

**PROCEDURAL GUIDE**  
**FOR**  
**VOLUNTEER FIRE ASSISTANCE**  
**GRANT PROGRAM**



**State of California – The Natural Resources Agency**  
**California Department of Forestry and Fire Protection**  
**2015**

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## INTRODUCTION

This procedural guide addresses procedures for the Volunteer Fire Assistance (VFA) Grant Program and includes information for the use of grant funds provided by the VFA and administered by the California Department of Forestry and Fire Protection (CAL FIRE). The VFA Grant Program provides funding to organize, train, and equip fire departments in rural areas and rural communities to prevent and suppress fires.

CAL FIRE is given the responsibility by the U.S. Department of Agriculture (USDA) to administer the Cooperative Forestry Assistance Act of 1978, and has been authorized to make awards on a matching basis to public entities such as cities, counties, special districts and volunteer fire departments.

**AWARDS ARE PROVIDED ON A REIMBURSABLE BASIS. RECIPIENTS MUST COMPLETE THE APPROVED AWARD PROJECT(S) USING LOCAL FUNDS AND THEN BILL CAL FIRE IN ACCORDANCE WITH THE AWARD AGREEMENT IN ORDER TO RECEIVE THE AWARD FUNDS.**

## PROVISIONS OF THE COOPERATIVE FORESTRY ASSISTANCE ACT OF 1978

The Act provides for financial assistance to organize, train and equip local forces in rural areas and communities to prevent, control and suppress fires threatening life, resources and other improvements. This assistance is available only to communities with a population under 10,000, however groups of smaller communities (at least one being 10,000 people or less) may join together in a combined effort to service more than 10,000 people.

The level of funding expected for California fluctuates on an annual basis but is anticipated to be approximately \$900,000 in the current year.

Financial assistance for any project cannot exceed 50% of actual expenditures.

Priority will be given to multi-community projects (serving at least one community under 10,000 people) such as countywide planning, regional coordination groups, and several communities planning protection for an entire rural area.

## HOW FUNDS CAN BE USED

Cost-share funds will be awarded to local governments to provide assistance to rural areas in upgrading their capability to organize, train, and equip local forces for fire protection. Awards will be limited to a minimum of \$500 and a projected maximum of \$20,000.

Further assistance may be provided through loans from other sources of Federal funds for purchase of major items of equipment and facilities.

Proposed projects should be compatible with existing protection of state, county, and local areas. Communities or agencies imposing strict boundary limits, i.e., excluding rural residents will not be considered in this program.

The use of funds for new fire engines and other vehicles are not allowed. However, the cost of the conversion of vehicles obtained through the Federal Excess Personal Property Program (FEPP) to water tenders, engines, brush trucks, and equipment trucks may be funded under the VFA grant program.

Training of local fire forces in both wildfire and structural fire techniques is a primary goal of this program. The program should include a basic training program of at least 40 hours. In addition, an advanced training course of at least 40 hours should be developed.

Communications, for alarm systems and dispatch capabilities, should be considered an integral part of the rural fire department. Funds are available for the development and purchase of radio equipment for dispatching centers, vehicles and alert monitors, and pagers.

**Requests for construction projects of any type are NOT fundable.**

**Requests for HAZMAT, extrication, rescue, medical aid, and other non-fire training costs or materials are NOT fundable.**

## **ELIGIBILITY**

Funding for departments must meet at least one of the following qualifications:

1. A single fire department serving a rural area or a rural community with a population of 10,000 or less.
2. Area fire departments (fire districts, townships, etc.) may serve an aggregate population of greater than 10,000 as long as the service area of the fire department includes a rural area or a rural community having a population of 10,000 or less. The VFA funding must be used to benefit the rural population.
3. A single county or town with a population over 10,000 which is served by two or more fire districts operating entirely within the bounds of the county or town may qualify as long as the service area of a given fire department includes a rural area or a rural community or the population of the fire department's jurisdiction is 10,000 or less. The VFA funding must be used for the rural area.

4. A single community with a population greater than 10,000 and having a single fire department with one or more fire stations may qualify. The fire department must have a service area that includes a rural area or community that does not exceed 10,000 population. Also a single community with a population greater than 10,000 which also provides fire protection to an adjoining rural community of 10,000 or less population by contract may also be eligible provided the VFA funding is used entirely to support the rural community.

A single community fire department serving a population greater than 10,000 and not providing protection to a rural area or to a rural community is **not** eligible for VFA financial assistance.

## APPLICATION INSTRUCTIONS

Please note that some of the repeated fields between the application and the assurances section will be auto-populated with information already entered along with formula driven sections that cannot be overridden. **Please do not handwrite in answers.** A sample of the application can be found in [Appendix B](#) (page 22). You will be able to save your answers on the application form.

- Download the fillable application form from the CAL FIRE VFA webpage.  
[http://calfire.ca.gov/fire\\_protection/fire\\_protection\\_coop\\_efforts.php](http://calfire.ca.gov/fire_protection/fire_protection_coop_efforts.php)
- **Section A: Department/Organization**  
Type in provided boxes:
  - The organization name that is applying for grant funds.
  - The first and last name of the contact person for the organization.
  - The mailing address of the organization including street, city, county, state, and zip code.
  - Use the drop down menu to find the organization's associated regional CAL FIRE Unit (Go to [REGIONAL CAL FIRE UNIT CONTACT INFORMATION](#) on pages 16-19 in this procedural guide to find the organization's regional CAL FIRE Unit based on county).
  - The phone number and e-mail address for the contact person of the organization.
  - The organization's DUNS number (a link is provided on the application to check the organization's DUNS number or to apply for one).
- **Section B: Area To Be Served By Award**  
Typed in provided boxes:
  - The number of communities that would be served by the award.
  - The area to be served in square miles.
  - The Congressional District number of area to be served. Replace the “#” with the appropriate Congressional District number. If unsure of the area's Congressional

District number use this link to find it by providing the area's zip code  
<http://www.house.gov/representatives/find/>.

