



# FIREWISE COMMUNITIES/USA APPLICATION - 2014

Complete this form and submit it to your Firewise State Liaison no later than December 31, 2014. The Firewise State Liaison must receive copies of the assessment, the community plan and event documentation in order for Firewise processing to occur. Firewise Communities/USA participants are given credit for work completed during the calendar year. If your state has no Firewise State Liaison, contact [thorpe@nfpa.org](mailto:thorpe@nfpa.org) for mailing instructions.

The community of \_\_\_\_\_, in the town/city of \_\_\_\_\_, County in the state of \_\_\_\_\_, hereby applies to be officially recognized and designated as a qualified participant in the Firewise Communities/USA recognition program for the year **2014**. Members of the community have adopted the following Firewise Communities/USA recognition program standards:

**FORMED A FIREWISE BOARD**

Our community formed a Board or Committee to develop a plan and oversee Firewise activities. Our community representative is:

Community Representative full name:  
Street Address (no PO boxes please):  
City, State, Zip:  
Phone #:  
Email:

**\*\*ALL CONTACT INFORMATION REQUIRED\*\***

*Community representative will receive all correspondence from Firewise Program staff*

**INVESTED AT LEAST \$2/CAPITA IN FIREWISE PROJECTS**

The value of a volunteer hour is now \$22.14

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

Number of residents in community .....

**COMPLETED A COMMUNITY ASSESSMENT**

Date of assessment:  
Name and agency/company conducting assessment  
*Provided a hard copy of assessment to state Firewise representative.*

**CREATED A PLAN**

Date plan completed  
*Provided a hard copy of the plan to state Firewise representative.*

**HELD A FIREWISE DAY**

Date of Firewise Day:  
Describe the activity including date, time, number of people attending and location:  
*Provided hard copies of any publicity, programs, news coverage and/or other supporting information to the state Firewise representative.*

**Please provide the latitude and longitude of an address near the center of the community\*:**

Latitude

Longitude

**Please provide the following contact information (OPTIONAL):**

<u>District Forestry Contact</u>
Name:
Agency:
Address:
City, State, Zip:
Telephone:
Fax:
Email:

<u>Community Fire Chief</u>
Name:
Department:
Address:
City, State, Zip:
Telephone:
Fax:
Email:

\*Use <http://itouchmap.com/latlong.html> to enter an address to find the latitude and longitude.

**Please forward both pages along with completed application packet to: Arkansas Firewise, 3821 W. Roosevelt Rd., Little Rock, AR 72204.**

**TO BE COMPLETED BY FIREWISE COMMUNITIES/USA STATE LIAISON OR REPRESENTATIVE:**

Complete this form and mail it along with the community's application form (COVER SHEET ONLY) to:  
**Firewise Communities/USA Recognition Program**  
**One Batterymarch Park**  
**Quincy, MA 02169**

To notify program staff of the pending application or to discuss the application with staff, please send an email to [thorpe@nfpa.org](mailto:thorpe@nfpa.org) or call (617) 984-7494.

**CERTIFICATION**

(To be completed by State Forester or designated representative)

The state forestry office or appropriate official has reviewed the application of the above-named community and determined it has met the five Firewise standards of achievement in wildfire mitigation. Therefore, this applicant should be designated as a Firewise Communities/USA participant for 2014.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Person who should receive recognition materials:

Name:

Title:

Agency/Organization:

Physical Mailing Address (no PO Boxes please):

City, State, Zip:

Phone:

Fax:

Email:

**IMPORTANT:** Recognition materials include a customized plaque with the community's name. Please verify the correct community name and spelling as you wish it to appear on the plaque: \_\_\_\_\_