



Feb. 23, 2015

Dear Firewise Communities,

Let me extend a big THANK YOU to all of you for your continued hard work. Thanks to your efforts, we continue to lead the nation in the number of recognized Firewise Communities. There were 145 active communities in 2014.

More importantly, because of the size and scope of your projects, Arkansas leads the nation in the amount of money per capita spent through volunteer hours worked on Firewise projects. What a great testimony to the volunteer spirit and community pride found in all of you!

I know that already many of you are hard at work on various mitigation and education projects across this great state. Remember to take pictures of your projects. If you are involved in cleaning up fuels that are the result of recent winter storms, this makes a very good mitigation project.

I encourage you to turn in your paperwork and pictures early. The deadline to turn in paperwork in order to receive a renewal grant is October 1, 2015. Renewals can be sent for the remainder of the year, but the grant deadline is October 1, 2015.

Please send your paperwork to: Arkansas Firewise, 3821 W. Roosevelt Rd. Little Rock, Ar. 72204. . Or email us at firewise@arkansas.gov. We will forward your renewal form to Firewise USA, but in order to process grant money, the paperwork needs to come to Little Rock.

We are on Facebook at <https://www.facebook.com/ArkansasFirewise>. We post tips, trends, fire information and pictures of our communities from around the state. Send us your mitigation and education photos and we'll put them on Facebook.

We are not attaching the renewal paperwork to this letter. Call us or email us and we will send you your choice of hard copy, email copy, or a cd with the paperwork burned on it.

As always, if we can help you with projects or paperwork in any way, please feel free to contact us at any time. Thank you again for helping make Arkansas communities safer through Firewise.

Sincerely,

Kevin Kilcrease
Arkansas Firewise Coordinator
jerry.kilcrease@arkansas.gov
501-580-9607

Sheila Doughty
Arkansas Firewise Information Officer
Sheila.doughty@arkansas.gov
501-813-2554

Firewise Community Renewal Checklist 2015

www.arkansasfirewise.com

Contact us with any questions.

Kevin- 501-580-9607 or Sheila-501-813-2554

3821 W. Roosevelt Rd. Little Rock, AR 72204

In order to qualify for the \$500 Firewise Renewal Grant, Fire Departments Must:

- **Invest \$2 per capita in Firewise projects**

-Firewise projects must include a community **education** effort (via newsletter, fire department open house, civic meeting, convention, festival or fair booth, or otherwise) and a wildfire **mitigation** effort (increase defensible space at a private or civic area, participate in a community-wide burn, clean up a highway or park area, etc.). Fill out the \$2 per capita volunteer forms, and take pictures.

- **Make sure your CWPP is up to date**

-Add new subdivisions and/or major changes which have taken place in your community and include risk assessments for new development.

- **Submit renewal paperwork to the Little Rock Arkansas Firewise Team by October 1, 2015**

-See the website or contact the Firewise team for renewal forms, then submit them to the **Little Rock** office. We will process your \$500 renewal grant for each community under your department and submit your recognition renewal to the National Fire Protection Association.

- **Renewal Checklist:**

1. Proof of Education Project (with pictures)
2. Proof of Mitigation Project (with pictures)
3. Those two must equal \$2 per capita spent
4. Signed Assurance of Compliance
5. National Renewal Form
6. 424- for \$500 grant



The Arkansas Forestry Commission offers its programs to all eligible persons regardless of race, color, national origin, sex, age or disability and is an Equal Opportunity Employer.



Arkansas Firewise Volunteer Tracking Sheet, 2015 (Prepare one for each education and mitigation project)	
Project Date:	
Project Location:	
Project Description: (remember pictures)	
Contact Person:	
Telephone:	
E-mail:	
Fire Staff Present:	
Total Volunteers:	
Total Hours Spent:	
Total Volunteers x Hours Spent =	
Total Volunteers x Hours Spent x \$22.55 =	\$
Technical Support Total Hours =	
Hours of technical support x \$22.55=	\$
Costs Incurred	
Item and cost:	
Item and cost:	\$
Item and cost:	
Total costs Incurred:	
Total:	\$
Prepared By: Date: Comments/Notes:	



Arkansas Firewise Volunteer Tracking Sheet, 2015

(Prepare one for each education and mitigation project)

Project Date:	
Project Location:	
Project Description: (remember pictures)	
Contact Person:	
Telephone:	
E-mail:	
Fire Staff Present:	

Total Volunteers:	
Total Hours Spent:	
Total Volunteers x Hours Spent =	
Total Volunteers x Hours Spent x \$22.55 =	\$
Technical Support Total Hours =	
Hours of technical support x \$22.55=	\$
Costs Incurred Item and cost:	
Item and cost:	\$
Item and cost:	
Total costs Incurred:	
Total:	\$

Prepared By:
Date:
Comments/Notes:

Firewise Community Renewal, 2015

www.arkansasfirewise.com

Contact us with any questions.

