Arkansas Firewise, 2015

Call (501) 580-9607 with any questions or visit www.arkansasFirewise.com, www.facebook.com/ArkansasFirewise

- **The Arkansas Firewise program is a wildfire safety, education, and prevention effort sponsored by the Arkansas Forestry Commission (AFC).** The Arkansas Firewise program is the most successful Firewise program in the United States, thanks to funding from the U.S. Forest Service, and assistance from AFC staff. Arkansas Firewise has worked in more than 270 communities and all the state parks. It makes prevention and education efforts specific to the wildfire needs of each area of the state. Arkansas Firewise is part of Firewise Communities/USA, which is part of the National Fire Protection Association.
- **Individuals, communities, and fire departments benefit from Firewise training, education, and resources.**
- **The main messages are:**
    - Homeowners should create defensible space (area directly surrounding structures) so that homes are more easily protected from wildfire.
    - The main characteristics of defensible space are: **lean, clean, and green landscapes**. A **lean** space has mowed, short grass; trees that are trimmed of branches six feet from the ground; and maintained landscaping that does not touch roofs or windows. A **clean** space is cleared of debris such as multiple vehicles, yard toys, tools, and other material that could be flammable. A **green** space is free of dead vegetation including leaves, pine needles, sticks and twigs –only healthy, live vegetation in this area because it is less flammable than dead, dry debris.
    - Defensible space acts as a barrier between homes and forested or wildland areas. Consider anything that could transfer fire between homes and surrounding vegetation a wildfire hazard.
- **The primary objectives of the Arkansas Firewise program are:**
    - Educate homeowners about the importance of defensible space.
    - Train and educate fire departments and communities about how to prevent wildfires and wildfire damage.
    - Work with communities around Arkansas on their Firewise education needs.
    - Manage the grant funds and paperwork associated with recognizing Firewise fire departments.
- **What can the Arkansas Firewise program do for your community?**
    - Wildfire education for community groups and fire department training sessions. Safety fairs, luncheons, youth rallies, Boy Scouts, Girl Scouts, and other youth groups, volunteer events, clubs, and conventions (no matter how big or small) are excellent opportunities to request Firewise presentations at no cost. Free newsletters, literature, and programs are available to any civic group or fire department.
    - Fire departments have the greatest incentive to be involved with the Firewise program. Firewise educates about specific wildfire risks of individual houses in the district – and provides grant money, training and support. Firewise grants are only offered to fire departments. A total of $3,500 is available to fire crews during the first year and an additional $500 renewal grant is available each year after. Firewise recognition requirements include completing risk assessment surveys on 80% of homes in your district, hosting a fire safety education event for your community, completing a wildfire mitigation project on a home or civic space in your district, and developing a Community Wildfire Preparedness Plan. AFC staff members can help with all parts of the grant process.

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.

Frequently Asked Questions

- **How do we start the Arkansas Firewise grant process?**
  Schedule a presentation from the Arkansas Firewise Coordinator, Kevin Kilcrease. Presentations can be on a regularly scheduled training night, during a lunch, or any convenient time and location for you. Call 501-580-9607 or e-mail your request to Jerry.Kilcrease@arkansas.gov. The initial presentation provides you with an overview of the program and the Risk Assessment Training provides attendees with two hours of Arkansas Fire Academy credit.
- **What can we purchase with our grant money?**
  The first $1,000 received for completing risk assessments can be spent however fire department personnel see fit (as long as money is spent on the fire department). The remaining $2,500 must be spent on wildfire equipment included on an approved list. That list can be found at www.arkansasFirewise.com, or e-mail Sheila Doughty at Sheila.doughty@arkansas.gov for a copy. The Little Rock Firewise office must receive receipts for the purchase of this equipment. The $500 renewal grants can be spent however firefighters see fit in support of their Firewise and wildfire mitigation efforts.
- **What paperwork is involved?**
  When your fire department receives Firewise training, we will provide you with forms. To receive funds, volunteer time totals and other forms must be completed and submitted to the Little Rock Firewise office. Staff members are happy to help you in completing each of these forms.
- **How often do the risk assessment surveys have to be completed?**
  Once a fire department completes risk assessment surveys on 80% of homes in the wildland/urban interface, these surveys do not have to be completed again (unless significant changes take place).
- **Do crew members have to assess homes that are dangerous?**
  It is not the desire of the Firewise program to endanger the lives of anyone. If homeowners are unfriendly or if an area is dangerous to visitors, we do not require you to survey the area – simply skip that residence and continue with others.
- **When is the deadline for finishing the program?**
  There is no deadline to finish Firewise requirements during the first year. Risk assessments, mitigation projects and wildfire education projects can take as long as you need them to during your initial recognition process. **An October 1st deadline is in place for all renewals.** So – the second year that you are in the program, and beyond that, you must have all renewal requirements completed by October 1 in order to receive a renewal grant.
- **Who can help with the Firewise recognition process?**
  Anyone in your community can help with program requirements. Civic clubs, church groups, and the like, are excellent sources of volunteers and can help with education and mitigation projects. Invite residents to the Risk Assessment Training so that they can help with wildfire surveys. You can include these same residents in completing mitigation projects and/or anything related to wildfire training and safety in your area.
- **How does our fire department get recognized?**
  Once the requirements are reached and all paperwork is turned in to the Little Rock office and processed, Firewise staff members can provide or arrange newspaper coverage, town meetings, area-specific literature and/or flyers for any event or project that your department would like to host at no charge. Contact the Little Rock Firewise office to discuss your community's needs.

