



**OFFICE OF THE ILLINOIS
STATE FIRE MARSHAL**

FIRE STATION REHABILITATION AND CONSTRUCTION GRANT APPLICATION

*This application **MUST** be completed in its entirety to be considered for a grant. Incomplete applications, applications that are submitted without all required signatures, and applications received after the deadline will **NOT** be considered.*

Application must be postmarked or electronically received by:

FEBRUARY 28, 2025

SECTION 1 – APPLICANT INFORMATION

Applicant Category _____ Applicant Type _____

Department Name _____

Address _____

City and Zip Code _____

County _____

Phone Number _____

Tax Identification Number _____

NFIRS FDID Number _____

Has the applicant existed under a different name or been part of a merger? _____

If yes, list previous name(s) _____

SECTION 2 – CONTACT INFORMATION

Name _____

Title _____

Work Phone Number _____ Cell Phone Number _____

E-Mail Address _____

SECTION 3 – DEMOGRAPHIC INFORMATION

Total Number of Firefighters _____

 Full Time Paid _____

 Volunteer _____

Total Number of EMS Staff (if applicable) _____

 Full Time Paid _____

 Volunteer _____

Total Number of Annual Responses _____

 Fire _____

 EMS (if applicable) _____

Total Population Served _____

Total Area Covered (sq. miles) _____

Total Number of Stations _____

Total Number of Apparatus _____

MABAS Member _____ MABAS Division _____

If you are not a member of MABAS do you have mutual aid agreements? _____

If yes, list the department(s) with which mutual aid agreement(s) exist

Do you serve any local governments outside of your primary area of responsibility? _____

If yes, list the local governments you serve. _____

SECTION 4 – BUDGET INFORMATION

*Provide information for the last two **COMPLETED** fiscal years. (Note: If you do not have a formal approved budget, you **must** still fill in the Expenditures column. **YOU MUST PROVIDE THIS INFORMATION ON THE APPLICATION. DO NOT SUBMIT ATTACHMENTS IN PLACE OF PROVIDING THIS INFORMATION. INCOMPLETE APPLICATIONS WILL BE REJECTED.**)*

Fiscal Year _____

Budget Line Item	Budget	Expenditures
Salaries and Benefits (including Trustee compensation)		
Administrative Operations/Expenses (i.e. office supplies, office equipment purchase/rental of office equipment, legal and audit services, etc.)		
Equipment/Apparatus Maintenance		
Equipment/Apparatus Purchases – One Time		
Building Expenses (i.e. utilities, rent, maintenance, etc.)		
Training and Education – Annual/Ongoing		
Training and Education – One Time		
Construction Costs		
Debt Service (i.e. loan payments)		
Miscellaneous (does not fit into one of the above categories)		
Contingency/Fund Set Asides		
TOTAL		

Fiscal Year _____

Budget Line Item	Budget	Expenditures
Salaries and Benefits (including Trustee compensation)		
Administrative Operations/Expenses (i.e. office supplies, office equipment purchase/rental of office equipment, legal and audit services, etc.)		
Equipment/Apparatus Maintenance		
Equipment/Apparatus Purchases – One Time		
Building Expenses (i.e. utilities, rent, maintenance, janitorial, etc.)		
Training and Education – Annual/Ongoing		
Training and Education – One Time		
Construction Costs		
Debt Service (i.e. loan payments)		
Miscellaneous (does not fit into one of the above categories)		
Contingency/Fund Set Asides		
TOTAL		

SECTION 5 – REVENUE INFORMATION

(Note: YOU MUST PROVIDE THIS INFORMATION ON THE APPLICATION. DO NOT SUBMIT ATTACHMENTS IN PLACE OF PROVIDING THIS INFORMATION. INCOMPLETE APPLICATIONS WILL BE REJECTED.)

Does your department receive revenues from a tax levy? _____ (If Yes complete Section 5A; if No skip to Section 5B)

Note: Departments that are part of a city where the city has a tax levy as a city but does not have a specific tax levy for the fire department should select No above and skip to Section 5B. If the city has a specific tax levy for the fire department select Yes above and include that specific levy information in Section 5A.

Section 5A – Tax Levy Information

Are you currently at your maximum levy rate? _____

Is voter approval required to increase from your current rate? _____

Current Levy Rate (%) _____ Maximum Levy Rate (%) _____

Levy information for the past three tax years.

Tax Year	EAV	Levy Rate (%)	Revenue Collected	Percent of Total Levy Collected

Is your budget supported by other revenues besides taxes? _____ (If Yes complete Section 5B; if No skip to Section 6)

Section 5B – Non-Tax Revenues

If the department receives revenue from other sources besides taxes list all those revenue sources here. This would include funds appropriated from the city budget, grants received, loans received, fundraising revenue, foreign fire tax receipts, or any other non-tax revenue. List amounts for the last two COMPLETED fiscal years and whether that revenue is restricted (can only be used for certain expenses) or unrestricted (can be used for any expenses), and the total amounts received.

Fiscal Year _____

Revenue Source	Restricted or Unrestricted	Amount
TOTAL		

Fiscal Year _____

Revenue Source	Restricted or Unrestricted	Amount
TOTAL		

SECTION 6 – GRANT REQUEST

Amount Requested _____
(Cannot exceed \$350,000)

Request Type _____

SECTION 7 – PROJECT BUDGET

This should be the total project cost including any other funds being utilized.

Line Item	Amount
Architectural and Engineering Fees	
Project Inspection Fees	
Site Work	
Demolition and Removal	
Building/Land Purchase	
Construction	
Miscellaneous Expenses (list below)	
TOTAL PROJECT COST	

List of miscellaneous expenses and amounts:

SECTION 8 – OTHER FUNDING

Are you utilizing other funding sources for this project? _____

If yes, list the source of that funding and the amount from each source.

Source of Funds	Amount

Remainder of page left intentionally blank.

SECTION 9 – PROJECT DESCRIPTION

(Provide a detailed description of the project that will be supported by grant funds. You may include pictures and/or drawings showing the work to be completed and/or of the proposed construction.)

SECTION 10 – PROJECT JUSTIFICATION

*(Provide **detailed justification** for the project that will be supported by grant funds. This justification should include why the project is necessary, why a grant is needed to fund the project, and any other justification that would assist in deciding on your grant request. You may include pictures and/or drawings showing the work to be completed and/or of the proposed construction)*

SECTION 11 – ATTESTATION AND SIGNATURES

TWO signatures are required to submit this application. Those signatures **must** include:

1. Fire chief
2. An official with authority over the fire chief (may include the Mayor or President of the Board of Trustees, city manager, public safety division chief/manager, or Board Trustee.)

Attestation

We, the undersigned, and duly authorized officers do hereby certify that the filing of this application was duly authorized, and that the statements made in this grant application and all exhibits, documents, and data submitted with this grant application are true and correct according to the best knowledge and belief of the undersigned and are submitted as a basis for approval of a grant from the Fire Station Rehabilitation and Construction Grant Program. As part of the grant process, the Office of the Illinois State Fire Marshal is hereby authorized to verify any information contained herein.

Signature

Printed Name

Title

Signature

Printed Name

Title