- The population number of area to be served.
- The annual budget of the organization.
- The Latitude and Longitude of area to be served. The Latitude must be between 32 and 42 degrees. Longitude must be between 114 and 125 degrees. Latitude and Longitude minutes and seconds must be between 0 and 60. Use a central point in the organization's service area for the general area covered by the project. All projects must have a project area.

- **Section C: Activity**

Type in provided boxes:

- The average annual number of fire incidents.
- The average annual number of emergency medical services.
- The average annual number of incidents other than fire and emergency medical services.
- The total amount of incidents will auto-populate.

- **Section D: Indian Tribal Community** (Fill out only if the project area includes an Indian Tribal Community)

Type in provided boxes:

- The population of the Indian Tribal Community.
- The number of acres in the Indian Tribal Community.
- The number of structures in the Indian Tribal Community.
- The distance to the nearest fire station in miles from the Indian Tribal Community.

- **Section E: Proposed Project**

- Use the drop down menu under the heading "Type" to list what type of item is being requested – Communications, Equipment, Safety, or Training.
  - **Communications** includes anything that can receive communications such as radios, handie talkies, pagers, etc. Towers are not acceptable items even if they are portable.
  - **Equipment** are tangible items with a per unit cost of over \$5,000.
  - **Safety** includes Personal Protection Equipment (PPE) including Nomex suits, hoods, goggles, Self-contained Breathing Apparatus (SCBA), etc.
  - **Training** cost includes any skill learned through videos, books, training components, tuition for training offsite, etc. Out of State training is not allowable.
- Under the heading "Item" type in the name of the item being requested.
- Use the drop down menu under the heading "Quantity" to select how many units of the item is being requested.

- Under the heading “Unit Cost” type in the dollar amount for the individual cost of the item.
- The total amount (quantity x unit cost) will auto-populate for you under the heading “Item Total.”
- **Section F: Total Application Amount**
  - CAL FIRE USE ONLY. The total amount will auto-populate from Section E’s figures.
- **Section G: Additional Information**
  - Briefly describe the area to be served in the provided box (fire protection system that is in place, the water system that is in place, the equipment being used, the facilities being used, staffing, and hazards faced, etc.).
  - Briefly explain the purpose of the proposed project.
- **Bottom of Page: Signature** (This is for the printed application that will be mailed in. **The electronic submission should NOT have a signature**)
  - The grantee’s authorized representative must sign their full name on the line provided in **BLUE INK**.
  - The grantee’s authorized representative must date on the line provided.
- **Bottom of Page: Name, Title, Date, City**  
Type in provided boxes:
  - The first and last name of grantee’s authorized representative.
  - The title of grantee’s authorized representative.
  - The date the application was completed.
  - The city name where the application was completed.

**GRANT ASSURANCES PAGE**

- The organization name, the contact’s first and last name, street address, mailing address including street address, city, state and zip code, county name, telephone number, e-mail address, and DUNS number will auto-populate from the first page of the application.
- Read the USDA Forest Service Civil Rights literature.  
<http://www.fs.fed.us/cr/poster/grants-greenhigh.pdf>
- Check either box:
  - In compliance with NFPA 1977 and trained in the use of wildland PPE.
  - Not in compliance with NFPA 1977 but are applying for grant funding to purchase PPE and/or provide required training.
- Signature:  
Type in boxes provided:
  - First and last name of authorized agent of organization.
  - Title of authorized agent of the organization.

- Date of signature.
- Authorized agent must sign on the signature line in **BLUE INK** (This is for the printed copy that will be mailed in, **the electronic submission should NOT have a signature**).
- **Save the completed application on your computer for the electronic submission** and print out the completed application (5 pages total) for postal mail-in submission.

## APPLICATION SUBMISSION

Applications are to be submitted by mail **and** by e-mail. The mailed copy will be used to prepare the official file for the grant. The e-mailed application will provide greater utility for CAL FIRE review as employees in various offices will be tasked with portions of the application review. It will also ensure a speedier processing rate for all applicants. A printed copy with original signature(s) is to be mailed (US Postal Service or other delivery service). **The electronic and postal mail application submittals must be postmarked (and sent in the case of e-mail) by June 26, 2015.**

## ELECTRONIC SUBMISSION

- Make sure that the application is filled out accurately and completely and that it is saved to your computer.
- E-mail the completed form as an attachment to the CAL FIRE grants e-mail inbox at: [CALFIRE.Grants@fire.ca.gov](mailto:CALFIRE.Grants@fire.ca.gov).
  - CC yourself as proof that the application was sent on time.
  - In the subject line type “VFA Application” followed by the three letters of your organization’s appointed regional CAL FIRE Unit. For example, an organization in Alpine county, with a CAL FIRE Unit of Amador-El Dorado (AEU) would type this in the subject line: **VFA Application (AEU)**
    - Go to the table labeled [REGIONAL CAL FIRE UNIT CONTACT INFORMATION](#) on pages 16-19 in this procedural guide to locate your organization’s county and its corresponding CAL FIRE Unit.

