. The categories are prioritized in list order on the budget page of the grant agreement with the first category listed given highest priority. Reimbursement cannot exceed the maximum amount stated in the grant award agreement.



In the case of an overrun, the grantee will unfortunately not be able to receive extra funds. Extra grant funds created by underrun projects may only be awarded to the grantees with the highest scores that did not get fully funded. The extra grant funds may only be awarded prior to May 15. Any extra grant funds created after that date may not be redistributed.

When the grantee fills out the reimbursement request forms, the costs must reflect what was actually spent; the FFP Grant Manager and the Auditor make any necessary adjustments.

If there are ineligible costs included in the reimbursement request, the grantee may not receive the full 50 percent of the grant award.

## GRANT ADMINISTRATION

### Application Ranking

Once all applications are received, they are reviewed for completeness, sorted into two categories—fire department applicants and fire association applicants—and then, scored by a team that includes central office and region staff.

The following criteria are used to determine the eligibility and score of each fire department applicant:

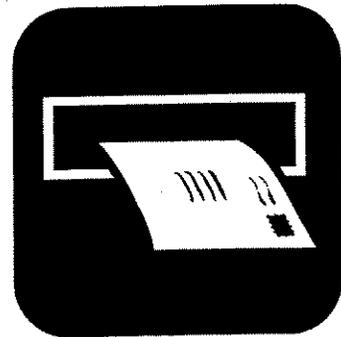
- Application postmarked by October 1.
- A fire department's FFP project total cost must be *at least* \$1,500.00 with a *minimum grant request* of \$750.00.
- A current signed agreement with the Department for forest fire suppression (10 points), and
- Provide service within a DNR organized forest fire control area or to DNR state lands (10 points).
- Provide, without cost to the DNR, initial attack forest fire suppression within a DNR Organized Protection area or on DNR State Lands (10 points).
- The majority of the current members of the applicant department meet NFPA 1051 standards for wildland fire fighting training (10 points).

The following criteria are used to score a fire suppression organization, i.e. county fire association, application:

- Application postmarked by October 1.
- A fire suppression organization's FFP project total cost must be *at least* \$10,000.00 with a *minimum grant request* of \$5,000.00.
- At least fifty percent of the current member fire departments in the fire suppression organization have a DNR organized fire control area within their service area.
- At least fifty percent of the current member fire departments in the fire suppression organization have a fire suppression agreement with the Department.

### Grant Awards

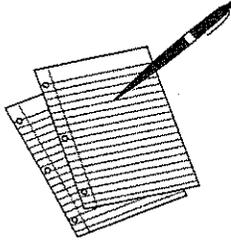
An eligible application from a *fire department* can score a maximum of 40 points. An eligible application from a *fire suppression organization* can score a maximum of 20 points. The eligible applications are ranked by their point score with 40 points as the highest score. Funds are then dispersed according to rank and category of a funding. Depending on the availability of funds, the Department may either fully fund the high-scoring applicants, and then fund the top categories of the lower-scoring applicants; or partially fund the top category/categories of as many of the highest-scoring applicants as possible.



The FFP Grant Manager Grant prepares and mails grant awards, along with the governor's letters and reimbursement request forms. The grantee reads and signs the grant award and returns the DNR copy to the FFP Grant Manager within 30 days of the date on the grant award letter.

### Ordering from the Neil H. LeMay Forestry Center (Tomahawk)

The Neil H. LeMay Forestry Center, also known as the Tomahawk Equipment and Training Center, is a state facility in Tomahawk that cooperates with the United States Forestry Service and other state agencies to build and supply fire control and forestry equipment to the DNR and not-for-profit fire departments. Since it can order in bulk quantities, fire departments can purchase the equipment at the state's rate.



If a fire department chooses to purchase forest fire control equipment from the LeMay Center, it should do so as soon as possible upon signing its FFP grant. To order, the fire department must contact its Local Forester to have him or her sign or initial and send in an order on their (DNR) letterhead. The LeMay Center fills grant orders by ordering stock following the state's procurement laws, which is a lengthy process, so in order to avoid needing a time extension, orders must be placed as soon as possible after the fire department signs its FFP grant agreement.

The LeMay Center bills a fire department as its order is filled, and the purchases may be picked up, sent to the Local Forester, or sent to the fire department. If the fire department wishes to have its order shipped to its station, then it must include a street address rather than a post office box number. The fire department should make copies of the bills and invoices to submit with its reimbursement request. The fire department then pays the bill by writing a check, a money order or cashier's check payable to the WDNR and mails the payment to the DNR Bureau of Finance, at the address given on the invoice or bill.

Once the fire department receives all its orders from the LeMay Center and canceled checks from the bank, it may submit copies of its invoices, canceled checks, and reimbursement request forms to the FFP Grant Manager.

### Grant Cancellations

Grants may be canceled by the grantee or by the Department according to ch. NR 47.006, Wis. Admin. Code. If the grantee decides to cancel its grant, they must submit in writing to the Department a statement requesting grant cancellation. The cancellation will not affect any future applications.

If the Department cancels a grant, it may affect future applications. The Department may cancel a grant for several reasons, including:

- The grantee fails to return a signed grant agreement within 30 days of the date of the grant award letter.
- The grantee fails to submit a reimbursement request to the Department within 30 days of the end of the grant period, and does not have a time extension.
- The grantee fails to comply with the terms of the agreement.
- There has been no substantial performance on the project by the grantee, without good cause.
- There is substantial evidence that the grant was obtained by fraud.
- There is substantial evidence of gross abuse or corrupt practices in the administration of the project.

Decisions of the Department will include a notice of appeal rights.

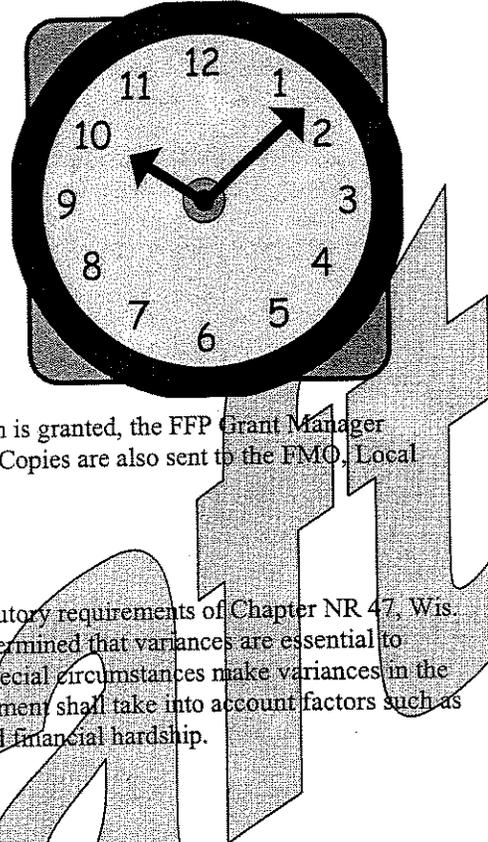
### Time Extensions

In order to be eligible, grant-related costs must be incurred during the grant period, which is the date the grantee signs the grant agreement through the grant period expiration date as stated in the grant agreement. If the grantee is unable to complete the grant project for good cause within that time frame, they must

request in writing a time extension from the FFP Grant Manager prior to the grant expiration date. Without a time extension amendment any costs incurred after the grant expiration date cannot be reimbursed.

The FFP Grant Manager should monitor a grantee approaching the grant expiration deadline and notify the grantee and the local Forester.

To receive a time extension, the grantee must submit to the Department in writing a request that includes the grantee's name, grant number, and a brief statement as to why the extension is necessary. If the grantee receives a time extension but is still unable to complete its grant even by the new deadline, they may repeat the process described above and receive another time extension.



The FFP Grant Manager reviews the time extension request and consults with the Local Forester as needed. If the time extension is granted, the FFP Grant Manager prepares and mails a time extension amendment to the grantee. Copies are also sent to the FMO, Local Forester, and the FFP Accountant.

**Variances**

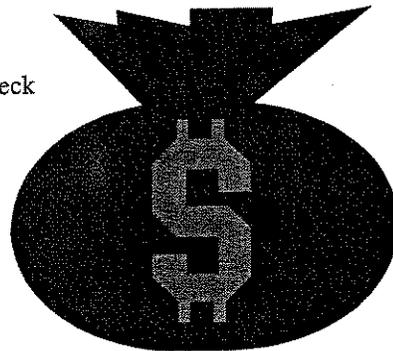
The Department may approve in writing variances from nonstatutory requirements of Chapter NR 47, Wis. Admin. Code, upon written request of the grantee when it is determined that variances are essential to effect necessary actions or Department objectives, and where special circumstances make variances in the best interest of the state. Before granting a variance, the Department shall take into account factors such as good cause, circumstances beyond the control of the grantee and financial hardship.

**Reimbursement Requests**

The FFP Grant Manager mails copies of the Reimbursement Request Form 4300-120 and the Reimbursement Claim Worksheet Form 8700-274 to the grantee with the grant agreement and governor's letter.