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Firewise New Community Recognition Checklist 2015

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

Firewise@arkansas.com

www.arkansasFirewise.com

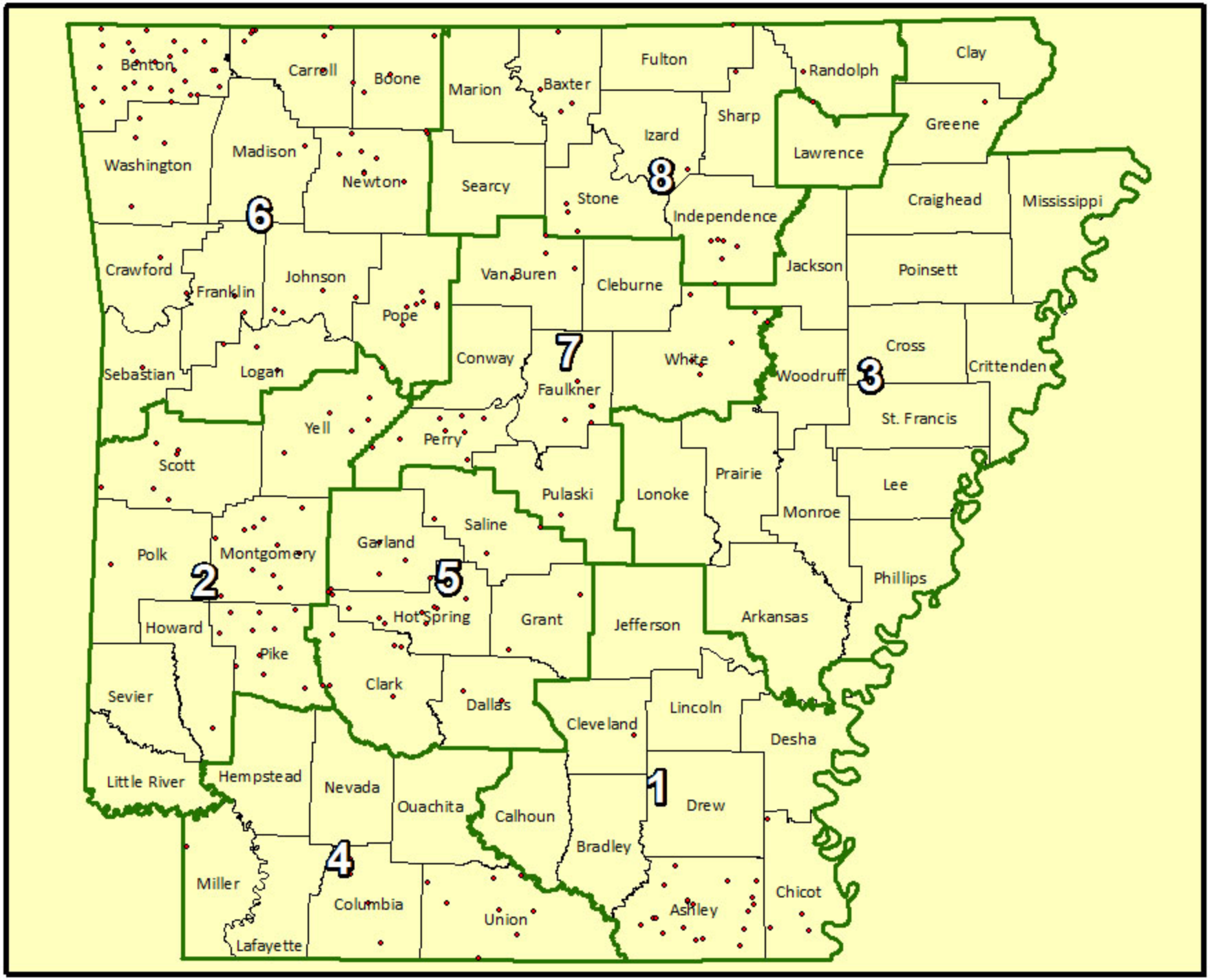
https://www.facebook.com/ArkansasFirewise

