



Office of the State Fire Marshal
Kansas Firefighter Recruitment & Safety Grant
(KFRSG)
Application
Fire Safety Equipment
Volunteer and Part-Time Department
FY2022



Applicant Information

Department Name: _____ FDID#: _____
 Physical Address: _____
 City, Zip: _____ County: _____
 Phone #: _____ Email: _____
 Population Served: _____ Federal Tax ID#: _____
 Chief Name: _____
 Grant contact information:
 Name: _____
 Mailing Address: _____
 City, Zip: _____
 Phone #: _____ Email: _____

Department Budget Information by Fiscal Year

Fire Department Budget	Actual Previous FY	Estimate Current FY	Estimate Next FY
Personnel Costs Salary & Benefits			
Operating Expenses Utilities, Supplies & Equipment Contractual Services Leases & Rentals			
Capital Expenses Apparatus/Equipment over \$5,000			
Total Fire Department Budget			

FOR OFFICE USE ONLY

NFIRS	Received	Status	Approved	Equipment	Amount
Compliant	On-time	Approved	Full	Bunker	
Non-Compliant	Late	Denied	Partial	Wildland	
				SCBA Masks	
CRMCS				Extractor	
Compliant					
Non-Compliant				TOTAL	

Equipment Request

Equipment Description: _____ Meets Current NFPA Standard? _____
Make: _____ Model: _____
Quantity: _____ Cost Each: _____ Total Request: _____

Quote Information, to include shipping:

- Minimum of two vendor quotes, good through March 2022, are required, lowest price will be used in determining award, unless additional explanation is included. (Online pricing will not be accepted in place of quote.)
- Quotes are required to show the cost of each individual item.
- Ask vendor for any and all discounts and/or special pricing for purchases made through this grant.
- Attach copies of each quote.

Vendor Name	Cost Each	Contract?	Quote Exp Date	Comments

Justification, why do you need this, and the help purchasing?

Affirmation

Office of the State Fire Marshal, 800 S.W. Jackson, Suite 104, Topeka, Ks 66612

The grant contact and fire chief, whose names and signatures appear below, attest that he/she are aware of this request and have been designated by the local appointing authority to complete and submit a grant requests on its behalf. The fire department agrees to comply with the rules and guidelines governing financial assistance from the Office of the State Fire Marshal, Kansas Firefighter Safety Grant requests. Equipment purchased is the property of the department and if dissolved within 5 years of reimbursement, equipment will be returned to OSFM. If merged with another department within 5 years department will contact OSFM to request transfer of equipment. The grant contact and fire chief, by signing below, attest that to the best of his/her knowledge, the information contained herein is true and accurate.

Fire Department Name: _____

Grant Contact Signature & Date: _____

Fire Chief Signature & Date: _____

Mail, fax or email to: **Kelly Ingold**
Office of the State Fire Marshal
800 SW Jackson, Suite 104
Topeka, KS 66612-1216
Phone: 785-291-3586
Fax: 785-296-0151
Email: kelly.ingold@ks.gov