When the grantee completes its FFP grant project, it can submit a reimbursement request that includes all cost documentation for the grant. Only one reimbursement request can be submitted for each grant. Once the grantee gathers all cost documentation for the FFP grant project, the grantee:

- Completes the Reimbursement Claim Worksheet Form 8700-274 by listing:
  - Each check, cashier's check or money order,
  - The date each check was written,
  - To whom each check was written,
  - The FFP grant items purchased with each check, cashier's check and money order, and
  - The dollar amount for which each check was written.
- Completes the Reimbursement Request Form 4300-120:
  - Fills in the white, unshaded boxes at the top of the form: "Mail Check To:", "Grant Number", and "Fire Organization Name", and
  - Categorizes all FFP grant purchases as required in the unshaded "Expenditures" column—to do this use the Reimbursement Claim Worksheet Form 8700-274,
  - Gives the sum of the "Expenditures" column in the unshaded "Total Grant Expenditures" box, then
  - Completes the unshaded boxes at the bottom of the form for the Authorized Representative.



- Includes copies of **ALL** invoices that adequately describe the purchases for the FFP Auditor.
- Includes copies (front and back) of **ALL** canceled checks written and/or copies of cashier's checks or money orders purchased from the grantee's account.
- Submits all FFP program reimbursement request materials including copies of all invoices, all canceled checks, cashier's checks, or money orders, and completed Reimbursement Request Form 4300-120 and Reimbursement Claim Worksheet Form 8700-274 to the FFP Grant Manager.

Additional copies of the reimbursement forms can be obtained from Darwin Road, the Local Forester, the FMO, or the FFP Grant Manager.

When the FFP Grant Manager receives the reimbursement request from the grantee, he/she:

- Reviews the reimbursement request.
- Contacts the Authorized Representative of the grantee to:
  - Request missing information,
  - Verify information that he/she questions.
- Consults with the Local Forester as necessary.
- Signs off.
- Forwards FFP grant file to the FFP Auditor for audit.

### Payments

The Auditor performs the audit, and notifies the FFP Grant Manager if there are any problems. When the audit has been successfully completed, the Auditor will sign off on the reimbursement request, authorize payment by the Accountant, and send the file back to the FFP Grant Manager. The Accountant then processes the payment information and sends it to the FFP Grant Manager, who enters the payment.

After entering the payment, the FFP Grant Manager notifies the Local Forester, FMO, and Forest Fire Operations Specialist of the following:

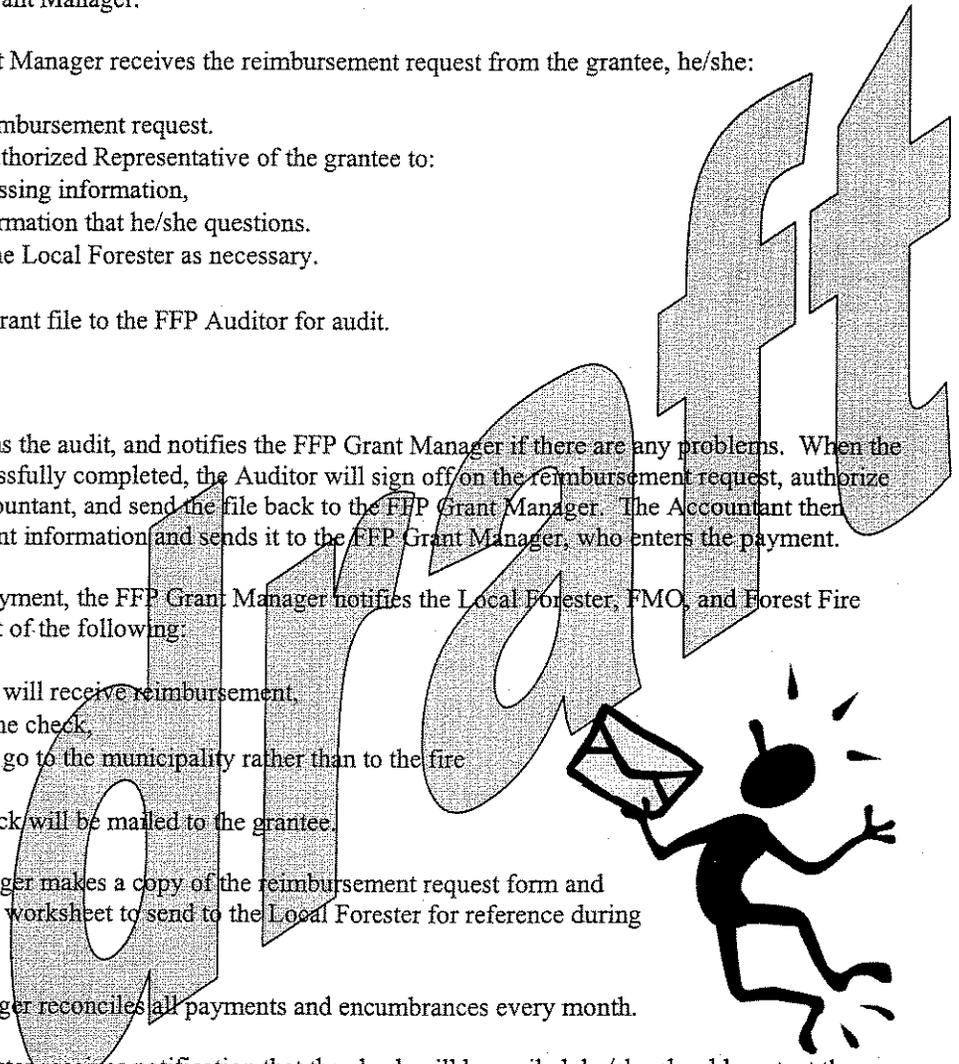
- The grantee that will receive reimbursement.
- The amount of the check.
- If the check will go to the municipality rather than to the fire department, and
- The date the check will be mailed to the grantee.

The FFP Grant Manager makes a copy of the reimbursement request form and reimbursement claim worksheet to send to the Local Forester for reference during the field audit.

The FFP Grant Manager reconciles all payments and encumbrances every month.

When the Local Forester receives notification that the check will be mailed, he/she should contact the Authorized Representative of the fire department to schedule local public relations opportunities. The Local Forester is then responsible for preparing a local press release.

When the Authorized Representative notifies the Local Forester that the check has arrived, the Local Forester works with the fire department and community to conduct public relations activities. Later, the Local Forester should submit the local press release and photo to the local newspaper and send a copy to the FFP Grant Manager, who will copy it and send the original to the Forest Fire Operations Specialist.



### Field Audit

The Local Forester may conduct a field audit only *after* the fire department has paid for and received all of its grant purchases. The Local Forester should check to make sure that the fire department actually bought the items that it indicated in its FFP reimbursement request.

The Local Forester mails the completed Audit Checksheet Form 4300-48 to the FFP Grant Manager to keep in the master file of each grant.

draft

# **Appendix A: Timeline**

**FOREST FIRE PROTECTION GRANT TIME LINE**

RESPONSIBLE PARTY	STEPS/EVENTS	DATE/TIME FRAME
Forest Fire Protection (FFP) Grant Manager - Department of Natural Resources (DNR) Bureau of Community Financial Assistance (CF)	Revises FFP grant application letter	June 1
Forest Fire Operations Specialist - DNR Bureau of Forestry (FR)	Sends an electronic list of eligible Fire Departments (FDs) to CF	June 15
FFP Grant Manager	Sends list of FDs and DNR Ranger Stations to Bureau of Administrative and Field Services /Darwin Road (AF/DR) to be formatted into triple zip	June 22
Bureau of Administrative & Field Services/Darwin Road (AF/DR)	Receives lists of FDs and Ranger Stations, formats them into triple zip, and prints mailing labels	First week in July
AF/DR	Sends mailing labels to DNR Mailroom	July 10
FFP Grant Manager	Sends a copy of the FFP application packet to the DOA Copy Center ; needs bulk mailing label printed on it as this is the bulk mailing to all the FDs	July 10
FFP Grant Manager	Sends a copy of the FFP application packet to the Bureau of Management and Budget (MB)— <b>do NOT put bulk mailing label on this copy</b>	July 10
MB	Has copies made and sends applications to DNR Service Centers and Darwin Road	Second week in July
DOA Copy Center	Receives, copies and folds FFP application packets	Second week in July
DOA Copy Center	Sends packets to DNR Mailroom	Second week in July
DNR Mail Room	Puts mailing labels on applications and mails them to FDs and Ranger Stations	Second week in July

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**FOREST FIRE PROTECTION GRANT TIME LINE**

Rev. 09/28/99  
Created by FFP Grant Managers on 09/03/99

Page 2 of 8

<b>RESPONSIBLE PARTY</b>	<b>STEPS/EVENTS</b>	<b>DATE/TIME FRAME</b>
FFP Grant Manager	Sends announcement/press release of grant availability to DNR Bureau of Communications and Education (CE) for release to press statewide	Second week in July
CE	Publishes announcement of FFP grant availability	Third week in July
FFP Grant Manager	Sends copy of Reimbursement Request Form 4300-120 and Reimbursement Claim Worksheet Form 8700-274 to DOA Copy Shop  Requests 350 copies	August 15
Region and Basin Fire Management Officers (FMOs)	Advise all FDs that call for applications to go to DNR Service Center or Ranger Station to pick up application	Until October 1
Fire Department	Goes to DNR Service Center and picks up application if it did not receive one in the mail	Until October 1
Fire Department	Works with local DNR Forester to complete FFP application	Until October 1
Local DNR Forester	Provides information to the FD for the Forester section of application  Provides technical assistance to FD as the FD fills out the grant application	Until October 1
Fire Department	Completes FFP application and mails it to DNR address given on application	Postmarked <b>no later than</b> October 1
FFP Grant Manager	Prepares application data and compiles database	As applications are received; and through second week of October
CF and FR	Review and rank FFP applications	Third week of October
FFP Grant Manager	Adds priority ranking information to the FFP database	Fourth week of October
FFP Grant Manager	Prepares Governor's letters for all grant awards	Fourth week of October