## POSTAL MAIL SUBMISSION

- Print out the completed application form (5 pages total).
- Sign in **BLUE INK** on the appropriate spots.
- Mail the completed application to the CAL FIRE Sacramento Headquarters:

CAL FIRE  
Grants Management Unit, ATTN: Megan Esfandiary  
P.O. Box 944246  
Sacramento, CA 94244-2460

## GRANT AGREEMENT INSTRUCTIONS

Once your organization has been chosen to receive award funds, four (4) copies of your grant agreement will be mailed to you by CAL FIRE. A sample of the VFA Grant Agreement can be found in [Appendix C](#) (page 27).

For all four copies:

- Fill in the official name of the organization on Page 1, Paragraph 1. The name should be the same as the name used in the Board of Resolution.
- Fill in the contact information on Page 3, Paragraph 11, Addresses.
- Have the Official who is authorized by the Resolution sign and date in **BLUE INK**, Page 6, Local Agency. The date on the Grant Agreement CANNOT be earlier than the date on the Resolution.

## BOARD OF RESOLUTION INSTRUCTIONS AND CORRESPONDING CAL FIRE TEMPLATE

The governing body of your department must adopt a Resolution authorizing its chairperson (or other officer) to execute the Agreement between your department and CAL FIRE. If your organization does not have a Resolution template, a CAL FIRE Board of Resolution template is provided. A sample of the CAL FIRE Board of Resolution template can be found on [Appendix E](#) (page 35).

Two (2) copies are required and must have original Official signatures in **BLUE INK** and Clerk completed Certification of Resolution Section or the Official Seal or a Notary Certification.

Below is a sample with instructions on how to fill out the CAL FIRE Board of Resolutions template.

- #1 Enter the official name of the county, city, district, fire dept., etc.
- #2 Enter the name of the county in which the local agency is located.
- #3 Enter the resolution number.
- #4 Enter the grant number from Agreement, Page 1, Upper Right Corner, if not already entered (i.e. 7FG15xxx).
- #5 Enter the amount from Agreement, Page 2, Paragraph 8, if not already entered (i.e. \$10,000).
- #6 Enter the name and title of official who is authorized by the Board to sign the contract in **BLUE INK**.
- #7 Enter the date, month, and year of the Board meeting at which the resolution is adopted.
- #8 Enter the vote. Use either the names of the Board Members or the number vote in each category (i.e. Ayes: 4, Nays: 0, Absent: 1).
- #9 Signature of Board Member signing resolution, in **BLUE INK**. Must be different than the official authorized to sign the Agreement in number 6.
- #10 Enter printed name of the Board Member signing resolution.

## CERTIFICATION OF RESOLUTION SECTION

This section is not required if there is an official seal or a notary certification provided in the OFFICIAL SEAL OR NOTARY CERTIFICATION SECTION.

- #11 Enter the printed name of official Certifying Resolution. This must be a different official than the Board Member signing the resolution in #9 and whose name is printed in #10.
- #12 Signature in **BLUE INK** of the official certifying the resolution.
- #13 Enter the title of the official signing Certification of Resolution.

## OFFICIAL SEAL OR NOTARY CERTIFICATION SECTION

The Official Seal or Notary Certification is not required if the CERTIFICATION OF RESOLUTION SECTION is completed.

- #14 Stamp or emboss the official seal or provide a notary certification below the OFFICIAL SEAL OR NOTARY CERTIFICATION SECTION heading.

**BEFORE THE BOARD OF DIRECTORS OF THE**  
Oakmont Fire Protection District  
COUNTY OF Fresno, STATE OF CALIFORNIA

**IN THE MATTER OF:** Resolution Number: 15-0000  
**Approving the Department of Forestry and Fire Protection Agreement # 7FG15xxx** for services from the date of last signatory on page 6 of the Agreement to June 30, 2015 under the Volunteer Fire Assistance Program of the Cooperative Forestry Assistance Act of 1978.

**BE IT RESOLVED** by the Board of Directors of the Oakmont Fire Protection District, that said Board does hereby approve the Agreement with the California Department of Forestry and Fire Protection dated as of the last signatory date on page 6 of the Agreement, and any amendments thereto. This Agreement provides for an award, during the term of this agreement, under the Volunteer Fire Assistance Program of the Cooperative Fire Assistance Act of 1978 during the State Fiscal Year 2015-16 up to and no more than the amount of \$ 10,000.

**BE IT FURTHER RESOLVED** that John Stover, Chairperson of said Board be and hereby is authorized to sign and execute said Agreement and any amendments on behalf of the Oakmont Fire Protection District.

The foregoing resolution was duly passed and adopted by the Board of Directors of the Oakmont Fire Protection District, at a regular meeting thereof, held on the 22nd day of October, 2015 by the following vote:

AYES: **STOVER, TOWER, KERNS, OSGOOD**

NAYS: **NONE**

ABSENT: **HARRIS**

Signature, Board of Directors Member

James Tower

Printed Name and Title

-----CERTIFICATION OF RESOLUTION-----  
ATTEST:

I Sarah Osgood, Clerk of the Oakmont Fire Protection District, County of Fresno, California do hereby certify that this is a true and correct copy of the original Resolution Number 15-0000.

WITNESS MY HAND OR THE SEAL OF THE Oakmont Fire Protection District, on this 22nd day of October, 2015.

