

2016
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 2016.

§ **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 2016:** The value of a volunteer hour is
currently \$23.56.

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

Number of residents in the community: _____

§ **Section D — Held a Firewise Day During 2016:**

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, 2016. For Arkansas Firewise Grant, Paperwork is due Oct. 1, 2016. Please send to:

Arkansas Firewise
3821 W. Roosevelt Rd.
Little Rock, AR 72204

Email: firewise@arkansas.gov

Fax Number — 501-296-1949

Please fill in all information or the renewal form cannot be processed. 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.