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**FOREST FIRE PROTECTION GRANT TIME LINE**

RESPONSIBLE PARTY	STEPS/EVENTS	DATE/TIME FRAME
FFP Grant Manager	Takes Governor's letters to the Governor's receptionist in the governor's office at the Capitol to obtain the Governor's signature on all letters	Fourth week of October
Governor's Receptionist	Notifies FFP Grant Manager that the Governor's letters are ready for pick up in the governor's office at the Capitol	First week in November
FFP Grant Manager	Leaves the Governor's letters with the DNR Secretary's receptionist for the DNR Secretary's signature on all letters	First week in November
FFP Grant Manager	<p>Prepares, copies, and mails FFP grant award agreements with Governor's letters and Reimbursement Request Forms</p> <p>Posts grant agreements to the fire drive</p> <p>Notifies central office and region staff that grant agreements are posted to the fire drive</p> <p>Prepares and mails letters to those FDs that did not receive a grant</p> <p>Notifies central office and region staff of FDs that did not receive grant awards</p>	<p>Mid-November – once Governor's letters are signed, applications are ranked;</p> <p>AND,</p> <p>in every odd-numbered year, only after the state budget is passed by the Legislature and signed by the Governor</p>
FFP Grant Manager	Sends the DNR LeMay Forestry Center a list of grantees	After grant agreements are mailed to FDs
FFP Grant Manager	Prepares and sends announcement of FFP grant recipients to CE for release to press statewide	Fourth week of November
CE	Publishes announcement of FFP grant recipients	Fourth week of November

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**FOREST FIRE PROTECTION GRANT TIME LINE**

RESPONSIBLE PARTY	STEPS/EVENTS	DATE/TIME FRAME
Fire Department	Receives grant award agreement, Reads it, Completes it, and Mails it back to DNR at address given – any questions call DNR Bureau of Community Financial Assistance or local DNR Forester; <b>GRANT PERIOD BEGINS WHEN AGREEMENT IS SIGNED AND EXPIRES ON JUNE 30 OF THE FOLLOWING YEAR</b>	Must be postmarked within 30 days of the grant award letter date
FFP Grant Manager	Receives completed grant agreements, Files them, and Sends copy of signature sheet and W-9 to DNR Bureau of Finance (FN) Accountant to encumber the grant award	Upon receipt of agreements from the FDs
FFP Grant Manager	Checks CF reconciliation log to see if all grants are encumbered Notifies all FDs that have not returned signed grant agreements	Five weeks after unsigned grant agreements mailed to FDs
FN Accountant	Checks FEIN number on WiSMART, and Encumbers grant award to FD in grant agreement or the owner of FEIN number given on W-9	Upon receipt of signature sheet and W-9
FN Accountant	Sends copy of encumbrance sheet to FFP Grant Manager	Upon completion of encumbrance
FFP Grant Manager	Enters encumbrance data in monthly reconciliation log, Files encumbrance sheet, and Sticks red dot (signifies encumbered) on file folder	Upon receipt of encumbrance sheet from FN Accountant

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**FOREST FIRE PROTECTION GRANT TIME LINE**

Rev. 09/28/99  
Created by FFP Grant Managers on 09/03/99

RESPONSIBLE PARTY	STEPS/EVENTS	DATE/TIME FRAME
Fire Department	Solicits estimates from and/or submits purchase order(s) to vendor(s)	As soon as possible once grant agreement signed; <b>if ordering from the LeMay Forestry Center, no later than February 1</b>
Local DNR Forester	Maintains contact with FD to provide technical assistance throughout the grant period,  Monitors the project, and  Works with Central Office if anything unusual arises;  <b>Advises them to request a time extension from the FFP Grant Manager PRIOR TO THE EXPIRATION DATE, if FD does not think it will be able to complete its grant by the deadline</b>	Throughout grant cycle,  Time extensions must be requested <b>prior to June 30 which is the grant expiration date</b>
FFP Grant Manager	Maintains contact with LeMay Forestry Center to make sure FDs will get items by grant deadline of June 30	April through June
DNR LeMay Forestry Center	Sends FFP Grant Manager a list of FDs that probably will not get items by grant deadline date	April through June
FFP Grant Manager	Prepares and sends out time-extension form letters to FDs on LeMay Forestry Center list: notifies FD of the situation, and gives FD the option to sign the letter and return it, thereby requesting a time extension	April through June
Fire Department	Receives time-extension letter regarding its purchase order from the LeMay Forestry Center,  Signs the time extension request, if necessary, and  Mails the letter back to DNR address given in letter	<b>Time extension letter must be postmarked prior to June 30</b>

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**FOREST FIRE PROTECTION GRANT TIME LINE**

RESPONSIBLE PARTY	STEPS/EVENTS	DATE/TIME FRAME
FFP Grant Manager	Receives LeMay Forestry Center time extension requests from the FDs,  Prepares and mails time extension amendments,  Keeps a list of extensions granted, and  Sticks a yellow dot (signifies extension) on each file folder	Upon receipt of time extension request letter
Fire Department	Receives its purchases, and  Pays for them from its own account with a check, money order, or cashier's check;  <b>DO NOT USE A CREDIT CARD OR PAY FROM AN ACCOUNT OTHER THAN THAT OF THE GRANTEE</b>	After the FD signs the grant agreement through May 30 for regular checks, through June 30 for cashier's checks or money orders
Fire Department	Receives canceled checks from the bank	Up to June 30 unless FD has a time extension
Fire Department	Completes FFP Reimbursement Request Form 4300-120 and Reimbursement Claim Worksheet Form 8700-274	Up to June 30 unless FD has a time extension
Fire Department	Sends Reimbursement Request forms above along with copies of detailed, itemized invoices and copies of the front and back sides of all canceled checks and/or money orders, cashier's checks to DNR at address given on Reimbursement Request Form 4300-120	Must be postmarked no later than June 30 unless FD has a time extension
FFP Grant Manager	Sends project expiration reminder letter to FDs with a June 30 project expiration date	June 1
Fire Department	Submits a written time extension request, if necessary	Prior to June 30
FFP Grant Manager	Receives time extension requests,  Prepares, copies, and mails time extension amendments to FDs,  Sends a copy of the time extension amendment to FN Accountant	Must be postmarked no later than June 30

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**FOREST FIRE PROTECTION GRANT TIME LINE**

Rev. 09/28/99  
Created by FFP Grant Managers on 09/03/99

RESPONSIBLE PARTY	STEPS/EVENTS	DATE/TIME FRAME
FFP Grant Manager	Maintains list of FDs that have been granted time extensions,  Files time extension request and amendment, and  Sticks yellow dot on file folder	Upon mailing time extension amendment to FD
FFP Grant Manager	Receives reimbursement requests from FDs after project completion,  Reviews reimbursement requests,  Works with FDs and local DNR Foresters to make sure all necessary materials have been submitted,  Signs off on the reimbursement request,  Takes it to the FN Auditor	Upon receipt of reimbursement requests
FN Auditor	Audits reimbursement request	Upon receipt of reimbursement request from FFP Grant Manager
DNR Bureau of Finance	Enters reimbursement request info into WiSMART,  Prints and copies payment voucher sheet,  Sends copy to FFP Grant Manager	After final audit
FFP Grant Manager	Receives Vendor Payment Voucher Input Form from FN,  Enters payments into WiSMART,  Prints On Demand Payment Voucher (ODPV) sheet,  Initials and dates it, copies it, and  Takes FN file copies to FN	Upon receipt of Vendor Payment Voucher Input Form from FN
FFP Grant Manager	Reconciles final payment amount in monthly CF reconciliation log,  Files WiSMART sheets in FD file, and  Sticks green dot (signifies payment) on file folder	After entering payment into WiSMART

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**FOREST FIRE PROTECTION GRANT TIME LINE**

<b>RESPONSIBLE PARTY</b>	<b>STEPS/EVENTS</b>	<b>DATE/TIME FRAME</b>
FFP Grant Manager	Notifies local DNR Forester via email or phone when check will be sent, and  Advises local DNR Forester to plan any press or audit activities	After entering payment into WiSMART
Local DNR Forester	Prepares local press release,  Contacts FD to plan press activities and schedule audit	Upon notification by FFP Grant Manager
Department of Administration	Prepares and mails payment check to owner of FEIN number given on W-9	One week after payment entered into WiSMART
Fire Department	Receives check, and  Notifies Local DNR Forester of check receipt	Upon receipt of check
CF Auditor	Reconciles all payments made in WiSMART each month with monthly CF reconciliation log	Monthly
Local DNR Forester	Conducts press activity with FD,  Submits local press release, and  Sends any copies of news releases or photos to FFP Grant Manager	As soon as possible after check is received by FD
Local DNR Forester	Conducts field audit of FD purchases,  Sends audit sheet to FFP Grant Manager	As soon as possible after check is received by FD
Fire Department	Deposits grant check into account of owner of FEIN number	After press activity and audit

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**Appendix B:**  
**Sample and Blank Application Forms**



NOTE: Use of this form is required by the Department for any application filed pursuant to s. 26.145, Wis. Stats., and Chapter NR 47, subch. VIII, Wis. Adm. Code. The Department will not consider your application unless you complete and submit this application form. Application is hereby made to the Wisconsin Department of Natural Resources, Bureau of Forestry, for grant assistance to participate in the Forest Fire Protection Grant Program consistent with s. 26.145 and Chapter NR 47, subch. VIII. Personally identifiable information requested on this form is not likely to be used for purposes other than that for which it is originally being collected.