Signature  
Clerk of the Board, Oakmont Fire Protection District  
Title and Name of Local Agency

OFFICIAL SEAL  
OR NOTARY CERTIFICATON

## GRANT AGREEMENT PACKAGE SUBMISSION

- Four (4) original copies of the Grant Agreement signed and dated in **BLUE INK**.
- Two (2) original copies of the Board Resolution signed and dated in **BLUE INK**.
- Completed **STD-204** Payee Data Record form found here:  
<http://www.courts.ca.gov/documents/4-2-RFP-13-14-01GW-Attachment-5-Payee-Data-Record.pdf> (Instructions included in link).
- Completed **AD-1048** Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions form found here:  
<http://www.ocio.usda.gov/sites/default/files/docs/2012/AD1048-F-01-92.PDF> (Instructions included in link).
- \*Compile all of the listed documents and mail the completed package no later than **December 1, 2015** to:

CAL FIRE  
Grants Management Unit, ATTN: Megan Esfandiary  
P.O. Box 944246  
Sacramento, CA 94244-2460

*\*A **Grant Equipment Justification** form must be filled out for applicants approved to purchase a unit of equipment that is \$5,000 or more. The form will be included in the Grant Agreement package from CAL FIRE for required awardees.*

## IMPORTANT DATES

- **June 26, 2015**
  - The downloaded fillable application must be completed and submitted to the CAL FIRE GRANTS e-mail inbox by 11:59 PM.
  - A printed *signed* copy of the downloaded fillable application must be mailed to the CAL FIRE Sacramento Headquarters. Any applications postmarked after this date will not be considered for funding.
  
- **August 2015**

CAL FIRE anticipates completing the application review process and will notify applicants receiving an award with a mailed Award Letter and four (4) copies of the Grant Agreement.
  
- **December 1, 2015**

Awarded applicants must have completed and submitted their Grant Agreement package with wet signatures in **BLUE INK** to the CAL FIRE Sacramento Headquarters.
  
- **January 30, 2016\***

CAL FIRE will mail back Grant Agreements with a CAL FIRE signature of approval. Once CAL FIRE approved Grant Agreements are received by awardees funds can be spent.
  
- **June 30, 2016**

Awarded applicants must have completed their approved project(s). All invoices with purchase dates after June 30, 2016 will not be reimbursed.
  
- **September 1, 2016**

All invoices must be submitted to the CAL FIRE Sacramento Headquarters for processing and reimbursement.

**Please anticipate payments up to eight weeks after invoices have been submitted, however invoices received towards the end of the State fiscal year, June 30, may have a longer reimbursement date.**

*\*Grant Agreements submitted earlier may receive their approved Grant Agreement earlier and can begin spending at the earlier date.*

## **CAL FIRE HEADQUARTER CONTACT INFORMATION**

### **MAILING ADDRESS:**

CAL FIRE  
Grants Management Unit, Attn: Megan Esfandiary  
P.O. Box 944246  
Sacramento, CA  
94244-4260

### **COOPERATOR PROGRAM CONTACT:**

Dan Sendek, Staff Chief Cooperative Fire  
Phone: (916) 653-5585  
FAX: (916) 653-9708  
E-mail: Dan.Sendek@fire.ca.gov

The Cooperator Program contact is available for questions concerning allowable purchases.

### **COOPERATOR ADMINISTRATIVE CONTACT:**

Megan Esfandiary, Grant Analyst  
Phone: (916) 653-3649  
FAX: (916) 653-8957  
E-mail: Megan.Esfandiary@fire.ca.gov

The Cooperator Administrative contact is available for questions concerning invoices, billings, payments, deadlines, and any other administrative issues.

## REGIONAL CAL FIRE UNIT CONTACT INFORMATION

COUNTY	CAL FIRE UNIT	ADDRESS	PHONE NUMBER
Alameda	Santa Clara (SCU)	15670 Monterey St. Morgan Hill 95037	(408) 779-2121
Alpine	Amador-El Dorado (AEU)	2840 Mt. Danaher Rd. Camino 95709	(530) 644-2345
Amador	Amador-El Dorado (AEU)	2840 Mt. Danaher Rd. Camino 95709	(530) 644-2345
Butte	Butte (BTU)	176 Nelson Ave. Oroville 95965	(530) 538-7111
Calaveras	Tuolumne-Calaveras (TCU)	785 Mtn. Ranch Rd. San Andreas 95249	(209) 754-3831
Colusa	Lake-Napa-Sonoma (LNU)	1199 Big Tree Rd. St. Helena 94574	(707) 967-1400
Contra Costa	Santa Clara (SCU)	15670 Monterey St. Morgan Hill 95037	(408) 779-2121
Del Norte	Humboldt-Del Norte (HUU)	118 S. Fortuna Blvd. Fortuna 95540-2796	(707) 725-4413
El Dorado	Amador-El Dorado (AEU)	2840 Mt. Danaher Rd. Camino 95709	(530) 644-2345
Fresno	Fresno-Kings (FKU)	210 S. Academy Ave. Sanger 93657	(559) 485-7500
Glenn	Tehama-Glenn (TGU)	604 Antelope Blvd. Red Bluff 96080	(530) 5258- 5199
Humboldt	Humboldt-Del Norte (HUU)	118 S. Fortuna Blvd. Fortuna 95540-2796	(707) 725-4413
Imperial	San Diego (MVU)	2249 Jamacha Rd. El Cajon 92019	(619) 590-3100
Inyo	San Bernardino (BDU)	3800 N. Sierra Way San Bernardino 92405	(909) 881-6900
Kern	Tulare (TUU)	1968 S. Lovers Ln. Visalia 93277	(559) 732-5954
Kings	Fresno-Kings (FKU)	210 S. Academy Ave. Sanger 93657	(559) 485-7500
Lake	Lake-Napa-Sonoma (LNU)	1199 Big Tree Rd. St. Helena 94574	(707) 967-1400
Lassen	Lassen-Modoc (LMU)	697-345 Highway 36 Susanville 96130	(530) 257-4171