Kevin-501-580-9607, jerry.kilcrease@arkansas.gov,

Sheila-501-813-2554, Sheila.doughty@arkansas.gov

_____ (copy page for each event) _____

Print before and after photos of your education and mitigation projects and submit via e-mail, or attach them to this page, or enclose them as separate documents.



**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:		Organizational Unit:	
		Department:	
Organizational DUNS:		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:		Prefix:	First Name:
City:		Middle Name	
County:		Last Name	
State:	Zip Code	Suffix:	
Country:		Email:	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□	Phone Number (give area code)	Fax Number (give area code)
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> Continuation <input type="checkbox"/> Revision Other (specify) <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Fire Department
	9. NAME OF FEDERAL AGENCY: USDA Forest Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10/664 TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Completion of a Wildfire Mitigation Project
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
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13. PROPOSED PROJECT Start Date: 1/1/1(Ending Date: 12/31/1(14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$.00	a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name	Middle Name
Last Name		Suffix
b. Title		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed

- Providing information to the Forest Service on your outreach to participants in your programs and activities.

What does the Forest Service do to ensure compliance with nondiscrimination responsibilities?

The Forest Service will conduct reviews of your programs and activities on a periodic basis to ensure they comply with Civil Rights laws. The Forest Service is your partner in providing equal opportunity to the public. For more information, please contact your local Forest Service office.

What Federal Civil Rights laws must you follow to ensure compliance?

U.S. Code	Statute	Prohibits Discrimination on the Basis of:
(42 USC 2000d–2000c)	Title VI of the Civil Rights Act of 1964	Race, Color, or National Origin
(20 USC 1681–1686)	Title IX of the Education Amendments of 1972	Sex (in educational programs and activities)
(42 USC 6101 et seq)	Age Discrimination Act of 1975, as amended	Age
(29 USC 794)	Section 504 of the Rehabilitation Act of 1973, as amended	Disability



United States Department of Agriculture

Forest Service

Grants and Agreements

Complying with Civil Rights Requirements

Your Responsibilities as a Partner with the USDA Forest Service

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, or for Forest Service issues please call, toll free, (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.



“ Simple justice requires that public funds, to which all taxpayers of all races contribute, not be spent in any fashion which encourages, entrenches, subsidizes, or results in racial discrimination. ”

— President John F. Kennedy, in his 1963 message calling for the enactment of Title VI of the Civil Rights Act

Who is required to comply with Federal Civil Rights laws?

If you receive Federal funds or assistance from the Forest Service such as a grant or agreement, by law you must provide equal opportunity for all people to participate in the programs and activities you offer. For example, you should not deny or exclude anyone from programs, services, aids or benefits. Also, you must not retaliate in any manner against a person who files a complaint or opposes any unlawful or discriminatory practice. The back of this brochure shows Federal Civil Rights laws that apply.

This brochure provides a basic overview of your responsibilities for ensuring nondiscrimination in the delivery of your programs and activities to the public on bases covered by federal law. These bases include race, color, national origin, sex (in educational programs or activities), age, and disability.

What are some types of Federal funding and assistance?

- Federal monies given by grants, sub-grants, cooperative agreements, challenge cost-share agreements, cost-reimbursable agreements, or loans
- Training presented by a Federal agency
- Loan/temporary assignment of Federal personnel (e.g., a Forest Service employee instructing a course at a local university)
- Loan or use of Federal property at below market value

Are you a recipient of Federal funding and assistance?

You are a “recipient” if, through a partnership with the Forest Service, you receive Federal funding or assistance (either directly or through another recipient) to conduct a program you offer to the public.

Recipients include:

- Any individual receiving Federal funding or assistance
- A State or local government
- American Indian or Alaska Native individual, Tribe, corporation, or organization
- Any public or private agency, institution, or organization (e.g., university, college, or non-profit)

What are your responsibilities for complying with Federal Civil Rights laws?