**Part 1: Applicant Information**

Applicant Name Four Alarm Volunteer Fire Department		Name of Authorized Representative John Doe	
Type of Municipality: <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Township <input type="checkbox"/> Not a Municipality			
Applicant Mailing Address 555 Fireproof Lane		Title of Authorized Representative Fire Chief	
Applicant City Firefree	State WI	ZIP Code 55555	Daytime Telephone Number of Authorized Representative (888) 888-8888
Applicant County Sootless County		FAX Number of Auth. Representative (888) 555-5555	
Applicant State Assembly District 999		E-mail Address of Auth. Representative chiefdoe@fakeemail.address	

**To be completed by Local DNR Forester**

Local DNR Forester Name Jane Safe		Local DNR Forester Telephone Number (888) 999-9999	DNR Region FAR
DNR Dispatch Group Fastacting Dispatch Group	DNR Dispatch Group Fire Management Officer Name Smokey T. Bear		Fire Response Unit Jungle FRU
Highest Level of DNR Protection Served: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5			

**Part 2: Breakdown of Grant Funding Requested**

	Total Estimated Cost
Forest Fire Protective Clothing (must meet NFPA 1977 standards)	
Forest Fire Suppression Tools, Equipments, Supplies and Materials, including materials for dry hydrants, hose must be 1¼ inches or less in diameter	
Communication Equipment for Forest Fire Suppression or Protection (Radios, Pagers, Base Stations, Repeater Towers, etc.)	\$8,000.00
Mapping, Rural numbering systems or direction/location devices such as GPS	
Off-road all-wheel drive vehicles of ½ to 5 ton capacity, including ATVs which are used primarily for forest fire suppression (vehicles limited to individual fire department applicants).	
<b>Project Total</b>	<b>\$8,000.00</b>
<b>Project Total x Grant Share</b>	<b>x .50</b>
<b>TOTAL GRANT FUNDING*</b>	<b>\$4,000.00</b>

\*NOTE: The maximum grant amount is \$10,000 for Fire Departments and \$25,000 for County or Area Associations of Fire Departments. The minimum grant is \$750 for Fire Departments and \$5,000 for County Associations.

SAMPLE

Forest Fire Protection Grant Program  
Grant Application

Form 4300-119 (R 7/99)

Page 2 of 2

Part 3: Priority Ranking Information for Fire Department Applicants

- Does the fire department have a current agreement with DNR for forest fire suppression?  Yes  No
- Does the fire department serve areas within a DNR organized forest fire control area?  Yes  No
- Does the applicant fire department provide, without cost to DNR, initial attack forest fire suppression within a DNR Organized Protection area or on DNR State Lands?  Yes  No
- Do the majority of the current members of the applicant department meet the NFPA 1051 standards for wildland fire fighting training?  Yes  No

NOTE: Includes any wildland fire training that meets NFPA 1051 standards.

Part 4: Priority Ranking Information for County or Area Association of Fire Departments

- Number of Fire Departments that are current members of the Association?
- Number of current member Fire Departments with DNR organized forest fire control areas within their service area?

NOTE: In order to be eligible for a grant, a majority of the members of the Association must serve forest fire control areas established by DNR under ss. NR 30.01 and NR 30.02 Wis. Adm. Code.

Part 5: Additional information to be included with this grant application

The following information must be included with the application for grant funding. Applications that do not include this information will be considered incomplete and returned to the applicant.

1. Each Fire Department applicant shall include a copy of the current forest fire suppression agreement with the Department or a letter from the local DNR forester which confirms the suppression agreement.
2. Each County or Area Association applicant shall provide a list of each of their member Fire Departments. The list shall identify which fire departments serve DNR organized fire control area.
3. A W-9 form for the applicant Association or Fire Department must be completed and included with the grant application. No fire department or association may receive a grant unless a Federal Employer Identification Number has been provided.
4. Each applicant must include an itemized listing of the protective clothing, tools, materials, equipment and vehicles that will be purchased with grant funds or local matching funds. The list must also include prices of all items.

Part 6: Certification

I certify that, to the best of my knowledge, the information contained in this application and attachments is correct and true. I understand and agree that any grant funds subsequently awarded as a result of this application shall be used in compliance with s. 26.145, Wis. Stats., and ch. NR 47, subch. VIII, Wis. Adm. Code.

Signature of Authorized Representative <i>John DeL</i>	Date 9-15-99
---	-----------------

Mail Grant Applications to: Forest Fire Protection Grant Manager - CF/8  
Department of Natural Resources  
PO Box 7921  
Madison, WI 53707-7921

**PRINT OR TYPE**

Please see attachment or reverse for complete instructions. This form can be made available in alternative formats to qualified individuals upon request.

<b>LEGAL NAME</b> (As entered with IRS) If Sole Proprietorship enter your LAST, FIRST, MI  Town of Firefree	<b>ENTITY DESIGNATION (Check ONE Only)</b>  <input type="checkbox"/> INDIVIDUAL / SOLE PROPRIETOR <input type="checkbox"/> CORPORATION (Includes Service corporations) <input type="checkbox"/> LIMITED LIABILITY COMPANY <input checked="" type="checkbox"/> GOVERNMENT ENTITY <input type="checkbox"/> HOSPITAL EXEMPT FROM TAX OR GOVERNMENT OWNED <input type="checkbox"/> LONG TERM CARE FACILITY EXEMPT FROM TAX OR GOVERNMENT OWNED <input type="checkbox"/> ALL OTHER ENTITIES
<b>TRADE NAME</b> If doing business as (D/B/A) or business name of Sole Proprietorship  Four Alarm Fire Department	<b>TAXPAYER IDENTIFICATION NUMBER (Please include hyphens)</b> If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. Using your EIN may result in unnecessary notices to the requestor.  A 0 0 0 0 0 B  (CHECK ONLY ONE) <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)
<b>PRIMARY ADDRESS (For return of 1099 Form)</b> PO Box or number and street 555 Townhall Drive  City, State, Zip +4 Firefree, WI 55555	
<b>ORDER ADDRESS (Where order should be sent if different from primary)</b> PO or number and street 555 Fireproof Lane  City, State, Zip +4 Firefree, WI 55555	
<b>REMIT ADDRESS (Where check should be sent if different from primary)</b> PO or number and street 555 Fireproof Lane  City, State, Zip +4 Firefree, WI 55555	

**CERTIFICATION**  
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, AND
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Printed Name John Doe  
Signature *John Doe* Phone (888) 888-8888  
Title Fire Chief Date 9-15-99  
Please Print

FOR AGENCY USE ONLY	
Agency No.	
Contact	
Phone Number	
1099	<input type="checkbox"/> Yes <input type="checkbox"/> No
VEND	<input type="checkbox"/> Addition <input type="checkbox"/> Change

Return this form to the address listed below. For your convenience, this form has been designed for return in a standard window envelope.

JANET LIBBY - CF/8  
DEPARTMENT OF NATURAL RESOURCES  
PO BOX 7921  
MADISON WI 53707-7921

**SAMPLE**

Forms may be returned  
by use of FAX Number.  
  
(608) 267-0496

# INSTRUCTIONS FOR COMPLETING TAXPAYER IDENTIFICATION NUMBER VERIFICATION (Substitute W-9)

## Legal Name As entered with IRS

Individuals: Enter Last Name, First Name, MI.

Sole Proprietorships: Enter Last Name, First Name, MI.

All Others: Enter Legal Name of Business.

## Trade Name

Individuals: Leave Blank.

Sole Proprietorships: Enter Business Name.

All Others: Complete only if doing Business as a D/B/A.

## Order Address

Address where order should be sent if different from primary address.

## Remit Address

Address where payment should be sent if different from primary address.

## Business Designation

Check ONE box which describes the type of business entity.

If the business designation is either a corporation or organization exempt from Tax under section 501(a)(c)(d) or 401, you must indicate if you are engaged in the business of providing medical services by checking yes or no. This does not include health insurance coverage for employees.

## Taxpayer Identification Number

If you do not have a TIN, apply for one immediately.

Individuals use federal form SS-05 which can be obtained from your local Social Security Administration Office. Business and all other entities use federal form SS-4 which can be obtained from your local Internal Revenue Service Office.

Provide one only: Social Security Number OR FEIN Number.

## Certification

The person signing this document should be a partner in the partnership, an officer of the corporation, the name of the individual listed or sole proprietor listed under legal name.

In signing this document you are certifying that all information provided is accurate and complete.

You are also certifying that you have not been notified by the IRS that you are subject to backup withholding because:

A. You are exempt from backup withholding;

or

B. You are not subject to backup withholding as a result of a failure to report all interest or dividends;

or

C. That the IRS has notified you that you are no longer subject to such backup withholding.

## Penalties

If you fail to furnish your correct Taxpayer Identification Number (TIN) to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

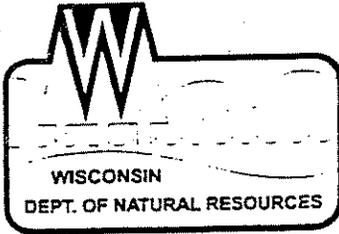
If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

If the requester discloses or uses the TINs in violation of Federal Law, the requester may be subject to civil and criminal penalties.