Los Angeles	San Bernardino (BDU)	3800 N. Sierra Way San Bernardino 92405	(909) 881-6900
Madera	Madera-Mariposa-Merced (MMU)	5366 Highway 49 North Mariposa 95338	(209) 966-3622
Marin	Lake-Napa-Sonoma (LNU)	1199 Big Tree Rd. St. Helena 94574	(707) 967-1400
Mariposa	Madera-Mariposa-Merced (MMU)	5366 Highway 49 North Mariposa 95338	(209) 966-3622
Mendocino	Mendocino (MEU)	17501 N. Highway 101 Willits 95490	(707) 459-7414
Merced	Madera-Mariposa-Merced (MMU)	5366 Highway 49 North Mariposa 95338	(209) 966-3622
Modoc	Lassen-Modoc (LMU)	697-345 Highway 36 Susanville 96130	(530) 257-4171
Mono	San Bernardino (BDU)	3800 N. Sierra Way San Bernardino 92405	(909) 881-6900
Monterey	San Benito-Monterey (BEU)	2221 Garden Rd. Monterey 93940-5385	(831) 678-0609
Napa	Lake-Napa-Sonoma (LNU)	1199 Big Tree Rd. St. Helena 94574	(707) 967-1400
Nevada	Nevada-Yuba-Placer (NEU)	13760 Lincoln Way Auburn 95603	(530) 823-4904
Orange	Riverside (RRU)	210 W. San Jacinto Perris 92570	(951) 940-6900
Placer	Nevada-Yuba-Placer (NEU)	13760 Lincoln Way Auburn 95603	(530) 823-4904
Plumas	Lassen-Modoc (LMU)	697-345 Highway 36 Susanville 96130	(530) 257-4171
Riverside	Riverside (RRU)	210 W. San Jacinto Perris 92570	(951) 940-6900
Sacramento	Amador-El Dorado (AEU)	2840 Mt. Danaher Rd. Camino 95709	(530) 644-2345
San Benito	San Benito-Monterey (BEU)	2221 Garden Rd. Monterey 93940-5385	(831) 678-0609
San Bernardino	San Bernardino (BDU)	3800 N. Sierra Way San Bernardino 92405	(909) 881-6900
San Diego	San Diego (MVU)	2249 Jamacha Rd. El Cajon 92019	(619) 590-3100
San Francisco	San Mateo-Santa Cruz (CZU)	6059 Highway 9 Felton 95018	(831) 335-5355

San Joaquin: East of San Joaquin River	Tuolumne-Calaveras (TCU)	785 Mtn. Ranch Rd. San Andreas 95249	(209) 754-3831
San Joaquin: West of San Joaquin River	Santa Clara (SCU)	15670 Monterey St. Morgan Hill 95037	(408) 779-2121
San Luis Obispo	San Luis Obispo (SLU)	635 N. Santa Rosa San Luis Obispo 93405	(805) 543-4244
San Mateo	San Mateo-Santa Cruz (CZU)	6059 Highway 9 Felton 95018	(831) 335-5355
Santa Barbara	San Luis Obispo (SLU)	635 N. Santa Rosa San Luis Obispo 93405	(805) 543-4244
Santa Clara	Santa Clara (SCU)	15670 Monterey St. Morgan Hill 95037	(408) 779-2121
Santa Cruz	San Mateo-Santa Cruz (CZU)	6059 Highway 9 Felton 95018	(831) 335-5355
Shasta	Shasta-Trinity (SHU)	875 Cypress Ave. Redding 96001	(530) 225-2401
Sierra	Nevada-Yuba-Placer (NEU)	13760 Lincoln Way Auburn 95603	(530) 823-4904
Siskiyou	Siskiyou (SKU)	1809 Fairlane Rd. Yreka 96097	(530) 842-3516
Solano	Lake-Napa-Sonoma (LNU)	1199 Big Tree Rd. St. Helena 94574	(707) 967-1400
Sonoma	Lake-Napa-Sonoma (LNU)	1199 Big Tree Rd. St. Helena 94574	(707) 967-1400
Stanislaus: East of San Joaquin River	Tuolumne-Calaveras (TCU)	785 Mtn. Ranch Rd. San Andreas 95249	(209) 754-3831
Stanislaus: West of San Joaquin River	Santa Clara (SCU)	15670 Monterey St. Morgan Hill 95037	(408) 779-2121
Sutter	Nevada-Yuba-Placer (NEU)	13760 Lincoln Way Auburn 95603	(530) 823-4904
Tehama	Tehama-Glenn (TGU)	604 Antelope Blvd. Red Bluff 96080	(530) 5258-5199
Trinity	Shasta-Trinity (SHU)	875 Cypress Ave. Redding 96001	(530) 225-2401
Tulare	Tulare (TUU)	1968 S. Lovers Ln. Visalia 93277	(559) 732-5954