As a partner with the Forest Service, your responsibilities for complying with Federal Civil Rights laws include, but are not limited to:

- Signing an assurance certifying that you will comply with Civil Rights laws. If you have sub-recipients, obtain a signed assurance from them. An example of a sub-recipient is a local community organization receiving a sub-grant from a state forestry agency.
- Displaying the “And Justice for All” U.S. Department of Agriculture poster (AD-475C) in your public reception areas or other areas visible to the public. Contact your Forest Service office to obtain copies.
- Including the following statement about nondiscrimination and how to file a complaint in your publications and outreach materials:

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.)”

To file a complaint of discrimination: write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington,

D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.”

- If the publications or materials are too small to permit the use of the full statement, at a minimum include the following statement, in print size no smaller than the text: *“This institution is an equal opportunity provider.”*
- Including in any of your publications and outreach materials related to a grant or agreement project, a statement of affiliation with the Forest Service, e.g., *“This publication made possible through a grant from the USDA Forest Service.”* OR *“This research was conducted in cooperation with the USDA Forest Service.”* OR *“This research was funded by a grant from the USDA Forest Service.”*
 - Providing program information in alternative formats for people with disabilities and in alternative languages for people with limited English proficiency, as appropriate to your customer base.
 - Identifying a person to be responsible for ensuring your program is in compliance with Civil Rights requirements.
 - Reviewing all your policies, procedures, and practices to ensure that they do not limit participation on the basis of race, color, national origin, age, disability, or sex (in educational programs and activities).
 - Evaluating the accessibility of your programs and facilities. If they are not now accessible, develop a transition plan for making them accessible and then carry out the plan as appropriate.
 - Ensuring that your staff understands their Civil Rights responsibilities including their role in the USDA complaint process.
 - Providing outreach to a wide variety of communities to ensure diversity if you advertise or market your program.

**United States Department of Agriculture
Forest Service**

**Assurance of Compliance With The Department of Agriculture
Regulation Under Title VI of The Civil Rights Act of 1964**

_____ (hereinafter called the "Applicant".)
(Name of Applicant or Recipient) (Fire Department)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (PL 88-352) and all requirements imposed by or pursuant to the Regulations of the U.S. Department of Agriculture (7 CFR Part 15) issued pursuant to that Act; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal financial assistance extended after the date hereof to the Applicant by the Forest Service, U.S. Department of Agriculture on account of:

The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States in addition to any other rights and remedies provided by this assurance, the Civil Rights Act of 1964, or the Regulations issued thereunder, shall have the right to enforce this agreement by suit for specific performance or by any other available remedy under the laws of the United States or the State in which the breach or violation occurs.

This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signature appear below are authorized to sign this assurance on behalf of the Applicant.

Dated _____
Applicant—Fire Dept.

BY: _____
(Signature)

(Applicant's mailing address)

Previous editions of this form are obsolete

1700-1(11/77)

2015
Firewise Communities/USA® Renewal Application

§ **Section A** — The community of _____ located in _____
(insert HOA/POA, community or neighborhood name) (enter name of city or town)
in _____ County in the state of _____; hereby applies to renew its participation in the Firewise Communities/USA
recognition program for the year 2015.

§ **Section B — Firewise Board/Committee:** A Firewise Board/Committee was maintained during 2015. If the primary communi-
ty point of contact has changed since last year, please include the updated contact information form below.

Primary Community Point of Contact*:

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

_____ Please check here if there is no change to contact information.

§ **Section C — Invested at Least \$2 PerCapita in Firewise Projects During 2015: The value of a volunteer hour is
currently \$22.55.**

Total Firewise expenditures, including equipment and volunteer hours \$ _____

Number of residents in the community: _____

§ **Section D — Held a Firewise Day During 2015:**

Date of Firewise Day: _____

Describe the activity including date, time, number of people that attended and location: *(Character limit in the box is 780.)*

§ **Section E — Submitted by:**

Email address: _____

Date: _____

To remain an active Firewise Communities/USA site in good standing, your renewal form must be submitted to the NFPA Firewise Office
by close of business, December 31, 2015. Please send to:

NFPA Firewise Communities/USA Program
One Batterymarch Park
Quincy, MA 02169-7471

Email: tthorpe@nfpa.org
Fax Number — 617-984-7056

Please fill in all information or the renewal form cannot be processed. Documentation and back-up materials need not accompany the
renewal form. Retain this material for your records.

Remember, that **you can report on your activity at anytime during the year to maintain your status**, once you've held your Firewise Day
and conducted your wildfire safety efforts. See www.firewise.org/login for more information.