## Privacy Act Notice

Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Tommy G. Thompson, Governor  
George E. Meyer, Secretary

101 S. Webster St.  
Box 7921  
Madison, Wisconsin 53707-7921  
Telephone 608-266-2621  
FAX 608-267-3579  
TTY 608-267-6897

July 14, 1999

**TO THE FIRE SERVICE OF WISCONSIN**

**SUBJECT: Forest Fire Protection Grant Applications**

The next funding cycle for Forest Fire Protection (FFP) grants to Wisconsin fire departments and county fire associations is about to begin. The amount of funding for this application period is unknown until the Wisconsin State Legislature passes the budget for this biennium. This program provides 50% project reimbursement up to \$10,000 for fire departments and \$25,000 for county fire associations, and requires 50% matching funds from the applicant. **The deadline date (postmark date) for the grant application is October 1, 1999. Late applications will not be funded.**

The purpose of this program is to implement and administer forest fire protection grants to municipal fire departments and other fire suppression organizations. Grant funding is intended to expand the use of local fire departments to augment and strengthen the Department's overall initial attack fire suppression capabilities on forest fires. **Eligible fire departments are those who have entered into a forest fire suppression agreement with the Department of Natural Resources (DNR). County fire associations are eligible if a majority of their fire department members serve organized forest fire control areas designated by the Department.** Grant priority will be given to fire departments that serve areas designated by the Department as organized forest fire control areas, fire departments that provide, without cost to the DNR, initial attack response to wildfires within their jurisdiction, and fire departments where a majority of member firefighters meet NFPA 1051 standards for wildland fire fighting training.

Upon recommendations from the DNR Fire Department Advisory Council, **the Department gives first priority to funding protective clothing and other items which increase the protection and safety of firefighters, and to the tools and equipment used by firefighters to suppress forest fires.** Grant funds can also be used to purchase communication equipment, rural mapping, and off-road vehicles that are equipped for fire suppression.

As further recommended by the DNR Fire Department Advisory Council, **grant funding is NOT available for the following: structural bunker gear, fire hose over 1 1/4" in diameter, cell phones, fax machines, 911 systems components, and ATV's that are not specifically equipped for forest fire suppression.**

If you have any questions about this grant program or the grant application, please contact one of the following people:

A local DNR Forester in your area,  
A Fire Management Officer in your area:

Curt Wilson	Green Bay, Northeast Region	(920) 492-5832
Mike Folgert	Peshigo, Northeast Region	(715) 582-5016
Ken Sloan	Woodruff, Northern Region	(715) 358-9217
Ed Forrester	Cumberland, Northern Region	(715) 822-3590
Al Tatzel	Park Falls, Northern Region	(715) 762-4816 ext. 112
Terry Trapp	Woodruff, Northern Region	(715) 358-9201
Ray Amiel	Fitchburg, South Central	(608) 273-6276
John Nielsen	Dodgeville, South Central	(608) 935-1919
Richard Denney	Milwaukee, Southeast Region	(414) 263-8611
Steve Courtney	Wisconsin Rapids, West Central	(715) 421-7851
Dave Halverson	Black River Falls, West Central	(715) 284-1414

Ken Terrill: Madison, Bureau of Forestry, (608) 266-0615

Jan Libby: Madison, Bureau of Community Financial Assistance, (608) 267-0800

Valarie Thomas: Madison, Bureau of Community Financial Assistance, (608) 267-7153

All applications must be postmarked no later than **October 1, 1999**, and a completed W-9 form with the Employer ID Number must be included. NOTE: If you do not have an employer ID, you may get one by calling the IRS at (816) 926-5999. Mail all applications to the following address:

**FFP Grants Manager – CF/8**  
**WI DNR**  
**PO Box 7921**  
**Madison, WI 53707-7921**

Attachments:

FFP Grant Application  
W-9 Form  
Map of Organized Fire Protection Areas

NOTE: Use of this form is required by the Department for any application filed pursuant to s. 26.145, Wis. Stats., and Chapter NR 47, subch. VIII, Wis. Adm. Code. The Department will not consider your application unless you complete and submit this application form. Application is hereby made to the Wisconsin Department of Natural Resources, Bureau of Forestry, for grant assistance to participate in the Forest Fire Protection Grant Program consistent with s. 26.145 and Chapter NR 47, subch. VIII. Personally identifiable information requested on this form is not likely to be used for purposes other than that for which it is originally being collected.

**Part 1: Applicant Information**

Applicant Name		Name of Authorized Representative	
Type of Municipality: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township <input type="checkbox"/> Not a Municipality			
Applicant Mailing Address		Title of Authorized Representative	
Applicant City	State	ZIP Code	Daytime Telephone Number of Authorized Representative
Applicant County		FAX Number of Auth. Representative	
Applicant State Assembly District		E-mail Address of Auth. Representative	

**To be completed by Local DNR Forester**

Local DNR Forester Name	Local DNR Forester Telephone Number	DNR Region
DNR Dispatch Group	DNR Dispatch Group Fire Management Officer Name	Fire Response Unit
Highest Level of DNR Protection Served: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

**Part 2: Breakdown of Grant Funding Requested**

	Total Estimated Cost
Forest Fire Protective Clothing (must meet NFPA 1977 standards)	<input type="text"/>
Forest Fire Suppression Tools, Equipments, Supplies and Materials, including materials for dry hydrants, hose must be 1¼ inches or less in diameter	<input type="text"/>
Communication Equipment for Forest Fire Suppression or Protection (Radios, Pagers, Base Stations, Repeater Towers, etc.)	<input type="text"/>
Mapping, Rural numbering systems or direction/location devices such as GPS	<input type="text"/>
Off-road all-wheel drive vehicles of ½ to 5 ton capacity, including ATVs which are used primarily for forest fire suppression (vehicles limited to individual fire department applicants).	<input type="text"/>
<b>Project Total</b>	<input type="text"/>
<b>Project Total x Grant Share</b>	<input type="text" value="x .50"/>
<b>TOTAL GRANT FUNDING*</b>	<input type="text"/>

\*NOTE: The maximum grant amount is \$10,000 for Fire Departments and \$25,000 for County or Area Associations of Fire Departments. The minimum grant is \$750 for Fire Departments and \$5,000 for County Associations.

**Forest Fire Protection Grant Program  
Grant Application**

Form 4300-119 (R 7/99)

Page 2 of 2

**Part 3: Priority Ranking Information for Fire Department Applicants**

- Does the fire department have a current agreement with DNR for forest fire suppression?  Yes  No
- Does the fire department serve areas within a DNR organized forest fire control area?  Yes  No
- Does the applicant fire department provide, without cost to DNR, initial attack forest fire suppression within a DNR Organized Protection area or on DNR State Lands?  Yes  No
- Do the majority of the current members of the applicant department meet the NFPA 1051 standards for wildland fire fighting training?  Yes  No

NOTE: Includes any wildland fire training that meets NFPA 1051 standards.

**Part 4: Priority Ranking Information for County or Area Association of Fire Departments**

- Number of Fire Departments that are current members of the Association?
- Number of current member Fire Departments with DNR organized forest fire control areas within their service area?

NOTE: In order to be eligible for a grant, a majority of the members of the Association must serve forest fire control areas established by DNR under ss. NR 30.01 and NR 30.02 Wis. Adm. Code.

**Part 5: Additional information to be included with this grant application**

The following information must be included with the application for grant funding. Applications that do not include this information will be considered incomplete and returned to the applicant.

1. Each Fire Department applicant shall include a copy of the current forest fire suppression agreement with the Department or a letter from the local DNR forester which confirms the suppression agreement.
2. Each County or Area Association applicant shall provide a list of each of their member Fire Departments. The list shall identify which fire departments serve DNR organized fire control area.
3. A W-9 form for the applicant Association or Fire Department must be completed and included with the grant application. No fire department or association may receive a grant unless a Federal Employer Identification Number has been provided.
4. Each applicant must include an itemized listing of the protective clothing, tools, materials, equipment and vehicles that will be purchased with grant funds or local matching funds. The list must also include prices of all items.

**Part 6: Certification**

I certify that, to the best of my knowledge, the information contained in this application and attachments is correct and true. I understand and agree that any grant funds subsequently awarded as a result of this application shall be used in compliance with s. 26.145, Wis. Stats., and ch. NR 47, subch. VIII, Wis. Adm. Code.

Signature of Authorized Representative

Date

Mail Grant Applications to: **Forest Fire Protection Grant Manager - CF/8  
Department of Natural Resources  
PO Box 7921  
Madison, WI 53707-7921**

**TAXPAYER IDENTIFICATION NUMBER (TIN)  
VERIFICATION**

Wisconsin Dept. of  
Administration  
**DO NOT send to IRS**

Substitute **W-9**  
DOA - 6448 (C06/94)(R02/97)

**PRINT OR TYPE**

Please see attachment or reverse for complete instructions. This form can be made available in alternative formats to qualified individuals upon request.