Tuolumne	Tuolumne-Calaveras (TCU)	785 Mtn. Ranch Rd. San Andreas 95249	(209) 754-3831
Ventura	San Luis Obispo (SLU)	635 N. Santa Rosa San Luis Obispo 93405	(805) 543-4244
Yolo	Lake-Napa-Sonoma (LNU)	1199 Big Tree Rd. St. Helena 94574	(707) 967-1400
Yuba	Nevada-Yuba-Placer (NEU)	13760 Lincoln Way Auburn 95603	(530) 823-4904

## APPENDICES

### APPENDIX A: CHECKLISTS

#### APPLICATION

- Download the fillable electronic application, complete, and submit it to the CAL FIRE Grants e-mail inbox at [CALFIRE.Grants@fire.ca.gov](mailto:CALFIRE.Grants@fire.ca.gov).
- Print the electronic application and ensure signatures and dates are in **BLUE INK** where appropriate and mail it to the CAL FIRE Sacramento Headquarters by **June 26, 2015**.
- Wait for an Award Letter or Rejection Letter to come in the mail.

#### **THE FOLLOWING IS ONLY APPLICABLE IF AN AWARD LETTER IS RECEIVED!**

#### GRANT AGREEMENT PACKAGE

Contents of CAL FIRE Grant Agreement package to be sent to applicant in July 2015:

- ✓ Four copies of the Grant Agreement document (6 pages total)
- ✓ CAL FIRE Board of Resolution template (2) with instructions

Forms found online that need to be printed and returned with the Grant Agreement package by December 1, 2015:

- ✓ STD-204 <http://www.courts.ca.gov/documents/4-2-RFP-13-14-01GW-Attachment-5-Payee-Data-Record.pdf>
- ✓ AD-1048 <http://www.ocio.usda.gov/sites/default/files/docs/2012/AD1048-F-01-92.PDF>

- Receive Award Letter from CAL FIRE with Grant Agreement package to fill out.
- Complete the Grant Agreements, all four (4) copies, provided by CAL FIRE to awarded applicants.
- Sign and date all four (4) copies of the Grant Agreement in **BLUE INK**.
- Obtain two (2) original copies of the Board of Resolution signed and dated in **BLUE INK**.
- Complete the **STD-204** Payee Data Record <http://www.courts.ca.gov/documents/4-2-RFP-13-14-01GW-Attachment-5-Payee-Data-Record.pdf>.

- Complete the **AD-1048** Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions  
<http://www.ocio.usda.gov/sites/default/files/docs/2012/AD1048-F-01-92.PDF>.
- Mail the completed package no later than **December 1, 2015** to:
  - CAL FIRE
  - Grants Management Unit, ATTN: Megan Esfandiary
  - P.O. Box 944246
  - Sacramento, CA 94244-2460
- Items inside the CAL FIRE Grant Agreement package to be sent to applicant in July 2015:
  - ✓ Four copies of the Grant Agreement document (6 pages total)
  - ✓ CAL FIRE Board of Resolution template (2) with instructions
- Forms found online that need to be printed and returned with the Grant Agreement package:
  - ✓ STD-204 <http://www.courts.ca.gov/documents/4-2-RFP-13-14-01GW-Attachment-5-Payee-Data-Record.pdf>
  - ✓ AD-1048 <http://www.ocio.usda.gov/sites/default/files/docs/2012/AD1048-F-01-92.PDF>

## PURCHASES AND INVOICES

- Begin purchasing items funded by the award **AFTER YOU RECEIVE A SIGNED GRANT AGREEMENT FROM THE CAL FIRE GRANTS MANAGEMENT UNIT** (You can expect your Grant Agreement to be mailed back to you with a signature of approval around January 2016).
- Complete the CAL FIRE provided invoice coversheet (included in the Grant Agreement package signed and sent by CAL FIRE authorizing the spending of funds).
- Submit invoices for purchases made between the time you received an approved Grant Agreement signed by CAL FIRE and **June 30, 2016**.
- Mail invoice coversheet and corresponding invoices to:

CAL FIRE  
 Grants Management Unit, ATTN: Megan Esfandiary  
 P.O. Box 944246  
 Sacramento, CA 94244-2460