_____

- ☐ **Contact the Firewise team for an initial presentation of the Firewise Program.**
- ☐ **Form a Firewise Board.**
  A Firewise Board is a group of people that meet monthly or quarterly to discuss Firewise projects and community progress; Members may be fire department personnel or community and civic leaders.
- ☐ **Contact the Firewise team for risk assessment training.**
  Risk Assessment Training prepares your department and community members to conduct structural triage on homes in the wildland/urban interface
- ☐ **Conduct risk assessments on your homes in the wildland/urban interface.**
  Fire Department personnel and community volunteers conduct risk assessments. Make a copy for the fire department records and a copy is sent to the AFC Little Rock office. These assessments help departments identify high fire risk areas
- ☐ **Create a Community Wildfire Preparedness Plan (CWPP) based on your community risk assessments.**
  -The CWPP guides fire departments and communities in creating an emergency contact list, maps and detailed planning to prepare for the event of a wildfire—form is available online or from the Firewise team.
- ☐ **Invest $2 per capita (in volunteer time) in Firewise projects.**
  -Choose high risk areas in your communities to improve or clean up using fire department personnel, community volunteers, and other civic groups; Remember to take before and after pictures! And – let us help you provide some sort of education to your community about wildfire safety through an open house, public meeting, homeowner's presentation, newsletter or otherwise. Be sure and ask questions about how to incorporate these projects into what your fire department is already be doing in the community.
- ☐ **Submit recognition paperwork to the Little Rock Firewise Team.**
  -See the website or contact the Firewise team for recognition forms, then submit them to the Little Rock office;
  We will process your $3,500 in grant money and submit your recognition information to the National Fire Protection Association (NFPA) to ensure that your community is nationally recognized.

Arkansas FIREWISE

Firewise in Arkansas



Arkansas Forestry Commission
Wildland Fire Risk Assessment Form

(Circle the most appropriate element in each category and total the points)

Homeowner:_____ County:_____

Address:_____ City:_____ Zip:_____

Element	Assessed Points
A. Means of Access	
1. Ingress and egress	
a. Two or more roads in/out	0
b. One road in/out	7
2. Road width	
a. ≥ 24 ft.	0
b. 20 to 24 ft.	2
c. < 20 ft.	4
3. All-season road condition	
a. Surfaced road, grade < 5%	0
b. Surfaced road, grade > 5%	2
c. Non-surfaced road, grade < 5%	2
d. Non-surfaced road, grade > 5%	5
e. Other than all-season	7
4. Fire Service Access	
a. ≤ 300 ft. with turnaround	0
b. > 300 ft. with turnaround	2
c. < 300 ft. with no turnaround	4
d. ≥ 300 ft. with no turnaround	5
5. Street signs and home address numbers	
a. Present: 4 in. in size and reflectorized	0
b. Not present	5
B. Vegetation	
1. Characteristics of predominate vegetation within 300 ft.	
a. Light (grasses, forbs, sawgrasses and tundra)	5
b. Medium (light brush and small trees)	10
c. Heavy (dense brush, timber and hardwoods)	20
d. Slash (timber harvesting residue)	25
2. Defensible space	
a. More than 100 ft. of vegetation treatment from the structure(s)	0
b. 71 – 100 ft. of vegetation treatment from the structure(s)	3
c. 30 – 70 ft. of vegetation treatment from the structure(s)	10
d. <30 ft. of vegetation treatment from the structure(s)	25
C. Topography within 300 ft. of structure(s)	
1. Slope < 9%	1
2. Slope 10% to 20%	4
3. Slope 21% to 30%	7
4. Slope 31% to 40%	8
5. Slope > 41%	10

Hazard Rating	Total Points
1. Low hazard	< 40
2. Moderate hazard	40 - 69
3. High hazard	70 - 112
4. Extreme hazard	> 112

Source: NFPA 1144 Standard for the Protection of Life and Property from Wildfire, 2002 edition, NFPA, Quincy, MA