<p><b>LEGAL NAME</b> (As entered with IRS) If Sole Proprietorship enter your LAST, FIRST, MI</p> <hr/> <p><b>TRADE NAME</b> If doing business as (D/B/A) or business name of Sole Proprietorship</p> <hr/> <p><b>PRIMARY ADDRESS</b> (For return of 1099 Form) PO Box or number and street</p> <p>City, State, Zip +4</p> <hr/> <p><b>ORDER ADDRESS</b> (Where order should be sent if different from primary) PO or number and street</p> <p>City, State, Zip +4</p> <hr/> <p><b>REMIT ADDRESS</b> (Where check should be sent if different from primary) PO or number and street</p> <p>City, State, Zip +4</p>	<p><b>ENTITY DESIGNATION (Check ONE Only)</b></p> <p><input type="checkbox"/> INDIVIDUAL / SOLE PROPRIETOR</p> <p><input type="checkbox"/> CORPORATION (Includes Service corporations)</p> <p><input type="checkbox"/> LIMITED LIABILITY COMPANY</p> <p><input type="checkbox"/> GOVERNMENT ENTITY</p> <p><input type="checkbox"/> HOSPITAL EXEMPT FROM TAX OR GOVERNMENT OWNED</p> <p><input type="checkbox"/> LONG TERM CARE FACILITY EXEMPT FROM TAX OR GOVERNMENT OWNED</p> <p><input type="checkbox"/> ALL OTHER ENTITIES</p> <p><b>TAXPAYER IDENTIFICATION NUMBER (Please include hyphens)</b> If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. Using your EIN may result in unnecessary notices to the requestor.</p> <p align="center">_____</p> <p align="center">(CHECK ONLY ONE)</p> <p><input type="checkbox"/> Social Security Number (SSN)</p> <p><input type="checkbox"/> Employer Identification Number (EIN)</p> <p><input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens(ITIN)</p>
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<p><b>CERTIFICATION</b> Under penalties of perjury, I certify that:</p> <p>1. The number shown on this form is my correct taxpayer identification number, AND</p> <p>2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.</p> <p>Printed Name _____</p> <p>Signature _____ Phone _____</p> <p>Title _____ Date _____</p> <p align="center">Please Print</p>	<p align="center"><b>FOR AGENCY USE ONLY</b></p> <p>Agency No. _____</p> <p>Contact _____</p> <p>Phone Number _____</p> <p>1099 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>VEND <input type="checkbox"/> Addition <input type="checkbox"/> Change</p>
---	--

Return this form to the address listed below. For your convenience, this form has been designed for return in a standard window envelope.

JANET LIBBY - CF/8  
DEPARTMENT OF NATURAL RESOURCES  
PO BOX 7921  
MADISON WI 53707-7921

Forms may be returned  
by use of FAX Number:

(608) 267-0496

## INSTRUCTIONS FOR COMPLETING TAXPAYER IDENTIFICATION NUMBER VERIFICATION (Substitute W-9)

### Legal Name As entered with IRS

Individuals: Enter Last Name, First Name, MI.  
Sole Proprietorships: Enter Last Name, First Name, MI.  
All Others: Enter Legal Name of Business.

### Trade Name

Individuals: Leave Blank.  
Sole Proprietorships: Enter Business Name.  
All Others: Complete only if doing Business as a D/B/A.

### Order Address

Address where order should be sent if different from primary address.

### Remit Address

Address where payment should be sent if different from primary address.

### Business Designation

Check ONE box which describes the type of business entity.  
If the business designation is either a corporation or organization exempt from Tax under section 501(a)(c)(d) or 401, you must indicate if you are engaged in the business of providing medical services by checking yes or no. This does not include health insurance coverage for employees.

### Taxpayer Identification Number

If you do not have a TIN, apply for one immediately.

Individuals use federal form SS-05 which can be obtained from your local Social Security Administration Office. Business and all other entities use federal form SS-4 which can be obtained from your local Internal Revenue Service Office.

Provide one only: Social Security Number OR FEIN Number.

### Certification

The person signing this document should be a partner in the partnership, an officer of the corporation, the name of the individual listed or sole proprietor listed under legal name.

In signing this document you are certifying that all information provided is accurate and complete.

You are also certifying that you have not been notified by the IRS that you are subject to backup withholding because:

A. You are exempt from backup withholding;

or

B. You are not subject to backup withholding as a result of a failure to report all interest or dividends;

or

C. That the IRS has notified you that you are no longer subject to such backup withholding.

### Penalties

If you fail to furnish your correct Taxpayer Identification Number (TIN) to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

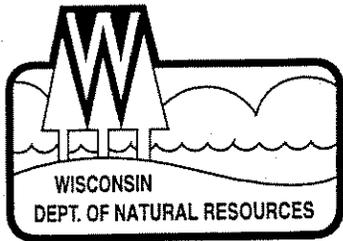
If the requester discloses or uses the TINs in violation of Federal Law, the requester may be subject to civil and criminal penalties.

### Privacy Act Notice

Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.



**Appendix C:**  
**Sample Grant Agreement**



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Box 7921  
101 South Webster Street  
Madison, Wisconsin 53707-7921  
TELEPHONE 608-266-2621  
FAX 608-267-3579  
TDD 608-267-6897

Tommy G. Thompson, Governor  
George E. Meyer, Secretary

September 27, 1999

John Doe, Fire Chief  
Four Alarm Volunteer Fire Department  
555 Fireproof Lane  
Firefree WI 55555

**SAMPLE**

SUBJECT: Forest Fire Protection Grant Contract Award  
Grant No. FFP99-555

Dear Chief Doe:

I am pleased to issue the Four Alarm Volunteer Fire Department a Forest Fire Protection grant award of 50% of the total eligible project costs, up to a maximum of \$4,000.00 in grant funds. This award is offered in accordance with Chapter NR 47, subch. VIII, Wis. Adm. Code. This funding is being made available so that your fire organization can purchase the grant eligible items identified in Part 2 of your recent grant application, which is made part of this agreement.

To accept this grant award, please sign both copies of the contract in the space provided and return the signed DNR copy to **FFP Grants Manager - CF/8**, Department of Natural Resources, P.O. Box 7921, Madison, WI 53707-7921. **The department needs to receive the signed copy of the grant contract within 30 days of this award letter date or I will assume that you refuse to accept the grant award.** The department will then reassign the grant award to the next eligible fire organization on the priority list. As soon as you have signed and mailed the signed grant contract, you may proceed to purchase the equipment, supplies or materials identified in your application.

**The period covered by this grant contract is from the date of your signature through April 1, 1999. All purchases under this grant contract must be completed by this date in order to be eligible for grant reimbursement.**

Your request for grant reimbursement for the grant share of the eligible items purchased is to be submitted no later than May 1, 1999. For the DNR to process a payment, your request for reimbursement must include completed Reimbursement Request Form 4300-120, Reimbursement Claim Worksheet 8700-274, billing invoices for all purchases and a copy of the front and back side of each canceled check. Please write the Grant Number on all request for reimbursement documents you submit.

The Department of Natural Resources is pleased to work with your fire organization for the protection of the forest resources of Wisconsin.

Sincerely,

Director  
Bureau of Community Financial Assistance

Enclosures

cc: George Wysock - FN/1  
Ken Terrill - FR/4

Local Forester - Region/Station



STATE OF WISCONSIN  
DEPARTMENT OF NATURAL RESOURCES  
For the Secretary

Date \_\_\_\_\_

By \_\_\_\_\_  
Director  
Bureau of Community Financial Assistance

ACCEPTANCE

The foregoing offer is hereby accepted on behalf of the Applicant. The Applicant promises to execute the purchases funded in part by this grant in strict accordance with the terms and conditions of this contract.

Date 9-30-99

Signature John Doe

Title Chief

SAMPLE

State of Wisconsin  
 Department of Natural Resources  
 Box 7921  
 Madison, WI 53704

Forest Fire Protection Grant Contract

Grantee  Four Alarm Volunteer Fire Department	Grant Number  FFP99-555
Period Covered by This Contract  Project Period: Date of signature through April 1, 1999	Name of Program  Forest Fire Protection Grant Program FY 1999

Project Budget	Total Estimated Cost
Forest Fire Protective Clothing [must meet National Fire Protection Association (NFPA) 1977 Standard on Protective Clothing and Equipment for Wildland Fire Fighting 1998 Edition]	\$ 0
Forest Fire Suppression Tools, Equipment, Supplies and Materials, including materials for dry hydrants	\$ 0
Communication Equipment for Forest Fire Suppression or Protection (Radios, Pagers, Base Stations, Repeater Towers, etc.)	\$ 8,000.00
Mapping, Rural numbering systems or direction/location devices such as GPS	\$ 0
Off-road all-wheel drive initial attack vehicles of ½ to 5 ton capacity which are used for forest fire suppression (vehicles limited to individual fire department applicants).	\$ 0
Total Expenditures	\$ 8,000.00
Total Expenditures x Grant Share	X .50
<b>TOTAL GRANT FUNDING</b>	<b>\$ 4000.00</b>