## APPENDIX B: APPLICATION SAMPLE

 <div style="display: inline-block; text-align: center;"> <b>CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION</b>  <b>APPLICATION FOR FUNDING</b>  <b>COOPERATIVE FORESTRY ASSISTANCE ACT OF 1978</b>  <b>VOLUNTEER FIRE ASSISTANCE (VFA) PROGRAM</b>  <b>Agreement #7FG _____</b> </div> 									
<b>A. DEPARTMENT/ORGANIZATION:</b> Organization Name : <input style="width: 90%;" type="text"/> Contact's First Name : <input style="width: 30%;" type="text"/> Contact's Last Name : <input style="width: 30%;" type="text"/> Street Address : <input style="width: 90%;" type="text"/> Mailing Address : <input style="width: 90%;" type="text"/> City : <input style="width: 25%;" type="text"/> County : <input style="width: 25%;" type="text"/> Zip Code : <input style="width: 15%;" type="text"/> State : <input style="width: 25%; border: 1px solid black;" type="text" value="California"/> CAL FIRE Unit : <input style="width: 25%; border: 1px solid black;" type="text"/> Phone Number : <input style="width: 25%;" type="text"/> Email Address : <input style="width: 40%;" type="text"/> DUNS Number : <input style="width: 15%;" type="text"/> To check to see what your DUNS number is, or to apply for one, please go to: <a href="https://iupdate.dun.com/iUpdate/comp/lookup.asp.htm">https://iupdate.dun.com/iUpdate/comp/lookup.asp.htm</a>									
<b>B. AREA TO BE SERVED BY AWARD (Include areas covered by contracts or written mutual aid agreements).</b> Number of Communities : <input style="width: 15%;" type="text"/> Area : <input style="width: 25%;" type="text"/> square miles Congressional District # : <input style="width: 15%; border: 1px solid black;" type="text" value="CA-##"/> Population : <input style="width: 15%;" type="text"/> Annual Budget : <input style="width: 20%;" type="text"/> Latitude N <input style="width: 5%;" type="text"/> ° <input style="width: 5%;" type="text"/> ' <input style="width: 5%;" type="text"/> " Longitude W <input style="width: 5%;" type="text"/> ° <input style="width: 5%;" type="text"/> ' <input style="width: 5%;" type="text"/> " <small>Latitude must be between 32 and 42 degrees. Longitude must be between 114 and 125 degrees. Latitude and Longitude minutes and seconds must be between 0 and 60. Use a central point in the applicant's service area for the general area covered by the project.</small> <small>All projects must be a project.</small>									
<b>C. ACTIVITY: Annual number of emergency incidents.</b> Fire : <input style="width: 15%;" type="text"/> EMS : <input style="width: 15%;" type="text"/> + Other : <input style="width: 15%;" type="text"/> = <b>TOTAL:</b> <input style="width: 15%;" type="text"/>									
<b>D. INDIAN TRIBAL COMMUNITY (If project includes an Indian Tribal Community, please provide):</b> Population : <input style="width: 15%;" type="text"/> Size (acres) : <input style="width: 15%;" type="text"/> # of structures : <input style="width: 15%;" type="text"/> Distance to nearest fire station (miles) : <input style="width: 15%;" type="text"/>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><b>CAL FIRE USE ONLY (Formula-driven)</b></td> <td></td> </tr> <tr> <td><b>Project Total Cost</b></td> <td style="text-align: center;">TOTAL APPLICATION REQUEST (up to 50%; \$500 minimum, \$20,000 maximum)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="text-align: center;"><b>AMOUNT FUNDED FOR THIS AGREEMENT</b></td> <td colspan="2" style="text-align: right;"><input style="width: 50%;" type="text"/></td> </tr> </table>		<b>CAL FIRE USE ONLY (Formula-driven)</b>		<b>Project Total Cost</b>	TOTAL APPLICATION REQUEST (up to 50%; \$500 minimum, \$20,000 maximum)	\$0.00	<b>AMOUNT FUNDED FOR THIS AGREEMENT</b>	<input style="width: 50%;" type="text"/>	
	<b>CAL FIRE USE ONLY (Formula-driven)</b>								
<b>Project Total Cost</b>	TOTAL APPLICATION REQUEST (up to 50%; \$500 minimum, \$20,000 maximum)	\$0.00							
<b>AMOUNT FUNDED FOR THIS AGREEMENT</b>	<input style="width: 50%;" type="text"/>								

Organization Name :

**E. Proposed Project (List Individual Items for funding) :**

	Type	Item	Quantity	Unit Cost	Item Total
1.	<input type="text"/>				
2.	<input type="text"/>				
3.	<input type="text"/>				
4.	<input type="text"/>				
5.	<input type="text"/>				
6.	<input type="text"/>				
7.	<input type="text"/>				
8.	<input type="text"/>				
9.	<input type="text"/>				
10.	<input type="text"/>				
11.	<input type="text"/>				
12.	<input type="text"/>				
13.	<input type="text"/>				
14.	<input type="text"/>				
15.	<input type="text"/>				
16.	<input type="text"/>				
17.	<input type="text"/>				
18.	<input type="text"/>				
19.	<input type="text"/>				
20.	<input type="text"/>				
21.	<input type="text"/>				
22.	<input type="text"/>				

SAMPLE

F. CAL FIRE USE ONLY (Formula-Driven) PROJECT TOTAL COST \_\_\_\_\_

Organization Name :

**G. ADDITIONAL INFORMATION (Briefly describe the area to be served: fire protection system, water system, equipment, facilities, staffing, hazards, etc. Briefly explain purpose of the proposed project) : Limited to space below.**

SAMPLE

In addition to the original request, applicants must list alternative projects for excess or unused funds, which the State will review during the initial application process. The State will determine which of the Applicant's projects are eligible for funding if excess or unused funds become available. Once written approval by the State, the applicant may use additional/excess funding up to the contract maximum amount to purchase State approved items in listed order of priority on their application.

Deviations from the original application are considered an amendment and require prior approval before the amended expenditures can be made.

**The funds will be only for those projects accomplished and/or items purchased between Agreement Approval Date and June 30, 2016. The Recipient agrees to provide CAL FIRE with itemized documentation of the Agreement project expenditures and bill CAL FIRE as soon as the project is complete, but no later than September 1, 2016.**

The Recipient gives CAL FIRE or any authorized representative access to examine all records, books, papers, or documents relating to the Agreement. The Recipient shall hold harmless CAL FIRE and its employees for any liability or injury suffered through the use of property or equipment acquired under this Agreement. The applicant certifies that to the best of applicant's knowledge and belief, the data in this application is true.