Element	Assessed Points
D. Additional Rating Factors (rate all that apply)	
1. Topographical features that adversely affect wildland fire behavior	0 1 2 3 4 5
2. Areas with a history of higher fire occurrence than surrounding areas due to special situations (e.g. Heavy lightning, railroads, escaped debris burning, malicious burning)	0 1 2 3 4 5
3. Areas that are periodically exposed to unusually severe fire weather and strong dry winds	0 1 2 3 4 5
4. Separation of adjacent structures that may contribute to fire spread	0 1 2 3 4 5
E. Roofing Assembly	
1. Class A roof (rated in good condition)	0
2. Class B roof (rated in fair condition)	3
3. Class C roof (rated in poor condition)	15
4. Nonrated (wood shake shingles)	25
F. Building Construction	
1. Materials (predominate)	
a. Noncombustible/fire-resistive siding, eaves and decks	0
b. Noncombustible/fire-resistive siding, combustible deck	5
c. Combustible siding and deck	10
2. Building setback relative to slopes > 30%	
a. ≥ 30 ft. to slope	0
b. < 30 ft. to slope	5
G. Available Fire Protection	
1. Water source availability	
a. Pressurized water source availability	
(1) 500 gpm hydrants ≤ 1000 ft. apart	0
(2) 250 gpm hydrants ≤ 1000 ft. apart	1
b. Non-pressurized water source availability (off site)	
(1) ≥ 250 gpm continuous for 2 hours	3
(2) < 250 gpm continuous for 2 hours	5
c. Water unavailable	10
2. Organized response resources	
a. Station ≤ 5 mi. from structure	0
b. Station > 5 Mi. from structure	3
3. Fixed fire protection	
a. NFPA 13, 13R, 13D sprinkler system	0
b. None	5
H. Placement of Gas and Electric Utilities	
1. Both utilities underground	0
2. One underground and one aboveground	3
3. Both aboveground	5

Totals for Home or Subdivision
(Total of circled points) _____

Hazard Rating:_____

Raters:_____

Fire Department:_____

Date:_____

COMMUNITY WILDFIRE PROTECTION PLAN (CWPP) TEMPLATE INSTRUCTIONS

A CWPP helps plan for the possibility of a community-threatening wildfire. The CWPP helps empower communities to organize, plan, educate, and take action on wildfire issues that impact community safety.

The instructions below provide guidance for individuals and communities on how to complete the Arkansas Forestry Commission CWPP template. Further assistance on completing a CWPP can be obtained by contacting the Arkansas Firewise Coordinator at (501) 296-1940 or contacting the local AFC district office.

COMMUNITY INFORMATION

Enter the name of the community that the plan is being prepared for and enter the date the plan is completed. Enter information for the individual that completed the CWPP template.

PLAN PARTICIPANTS

Community Representation

Enter names for the local community representative(s). This could include the mayor, city council representative, Firewise Board representative, homeowner association president, etc. Typically these representatives have authority to act on behalf of the community.

Local Fire Department Representation

Enter the names of the local fire department representative(s) who provide fire protection for the community that the CWPP is being prepared for.

Local Arkansas Forestry Commission Representation

Enter the names of the local Arkansas Forestry Commission representative(s) that are assisting the community in the preparation of the CWPP.

Federal and other Interested Parties

Enter the names of any participating representative(s) from any federal agency (USDA-Forest Service, National Park Service, Fish and Wildlife Service, etc.) or any other interested party such as a non-profit group.

PLAN CONTENTS

Community Background and Existing Situation

All pertinent community information should be entered in this section. This information may have to be gathered from several sources such as the local Property Value Assessor (PVA), the local deed office, the Arkansas Forestry Commission, etc. The local fire department and/or the Firewise Council can assist in gathering this information.

Community Base Map and Other Visuals

A community base map should be inserted or attached here to provide needed information. A community map may be obtained from a variety of sources including the Area Development District, the local tax office, the local conservation district, a local university, or from a completed fire hazard mitigation assessment if one has been completed for the area.

Any other available community visuals, including any available GIS layers, should be inserted or attached here.

Objectives/Goals

The objectives of the CWPP should be clearly stated in this section. The objectives should clearly define what the community hopes to accomplish with the preparation and implementation of the CWPP. The objectives should be as specific as possible. The existing objectives in the CWPP template should be edited as needed to reflect the community needs and priorities.

The goals of the CWPP usually include mitigation practices for fuel reduction and structure ignitability reduction practices. They may also include community education. The existing template goals should be edited as needed.