**SAMPLE**

**SAMPLE**

## FOREST FIRE PROTECTION GRANT CONTRACT CONDITIONS

1. The State of Wisconsin Department of Natural Resources (Department) and the Grantee mutually agree to perform this agreement in accordance with the Forest Fire Protection Grant Program and with the project application, terms, promises, conditions, plans, specifications, estimates, procedures, maps and assurances attached hereto and made a part hereof and the itemized listing of clothing, tools, materials, equipment and vehicles planned to be purchased under this grant.
2. The Department hereby promises, in consideration of the covenants and agreements made by the Grantee herein, to obligate to the Grantee the amount of \$4000.00 and to tender to the Grantee that portion of the obligation which is required to pay the Department's share of the costs based upon the state providing 50 percent of the eligible project costs. The Grantee hereby promises, in consideration of the promises made by the Department herein, to execute the project described herein in accordance with this agreement.
3. The Grantee agrees to comply with all applicable Wisconsin Statutes and Wisconsin Administrative Codes in fulfilling terms of this agreement. In particular, the Grantee agrees to comply with the provisions of Chapter NR 47, Subchapter VIII, Wis. Adm. Code, attached hereto and made a part hereof.
4. The Department agrees that the Grantee shall have sole control of the method, hours worked, and time and manner of any performance under this agreement other than as specifically provided herein. The Department reserves the right only to inspect the job site or premises for the sole purpose of insuring that the performance is progressing or has been completed in compliance with the agreement. The Department takes no responsibility of supervision or direction of the performance of the agreement to be performed by the Grantee or the Grantee's employees or agents. The Grantee is an Independent Contractor for all purposes, not an employee or agent of the Department. The Department further agrees that it will exercise no control over the selection and dismissal of the Grantee's employees or agents.
5. This agreement, together with any referenced parts and attachments, shall constitute the entire agreement and previous communications or agreements pertaining to the subject matter of this agreement are hereby superseded. Any revisions, including cost adjustments, must be made by an amendment to this agreement or other written documentation, signed by both parties, prior to the termination date of the agreement. Time extensions to the agreement may be granted to the Grantee by the Department in writing without the requirements of Grantee signature.
6. The Grantee may rescind this agreement in writing at any time prior to the starting of the project and before expending any funds. After the project has been started or funds expended, this agreement may be rescinded, modified, or amended only by mutual agreement in writing.
7. Failure by the Grantee to comply with the terms of this agreement shall not cause the suspension of all obligations of the State hereunder if, in the judgment of the Secretary of the Department, such failure was due to no fault of the Grantee. In such case, any amount required to settle at minimum costs any irrevocable obligations properly incurred shall be eligible for assistance under this agreement at the Department's discretion.
8. The Grantee agrees to save, keep harmless, defend and indemnify the Department and all its officers, employees and agents, against any and all liability claims, costs of whatever kind and nature, for injury to or death of any person or persons, and for loss or damage to any property (state or other) occurring in connection with or in any way incident to or arising out of the occupancy, use, service, operation or performance of work in connection with this agreement or omissions of Grantee's employees, agents or representatives.
9. The Grantee agrees to reimburse the Department of any and all funds the Department deems appropriate in the event the Grantee fails to comply with the conditions of this agreement or project proposal as described, or fails to provide public benefits as indicated in the project application, proposal description or this agreement. In addition, should the Grantee fail to comply with the conditions of this agreement, fail to progress due to nonappropriation of funds, or fail to progress with or complete the project to the satisfaction of the Department, all obligations of the Department under this agreement may be terminated, including further project cost payment.
10. The Grantee must comply with all applicable local and state contract and bidding requirements.

BUREAU OF FORESTRY  
FOREST FIRE PROTECTION (FFP) GRANT PROGRAM

SAMPLE

**GRANT PROCEDURES**

The Department of Natural Resources (DNR) has approved the portion of the Fire Organization's grant request as listed in the grant contract, and you are to proceed as follows:

**LOCAL DNR (DEPARTMENT OF NATURAL RESOURCES) FORESTRY REPRESENTATIVE RESPONSIBILITIES**

1. Provide technical assistance to the fire organization for its FFP grant.
2. As the project nears completion, encourage the fire organization to enhance public awareness of the project and its funding through press releases, public functions, letters of appreciation to local politicians and state legislators for funding support, etc.
3. Conduct field audit of the project; once completed, send official copy of the audit work sheet to the Bureau of Community Financial Assistance for inclusion in the official grant file.

**FIRE CHIEF (OR AUTHORIZED REPRESENTATIVE) RESPONSIBILITIES**

1. Sign the FFP Grant Contract.
2. Return the signed DNR copy of the grant contract to the DNR **within 30 days** of the grant contract award letter date or the DNR will assume that the fire organization refuses the grant award and will then reassign the award money to the next eligible fire organization on the priority list.
3. If you haven't already done so, set your specifications and solicit bids, if required, as soon as possible, especially if ordering from the LeMay Center, in which case, call your Local Forester to send in a purchase order on his or her letterhead.
4. Accept the lowest bid that meets your specifications, fits your requirements and conforms to state, federal and National Fire Protection Association (NFPA) 1977 Standard on Protective Clothing and Equipment for Wildland Fire Fighting 1998 Edition.
5. Place your order with the successful bidder **after** you have signed your FFP grant contract and arrange for delivery by March 15, 1999. **If you plan to order equipment from the DNR's LeMay Forestry Center, place your order with it NO LATER THAN JANUARY 15, 1999.**
6. The DNR reimburses the grantee for 50% of the approved invoice amount up to the maximum amount of the grant award stated in the contract. The payment will be made to the named governmental unit - NOT THE VENDOR. (The grantee is responsible for payment of the full invoice amount to the vendor.)
7. All 1999 FFP projects must be completed by April 1, 1999. Time extensions must be requested before this date. Failure to meet this deadline may affect your eligibility for future grants.
8. If you have any problems with bidding or with receiving orders, etc., contact your local DNR forestry representative (who has signed as the "local" DNR forestry representative on your grant application) for assistance.
9. Close out the grant by requesting reimbursement **only after all orders are received from the vendor(s)**. The DNR will process only **one** reimbursement check. To request reimbursement send:
  - a. a completed and signed **Forest Fire Protection Grant Program Reimbursement Request Form 4300-120, 10-98**, which indicates that all the bills are paid and that you have received all the items you ordered,

- b. a complete Reimbursement Request Form 8700-274,
- c. a copy of the invoice from the vendor; the invoice:
  - i) must include detailed quantities, description of goods and/or service, totals, and marked "paid,"
  - ii) must not be dated prior to the date of your fire organization's signed FFP grant contract or later than April 1, 1999,
- d. copies of canceled checks (front and back), cashier's checks and/or money orders used to pay the vendor from the grantee's account. You may wish to pay a vendor with a cashier's check or money order so you don't have to wait for checks to clear the bank and you, in turn, can receive payment more quickly from the DNR.

10. Mail the signed and dated DNR copy of the FFP grant contract within 30 days of the grant contract award letter date and, later, your reimbursement request only after receipt of all invoices and equipment ordered to the following address:

FFP GRANTS MANAGER - CF/8  
DEPARTMENT OF NATURAL RESOURCES  
PO BOX 7921  
MADISON WI 53707-7921

SAMPLE

**Appendix D:**  
**Sample Grant Cancellation Request**

(Date prior to grant expiration date)

FFP Grant Manager – CF/8  
WI DNR  
PO Box 7921  
Madison WI 53707-7921

SAMPLE

Subject: FFP99-555 Grant Cancellation Request  
Four Alarm Volunteer Fire Department

Dear FFP Grant Manager:

The Four Alarm Volunteer Fire Department would like to cancel its grant, number FFP99-555. We have encountered some funding problems and do not have the funds available to make our grant purchases at this time. We apologize for any inconvenience this may cause.

If you have any questions, please feel free to give me a call at (555) 555-5555. Thank you for your time.

Sincerely,

  
John Doe,  
Fire Chief  
Four Alarm Volunteer Fire Department

**Appendix E:  
Sample Time Extension Request  
and Amendment**

(Date prior to grant expiration date)

SAMPLE

FFP Grant Manager – CF/8  
WI DNR  
PO Box 7921  
Madison WI 53707-7921

Subject: FFP99-555 Time Extension Request  
Four Alarm Volunteer Fire Department

Dear FFP Grant Manager:

The Four Alarm Volunteer Fire Department would like to request a time extension for its grant number FFP99-555. The company that we ordered our pagers from has recalled them, and we will not get them back for another two months. Please extend our grant deadline by four months in order to accommodate them and give us time to receive our canceled checks from the bank

If you have any questions, please feel free to give me a call at (555) 555-5555. Thank you for your time.

Sincerely,



John Doe  
Fire Chief  
Four Alarm Volunteer Fire Department

September 27, 1999

John Doe  
Four Alarm Volunteer Fire Department  
555 Fireproof Lane  
Firefree WI 55555

SAMPLE

Subject: Time Extension Amendment  
Four Alarm Volunteer Fire Department  
Forest Fire Protection Grant Number FFP99-555

Dear Mr. Doe:

The above-referenced grant is hereby amended to extend the current grant expiration date of April 1, 1999, to September 30, 1999, as requested in your letter, so the Four Alarm Volunteer Fire Department can complete its Forest Fire Protection grant project. I extended the expiration date as you requested to allow time for your recalled purchase to be reissued and delivered.

**Please remember that the following must be submitted prior to September 30, 1999, to the FFP Grant Manager - CF/8, DNR, PO Box 7921, Madison, Wisconsin 53707-7921:**

- completed Forest Fire Protection Grant Program Reimbursement Request Form 4300-120 and Reimbursement Claim Worksheet Form 8700-274,
- copies (front and back) of all canceled checks or copies of money orders and/or cashier's checks from the grantee's account,
- detailed invoices from vendor(s).

If you have questions or concerns about this amendment, please contact the FFP Grant Manager of my staff at (888) 888-8888.

Sincerely,

Director  
Bureau of Community Financial Assistance

cc: George Wysock - FN/1  
Ken Terrill - FR/4

Local Forester – Region/Station  
Jan Libby - CF/8

**Appendix F:  
Sample Variance Request and Letter**

(Date prior to grant expiration date)

SAMPLE

FFP Grant Manager – CF/8  
WI DNR  
PO Box 7921  
Madison WI 53707-7921

Subject: FFP99-555 Grant Variance Request  
Four Alarm Volunteer Fire Department

Dear FFP Grant Manager:

The Four Alarm Volunteer Fire Department would like to request a variance for its grant number FFP99-555. The variance would allow us to receive funding for items included in our application, but not funded under our original grant agreement.

