



**OFFICE OF THE ILLINOIS
STATE FIRE MARSHAL**

SMALL EQUIPMENT GRANT APPLICATION

*This application **MUST** be completed in its entirety (including attaching all required documentation) 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:

OCTOBER 1, 2024

Do not submit both an electronic and mailed application. Submit using one method only.

Have you received a grant from the Small Equipment Grant Program previously? _____

If yes, list the year(s) _____

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 _____

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 (attach agreement(s) to the application). _____

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 fiscal years. Attach the last two fiscal year's appropriation ordinances.

Fiscal Year _____

Budget Line Item	Budget	Expenditures
Salaries and Benefits		
Contractual/Subscription Services		
Office Administration Costs		
Supplies – Annual/Ongoing		
Supplies – One Time		
Apparatus/Vehicle Maintenance		
Apparatus/Vehicle Purchases – One Time		
Other Equipment Purchases – One Time		
Rents		
Utilities		
Training and Education – Annual/Ongoing		
Training and Education – One Time		
Construction Costs		
Debt Service		
Miscellaneous		
TOTAL		

Fiscal Year _____

Budget Line Item	Budget	Expenditures
Salaries and Benefits		
Contractual/Subscription Services		
Office Administration Costs		
Supplies – Annual/Ongoing		
Supplies – One Time		
Apparatus/Vehicle Maintenance		
Apparatus/Vehicle Purchases – One Time		
Other Equipment Purchases – One Time		
Rents		
Utilities		
Training and Education – Annual/Ongoing		
Training and Education – One Time		
Construction Costs		
Debt Service		
Miscellaneous		
TOTAL		

Section 5 - Revenue Information

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

List amounts for the last two fiscal years and whether that revenue is restricted (can only be used for certain expenses) or unrestricted (can be used for anything), 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 \$26,000)

Request Type _____

Equipment Requested

Item	# of Items	Unit Cost	Total	NFPA Standard/Edition Equipment Meets
TOTAL COST				

Section 7 – Other Funding

Are you utilizing other funding sources for the purchase of any of the same type of equipment you are requesting? _____

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 8 – Grant Justification

(Provide detailed justification for the equipment that will be purchased with grant funds. Information to be included in your justification may include information on out-of-date or unsafe equipment, changes in demographics or demand for services, expansion of coverage areas, information on equipment losses not covered by insurance, why other funding cannot be used to purchase the equipment, and any other justification that would assist the Committee in deciding on your grant request).

Section 9 – Attestation and Signatures

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

1. Fire chief or head of the not-for-profit ambulance service
2. Highest elected official for the unit of local government (Mayor or President of the Board of Trustees or not-for-profit ambulance service board)
3. City Clerk or Board Secretary of the unit of local government or not-for-profit ambulance board

If an individual signing the application has more than one title that satisfies the signature requirements above, please indicate each of those titles when you sign below.

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 Small Equipment 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

Signature

Printed Name

Title