Prioritized Mitigation Recommendations

Mitigation practices should be listed by priority order for fuel reduction, and structure ignitability reduction. All community education and outreach activities and/or events should also be listed by priority order.

Action Plan

The funding needs, timetable for completion, and method or strategy to assess the plans project should be listed here for each identified project. Completion of these items will increase the likelihood of project success.

Wildfire Pre-Suppression Plan

Completion of the information in this section will help to ensure that the community has gathered all pertinent information for use in case of a community threatening wildfire. Assistance for gathering this information may be provided by the local fire department, the Arkansas Forestry Commission, the local emergency management official, or the local unit of a national park or a national forest. The items listed in this section should be identified as completely as possible in order to be prepared for a wildfire.

Additional Comments

Enter any additional comments that provide or explain information included in the CWPP or any other comments that are pertinent to the CWPP.

Attachments

List in order any attachments to the CWPP. These could include maps, personnel lists, phone lists, equipment lists, or logistical information.

Community Wildfire Protection Plan
2015

Arkansas Forestry Commission
3821 West Roosevelt Road
Little Rock, Arkansas 72205

CWPP: AN ACTION PLAN FOR WILDFIRE MITIGATION

Community _____ **Date** _____

Prepared by _____

Organization _____

Contact Information

Address _____

Phone _____

E-Mail _____

Fax _____

The following report is a cooperative effort between various entities. The representatives listed below comprise the core decision-making team responsible for this report and mutually agree on the plan's contents.

Community Representatives

Name _____

Address _____

Phone Number _____

Other Contact Information _____

Name _____

Address _____

Phone Number _____

Other Contact Information _____

Name _____

Address _____

Phone Number _____

Other Contact Information _____

Local Fire Department Representatives

Name _____

Address _____

Phone Number _____

Other Contact Information _____

Name _____

Address _____

Phone Number _____

Other Contact Information _____

Name _____

Address _____

Phone Number _____

Other Contact Information _____

Local Arkansas Forestry Commission Representatives

Name _____

Address _____

Phone Number _____

Other Contact Information _____

Name _____

Address _____

Phone Number _____

Other Contact Information _____

The following federal and other interested parties were consulted and involved in the preparation of this report.

Name	Organization

PLAN CONTENTS

Community Background and Existing Situation 5

Community Base Map and Other Visuals 6

Objectives and Goals 6

Prioritized Mitigation Recommendations 6

Action Plan 7

Wildfire Pre-Suppression Plan 8

Additional Comments 11

Attachments 11

1) COMMUNITY BACKGROUND AND EXISTING SITUATION

Community Description

County _____ Latitude/Longitude _____

Frontage Road _____ Nearest Intersection _____

Local FD name _____

and location _____

Interface Areas _____ Year Established _____

Tax Map No. _____

Community Size

Number of Lots _____ Number of Structures _____

Estimated Acres _____ Development Status _____

Community Infrastructure

Home Owners Association or POA Yes No *If yes, attach a copy of ordinances.*

Contacts

Name _____

Address _____

Phone Number _____

Other _____

Name _____

Address _____

Phone Number _____

Other _____

Resident Population

Full Time (number of residents)

Part-Time 100-75% 75-50% 50-25% less than 25%

Wildfire Hazard Rating

Low Moderate High Extreme

Community Assessment Highlights (roads, water sources, primary fuel types, utilities and topography) _____

_____

_____

Evaluation Date _____

Community Wildfire History *(include surrounding areas)*

Relative Frequency _____

Common Causes _____

Future Concerns _____

Additional Comments _____

2) COMMUNITY BASE MAP AND OTHER VISUALS

Attach or insert community base map and other visuals.

3) OBJECTIVES / GOALS *(Edit as needed to match community needs)*

Objectives The objectives of this plan/report are to set clear priorities for the implementation of wildfire mitigation in the identified community. This includes prioritized recommendations for the community as a whole and also for individual homeowners where appropriate.
Goals The goals are fuel reduction and structure ignitability reduction that will protect this community and its essential infrastructure. It also includes a wildfire pre-suppression plan.

4) PRIORTIZED MITIGATION RECOMMENDATIONS

The following recommendations were developed by the Community Firewise Board as a result of the community wildfire risk assessment and follow-up meetings with local, state, federal and community stakeholders. A priority order was determined based on which mitigation projects would best reduce the hazard of wildfire in the assessment area.