Thank you for this opportunity, and if you have any questions, I can be reached at (888) 888-8888.

Sincerely,

  
John Doe  
Fire Chief  
Four Alarm Volunteer Fire Department

May 19, 1999

John Doe  
Four Alarm Volunteer Fire Department  
555 Fireproof Lane  
Firefree WI 55555

SAMPLE

SUBJECT: Forest Fire Protection Grant Contract Award  
Grant No. FFP99-555

Dear Chief Doe:

I am pleased to issue the Four Alarm Volunteer Fire Department a Forest Fire Protection grant award of 50% of the total eligible project costs, up to a maximum of \$4,000.00 in grant funds. This award is offered in accordance with Chapter NR 47, subch. VIII, Wis. Adm. Code, and reflects your requested variance which is granted under NR 47.006, Wis. Adm. Code. This variance allows the Department to reimburse the Four Alarm Volunteer Fire Department for grant eligible items listed in its 1999 Forest Fire Protection Grant Application purchased between January 1 through December 1, 1999. This funding is made available so that your fire organization can purchase the grant eligible items identified in Part 2 of your grant application, which is made part of this agreement.

To accept this grant award, please sign the fax copy of the contract in the space provided and return it by fax to the **FFP Grants Manager** - CF/8, Department of Natural Resources at fax number (608) 267-0496. **The department needs to receive the signed fax copy of the grant contract by 4:30 p.m. Thursday, May 20, 1999.** As soon as you have signed and faxed the signed grant contract, you may proceed to purchase the equipment, supplies or materials identified in your application.

**The period covered by this grant contract is from January 1 through December 1, 1999.** All purchases under this grant contract must be completed within these dates in order to be eligible for grant reimbursement.

Your request for grant reimbursement for the grant share of the eligible items purchased is to be submitted no later than January 3, 2000. For the DNR to process a payment, your request for reimbursement must include:

- a completed Forest Fire Protection Grant Program Reimbursement Request Form 4300-120 and Reimbursement Claim Worksheet Form 8700-274,
- billing invoices for all purchases,
- a copy of the front and back side of each canceled check written by the Grantee, and/or copies of all money orders and/or cashier's checks purchased by the Grantee. **Please write the grant number on all reimbursement documents you submit.**

The Department of Natural Resources is pleased to work with your fire organization for the protection of the forest resources of Wisconsin.

Sincerely,

Director  
Bureau of Community Financial Assistance

Enclosure

cc: George Wysock - FN/1  
Ken Terrill - FR/4

Local Forester - Region/Station

**Appendix G:  
Sample and Blank Reimbursement  
Request Forms**

NOTE: This form is required under ss. 26.145, 23.11, 28.07 and 227.11(2)(a), Wis. Stats., and Chapter NR 47, subch. VIII, Wis. Adm. Code. Failure to provide this information may result in denial of benefits. Personally identifiable information requested on this form is not likely to be used for purposes other than that for which it is originally being collected.

LEAVE BLANK-DNR USE ONLY	
Date Recorded _____	
CF Initials _____	
FN Initials _____	
Date of Voucher _____	

Mail Check To:  Four Alarm Volunteer Fire Dept. 555 Fireproof Lane Firefree, WI 55555	Grant Number FFP99-555
	Fire Organization Name Four Alarm Volunteer Fire Department

**SAMPLE**

	Expenditures	Adjustments	Grant Eligible Expenditures
1. Category			
a. Forest Fire Protective Clothing (must meet NFPA 1977 standards)			
b. Forest Fire Suppression Tools, Equipment, Supplies and Materials, including materials for dry hydrants			
c. Communication Equipment for Forest Fire Suppression or Protection (radios, pagers, base stations, repeater towers, etc.)	8,000.00		
d. Mapping, Rural Numbering Systems or Direction/Location Devices, such as GPS			
e. Off-road All-wheel Drive Initial Attack Vehicles of 1/2 to 5 ton capacity which are used for forest fire suppression (vehicles limited to individual fire department applicants)			
2. Total Grant Expenditures	8,000.00		
Total Grant Expenditures X Grant Share			x .50
3. TOTAL GRANT FUNDING			

Certification - I certify, to the best of my knowledge and belief, that the billed costs of expenditures are based on actual payments of record and are in accordance with the terms of the project and that the reimbursement represents the grant share due which has not been previously requested. I also certify that the equipment purchased has been received and all bills have been paid.

Signature of Authorized Representative  <i>John Doe</i>		Date Signed  4-26-99
Printed or Typed Name of Authorized Representative John Doe		Title Fire Chief
Office Telephone Number (888) 888-8888	Home Telephone Number (888) 800-8888	



Mail to: FFP Grant Manager - CF/8  
 Wisconsin Department of Natural Resources  
 P.O. Box 7921  
 Madison, WI 53707-7921

**FOREST FIRE PROTECTION GRANT PROGRAM  
 REIMBURSEMENT REQUEST FORM**  
 Form 4300-120 Rev. 9-99

NOTE: This form is required under ss. 26.145, 23.11, 28.07 and 227.11(2)(a), Wis. Stats., and Chapter NR 47, subch. VIII, Wis. Adm. Code. Failure to provide this information may result in denial of benefits. Personally identifiable information requested on this form is not likely to be used for purposes other than that for which it is originally being collected.

LEAVE BLANK-DNR USE ONLY	
Date Recorded _____	
CF Initials _____	
FN Initials _____	
Date of Voucher _____	

Mail Check To:	Grant Number			
	Fire Organization Name	Expenditures	Adjustments	Grant Eligible Expenditures
1. Category				
a. Forest Fire Protective Clothing (must meet NFPA 1977 standards)				
b. Forest Fire Suppression Tools, Equipment, Supplies and Materials, including materials for dry hydrants				
c. Communication Equipment for Forest Fire Suppression or Protection (radios, pagers, base stations, repeater towers, etc.)				
d. Mapping, Rural Numbering Systems or Direction/Location Devices, such as GPS				
e. Off-road All-wheel Drive Initial Attack Vehicles of 1/2 to 5 ton capacity which are used for forest fire suppression (vehicles limited to individual fire department applicants)				
2. Total Grant Expenditures				
Total Grant Expenditures X Grant Share				x .50
3. TOTAL GRANT FUNDING				

Certification - I certify, to the best of my knowledge and belief, that the billed costs of expenditures are based on actual payments of record and are in accordance with the terms of the project and that the reimbursement represents the grant share due which has not been previously requested. I also certify that the equipment purchased has been received and all bills have been paid.

Signature of Authorized Representative		Date Signed
Printed or Typed Name of Authorized Representative		Title
Office Telephone Number	Home Telephone Number	



**Appendix H:  
Sample and Blank Audit Checklist**

Name of Grantee <b>Four Alarm Volunteer Fire Department</b>	Date of Audit <b>9-30-99</b>
Name of Person Contacted <b>John Doe</b>	Grant Number <b>FFP99-555</b>
Nature of Project <b>Forest Fire Protection Grant</b>	

**STATUS OF PROJECT**

Has all material and/or service been received?  Yes  No

If no, what is anticipated completion date?

Comments

**All grant items have been paid for and received.**

**RECORDS**

Are all papers relative to this grant kept separate from other fire department or municipal records so they are readily available?  Yes  No

Comments

**PURCHASING**

Does the material on file support the basic purchasing criteria such as follows?

- All items less than \$1,500 value to be purchased only after receiving at least three written informal quotations.
- Items or projects exceeding \$1,500 value to be competitively publicly bid and award made to low bidder meeting specs.

Yes  No

How many bid inquiries were mailed out?	How many vendors bid on this project?
Was low bid accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, does the file material substantiate the reason for exception? <input type="checkbox"/> Yes <input type="checkbox"/> No

Were dates of purchase activity after grant application deadline?  Yes  No

Comments

**INVENTORY**

Are inventory items (\$5000 or more in value) easily identifiable by serial number or other marking? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are records adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Comments

**SUMMARY**

Comments from the local officials relative to this program are solicited. Is there any way we can improve or simplify the process yet remain within our guidelines?

**SAMPLE**

**5-30-99**

*Gene Sepe*

Signature of Auditor

Name of Grantee	Date of Audit
Name of Person Contacted	Grant Number
Nature of Project <div style="text-align: center;">Forest Fire Protection Grant</div>	

**STATUS OF PROJECT**

Has all material and/or service been received? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is anticipated completion date?
--	---

Comments

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**RECORDS**

Are all papers relative to this grant kept separate from other fire department or municipal records so they are readily available?  
 Yes  No

Comments

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**PURCHASING**

Does the material on file support the basic purchasing criteria such as follows?

1. All items less than \$1,500 value to be purchased only after receiving at least three written informal quotations.
2. Items or projects exceeding \$1,500 value to be competitively publicly bid and award made to low bidder meeting specs.

Yes  No

How many bid inquiries were mailed out?	How many vendors bid on this project?
---	---------------------------------------

Was low bid accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, does the file material substantiate the reason for exception? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Were dates of purchase activity after grant application deadline?  
 Yes  No

Comments

---

**INVENTORY**

Are inventory items (\$5000 or more in value) easily identifiable by serial number or other marking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are records adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Comments

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**SUMMARY**

Comments from the local officials relative to this program are solicited. Is there any way we can improve or simplify the process yet remain within our guidelines?

\_\_\_\_\_  
 Signature of Auditor