Proposed Community Hazard Reduction Priorities
List area and treatment recommended. Examples 1) Community Clean-up Day. Cut, prune and mow vegetation in shared community spaces. 2) Create an emergency exit. Build an unimproved road from cul-de-sac on Jasper Lane to Old Road.

1. _____
2. _____
3. _____
4. _____

Proposed Structural Ignitability Reduction Priorities
Actions to be taken by homeowners. Example Clean roofs and gutters.

1. _____
2. _____
3. _____
4. _____

Proposed Education and Outreach Priorities
Activities planned and implemented by community, local fire department and Forestry Commission. Examples 1) Distribute Informational packets. 2) Create a neighborhood newsletter.

1. _____
2. _____
3. _____
4. _____

5) ACTION PLAN

Funding Needs *Outline each project (list highest priority projects first) including estimated cost and potential funding sources.*

1. _____
2. _____
3. _____
4. _____
5. _____

Timetables *For each project (list highest priority projects first), provide an estimated duration, start date and targeted completion date.*

1. _____
2. _____
3. _____
4. _____
5. _____

Assessment *Describe the strategy used to assess the plans progress and effectiveness.*

1. _____
2. _____
3. _____
4. _____
5. _____

6) WILDFIRE PRE-SUPPRESSION PLAN

A. Wildfire Protection Responsibility

Structural Protection _____

Wildland Protection _____

B. Incident Command Post Location

_____

C. Incident Staging Area Location

_____

D. Medical Unit Staging Area Location

_____

E. Alarm Response First Alarm

Fire Department/Rescue Squad	Travel Distance	Response Time

Second Alarm *(report to designated staging area)*

Fire Department/Rescue Squad	Travel Distance	Response Time

F. Fixed Wing Air Support

Aircraft	Contact Name	Dispatching Guidelines

Helicopter

Aircraft	Contact Name	Dispatching Guidelines

G. Water Availability *(must be accessible to fire engines)*

Location _____ Description _____

Location _____ Description _____

Location _____ Description _____

Location _____ Description _____

H. Communications *(Attach Communications Plan if available)*

Name	Phone Number	Radio Frequencies
Dispatch/Fire Departments		
Local Forestry Commission Office		
Other		

I. Evacuation *(Attach Evacuation Plan)*

J. Resource List

Name	Contact Information	Payment Information
Support Agencies		
Tractor Operators		

Crews		
Utilities		
Fuel		
Food and Supplies		
Lodging		

7) ADDITIONAL COMMENTS

8) ATTACHMENTS *(List here in order of attachment)*

Arkansas Firewise Volunteer Tracking Sheet, 2015

(Make copies and 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 $23.10 =	$
Technical Support Total Hours =	
Hours of technical support x $23.10=	$
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 $23.10 =	$
Technical Support Total Hours =	
Hours of technical support x $23.10=	$
Costs Incurred **Item and cost:** **Item and cost:** **Item and cost:** **Total costs Incurred:**	$
Total:	**$**
Prepared By: **Date:** **Comments/Notes:**	

Approved List of Equipment and Services for AFC Mitigation Grants 2015

APPROVED EQUIPMENT	NOT APPROVED
Chipper (Multiple Certified Communities)	Generators
Chain Saws & Carrying Cases	Lawn Mowers
Leaf Blowers	Weed eaters
Brush Hogs	Cameras
Pole Pruners	Boots
Wheelbarrows	Fire Shelters
Ropes & Ladders	Foam Units
Safety Helmets or Hard Hats	Back Pack Pumps
Chaps	Uniforms
Leather Gloves	GPS Units
Safety Glasses, Goggles, & Ear Plugs	Radios
Fuel Cans, Bar & Chain Oil, Files, etc.	Megaphone
Fire Rakes and Pulaski's (Fuel Reduction Projects)	
Drip Torches (Fuel Reduction Projects)	
Nomex Clothing (Fuel Reduction Projects)	
Crew First Aid Kit (limit $300 total)	
Firewise Literature Printing	
Firewise Signs & Banners	
Firewise Workshop Expenses	
APPROVED RENTAL & CONTRACTING SERVICES	**NOT APPROVED**
Equipment Rental (Dozers, Brush Hogs, etc.) to construct fire breaks.	Salaries for firefighters
Prescribe Burning Contracts (Construct firelines, prepare Burning Plan and execution of projects) to reduce fuel loading around residences.	Mileage for firefighter's personal vehicles
Tree Service Contracts (Bucket Truck, Chipper, Chair Saw Operators) for removal, thinning and pruning of trees to extend defensive space.	Projects not listed on Firewise Plan

2/14/14 JKK

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		**2. DATE SUBMITTED**	Applicant Identifier
Application	Pre-application	**3. DATE RECEIVED BY STATE**	State Application Identifier
☐ **Construction**	☐ **Construction**	**4. DATE RECEIVED BY FEDERAL AGENCY**	Federal Identifier
☑ **Non-Construction**	☑ **Non-Construction**		

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)
☐☐-☐☐☐☐☐☐☐			

8. TYPE OF APPLICATION:	**7. TYPE OF APPLICANT: (**See back of form for Application Types)
☐ **New** ☐ **Continuation** ☐ **Revision**	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐	Other (specify)
Other (specify)	**9. NAME OF FEDERAL AGENCY:**
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 6 6 4	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Firewise Education and Mitigation Wildland Urban Interface project.
TITLE (Name of Program):	
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.):*	

13. PROPOSED PROJECT		**14. CONGRESSIONAL DISTRICTS OF:**	
Start Date: 1/1/15	Ending Date: 12/31/15	a. Applicant	b. Project

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**	
a. Federal	$ 1,000 .00	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	$ .00		
c. State	$ .00	DATE:	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other	$ .00	☑ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**	
g. TOTAL	$ 1,000 .00	☐ Yes If "Yes" attach an explanation.	☑ No

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

Reset Form

Arkansas Forestry Commission
3821 West Roosevelt Road, Little Rock, AR 72204
Telephone: (501) 296-1940 Fax: (501) 296-1949
www.arkansasFirewise.com

$2,500 Mitigation Grant Agreement Form

You must agree to participate in the Firewise Communities/USA program for at least three years in order to receive this grant.

Submit the signed agreement (a copy of this letter) to the Little Rock office along with your receipts for the approved equipment, a copy of the check front and back and the 424 grant form.

If you have any questions, please contact us at (501) 296-1940.

I hereby agree renew as a Firewise Community/USA for at least the next three years.

SUBMITED: _____
Signature

_____
Authorized Representative's Title

_____
Date

APROVED: _____
Don McBride, Assistant State Forester

_____
Date

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		**2. DATE SUBMITTED**	Applicant Identifier
Application	Pre-application	**3. DATE RECEIVED BY STATE**	State Application Identifier
☐ **Construction**	☐ **Construction**	**4. DATE RECEIVED BY FEDERAL AGENCY**	Federal Identifier
☐ **Non-Construction**	☐ **Non-Construction**		

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)
☐☐-☐☐☐☐☐☐☐			

8. TYPE OF APPLICATION:	**7. TYPE OF APPLICANT: (**See back of form for Application Types)
☐ **New** ☐ **Continuation** ☐ **Revision**	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐	Other (specify)
Other (specify)	**9. NAME OF FEDERAL AGENCY:**
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 6 6 4	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Firewise Education and Mitigation Wildland Urban Interface project.
TITLE (Name of Program):	
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.):*	

13. PROPOSED PROJECT		**14. CONGRESSIONAL DISTRICTS OF:**	
Start Date: 1/1/15	Ending Date: 12/31/15	a. Applicant	b. Project

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b. Applicant	$ .00	DATE:
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 1,000 .00	☐ Yes If "Yes" attach an explanation. ☐ No

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

Reset Form

- 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

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.

FS-850 May 2006

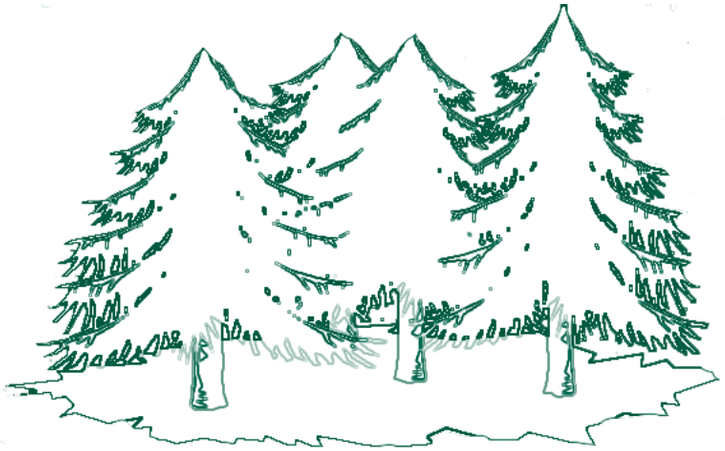
United States Department of Agriculture

Forest Service

Grants and Agreements

Complying with Civil Rights Requirements

Your Responsibilities as a Partner with the USDA Forest Service



"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® Application

§ Section A — Upon completion of the recognition criteria outlined in the application below, please submit this form to your Firewise® State Liaison for review and approval. The submission deadline for all 2015 applications is December 31, 2015. If your state does not have a Firewise Liaison please contact tthorpe@nfpa.org.

The _____ located in _____ in _____ County,
(insert HOA/POA, community or neighborhood name) *(enter name of city or town)*
in the state of _____ ; hereby submits this application to be officially recognized and designated as an active participant in the Firewise Communities/USA® national recognition program for the calendar year 2015. We understand that annual renewal requirements must be met to continue as an active program participant. The Firewise Board/Committee will oversee the renewal process and ensure residents have met the annual requirements and will continue to actively mitigate the community's wildland fire risk.

§ Section B — Firewise Board/Committee: A Firewise Board/Committee has been formed and will oversee continued development and implementation of the community's action plan based on the community assessment that has been completed. The board/committee will also oversee the annual renewal process.

Primary Community Point of Contact:*

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Secondary Community Point of Contact*:

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

**Please note an email address for both the primary and secondary contact is required. The primary point of contact will receive correspondence from the national Firewise Program staff.*

§ Section C — District Forestry and Community Fire Chief Contact Information: Please include the following information.

District Forestry Contact Information

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Community Fire Chief Contact Information

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

§ Section D — Community Risk Assessment: Name of individual, company, organization or agency that conducted the Community Risk Assessment: _____

Date the Community Risk Assessment was completed: _____

Please Note: A copy of the Community Risk Assessment must be provided to the State Liaison with the application.

§ Section E — Per Capita Investment: An annual investment of at least $2 per capita in local Firewise mitigation projects is required. Our community currently has _____ residents.
(insert number of full and part time residents)

The 2015 hourly volunteer rate is $22.55. Work by residents, volunteers, municipal or county employees, equipment rental, mileage for slash disposal, and local, state and federal grants used to meet the objective can be counted toward the annual investment. Our community's total investment for 2015 is: $ _____

§ Section F — Annual Firewise Day/Event: Each year a designated Firewise Day/Event is required to continue an active designation. This activity should be promoted to all residents and their involvement/participation strongly encouraged. Activities can include: a neighborhood chipping opportunity, a community clean-up day, mitigation in a commonly owned area, residents actively helping a senior or disabled resident with mitigation work they are unable to accomplish, a door-to-door outreach invitation, etc.

Date of the 2015 Firewise Day/Event: _____

Brief Description of Activity: *(Character limit in the box is 812.)*

(Include a short overview that includes the number of participants, location, and promotional efforts to encourage/solicit community participation) ***Please note:*** *A printed copy of the event's outreach components (flyers, newsletter, social media and media /news coverage) must be provided to the State Liaison with the application.*

§ Section G — Additional Information: Please include the latitude _____ and longitude _____ of an address located near the center of the community. Use http://itouchmap.com/latlong.html to enter an address to find the latitude and longitude.

Upon completion of the application please forward both pages to your State Firewise Liaison. To locate your state liaison's information click here or visit www.firewise.org.

§ Section H — State Liaison Use Only: This section to be completed by the Firewise Communities/USA® state liaison or their designated representative: Please complete the section below and submit the completed application (Pages 1 and 2 ONLY — Supporting documents are not required) to: Tova Thorpe at tthorpe@nfpa.org or to NFPA, Firewise Communities/USA® Recognition Program, One Batterymarch Park, Quincy, MA 02169. Questions? - please call 617-984-7494.

(To be completed by State Firewise Liaison or their designee)

The State Firewise Liaison or designated official has reviewed the application and has determined _____ meets the requirements to become a 2015 Firewise Communities/USA recognition site. *(name of community)*

Signature (State Firewise Liaison or their designee): _____

Date: _____

Mailing information for the representative designated as the recipient for community recognition materials:

Name: _____

Title: _____

Agency/Organization: _____

Physical Street Mailing Address (no PO Boxes please): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please Note: Recognition materials include a customized plaque with the community's name. We request you verify the name and spelling of the community and ensure it is correct and listed below as it should appear for engraving purposes:

Community Name: _____

(Please Print)

Two Firewise Communities/USA street signs will be provided upon receipt and processing of the application. If additional signage is desired, please call Tova Thorpe at: 617-984-7494 or email tthorpe@nfpa.org.