I certify that the above and attached information is true and correct:

Original Signature Required: Grantee's Authorized Representative

Date Signed

Printed Name

Title

Executed on:   
Date

at   
City

Organization Name :

**Grant Assurances  
for  
Cooperative Forestry Assistance Act of 1978  
Volunteer Fire Assistance (VFA)**

Organization Name :

Contact's First Name :

Contact's Last Name :

Street Address :

Mailing Address :

City :

County :

Zip Code :

State : California

CAL FIRE Unit :

Phone Number :

Email Address :

DUNS Number :

To check to see what your DUNS number is, or to apply for one, please go to:  
<https://iupdate.dnb.com/iUpdate/companylookup.htm>

As the duly authorized representative of the applicant, I certify that the applicant named above:

1. Has the legal authority to apply for the Volunteer Fire Assistance under the Cooperative Forestry Assistance Act of 1978 and has the institutional, managerial and financial authority to ensure proper planning, management and completion of the grant.
2. Will assure that grant funds are used only for items requested and approved in the application.
3. Assures that all wildland fire response employees (full time, part-time or volunteer) are fully equipped with appropriate wildland fire response personal protective equipment that meets NFPA 1977 *Standard on Protective Clothing and Equipment for Wildland Fire Fighting*, and are trained to a proficient level in the use of the personal protective equipment. Wildland fire suppression safety clothing and equipment includes:
  - Safety helmet
  - Goggles
  - Ear Protection
  - Fire resistant (i.e. Nomex) hood, shroud, or equivalent face and neck protection
  - Fire resistant (i.e. Nomex) shirt and pants
  - Gloves
  - Safety work boots
  - Wildland fire shelter
  - Communications Equipment
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain for themselves or others, particularly those with whom they have a family, business or other ties.
6. Will comply with all applicable requirements of all other Federal laws, Executive orders, regulations, Program and Administrative requirements, policies and other requirements governing this program.
7. Will comply with USDA Forest Service Civil Rights requirements. See Forest Service Civil Rights literature [here](#).
8. Understands that failure to comply with any of the above assurances may result in suspension, termination or reduction of grant funds.

Organization Name :

Page 4 of 5

In compliance with NFPA 1977 and trained in the use of Wildland PPE.

Not in compliance with NFPA 1977 but are applying for grant funding to purchase PPE and/or provide required training.

The undersigned represents that he/she is authorized by the above named applicant to enter into this agreement for and on behalf of the said applicant.

Printed Name of Authorized Agent:

Signature of Authorized Agent: \_\_\_\_\_

Title of Authorized Agent:

SAMPLE

Organization Name:

## APPENDIX C: GRANT AGREEMENT SAMPLE

### DEPARTMENT OF FORESTRY AND FIRE PROTECTION

#### STATE OF CALIFORNIA Natural Resources Agency

#### Agreement for the Volunteer Fire Assistance Program of the Cooperative Forestry Assistance Act of 1978

THIS AGREEMENT, made and entered into **ON THE LAST SIGNATORY DATE ON PAGE 6**, by and between the STATE of California, acting through the Director of the Department of Forestry and Fire Protection hereinafter called "STATE", and \_\_\_\_\_

\_\_\_\_\_ hereinafter called "LOCAL AGENCY", covenant as follows:

#### RECITALS:

1. STATE has been approved as an agent of the United States Department of Agriculture, (USDA), Forest Service for the purpose of administering the Cooperative Forestry Assistance Act (CFAA) of 1978 (PL 95-313, United States Code Title \_\_\_\_\_ Chapter 41, Section 2010 et seq., Volunteer Fire Assistance Program), hereinafter referred to as "VFA", and
2. The VFA has made funds available to STATE for redistribution, under certain terms and conditions, to LOCAL AGENCY to assist LOCAL AGENCY to upgrade its fire protection capability, and
3. LOCAL AGENCY desires to participate in said VFA.

NOW THEREFORE, it is mutually agreed between the parties as follows:

4. **APPROVAL: This Agreement is of no force or effect until signed by both parties and approved by the Department of General Services, if required. LOCAL AGENCY may not commence performance until such approval has been obtained.**
5. **TIMELINESS: Time is of the essence in this Agreement.**
6. **FORFEITURE OF AWARD: LOCAL AGENCY must return this Agreement and required resolution properly signed and executed to STATE at the address specified in paragraph 11, with a postmark no later than December 1, 2015 or LOCAL AGENCY will forfeit the funds.**

7. **GRANT AND BUDGET CONTIGENCY CLAUSE:** It is mutually understood between the parties that this **Agreement** may have been written for the mutual benefit of both parties before ascertaining the availability of congressional appropriation of funds, to avoid program and fiscal delays that would occur if the **Agreement** were executed after that determination was made.

This **Agreement** is valid and enforceable only if sufficient funds are made available to the STATE by the United States Government for the State Fiscal Year 2015 for the purpose of this program. In addition, this **Agreement** is subject to any additional restrictions, limitations, or conditions enacted by the Congress or to any statute enacted by the Congress that may affect the provisions, terms, or funding of this **Agreement** in any manner.

The parties mutually agree that if the Congress does not appropriate sufficient funds for the program, this **Agreement** shall be amended to reflect any reduction in funding.

The STATE has the option to invalidate the **Agreement** under the 30-day notification clause or to amend the **Agreement** to reflect any reduction in funds.

8. **REIMBURSEMENT:** STATE will reimburse LOCAL AGENCY from funds made available to STATE by the Federal Government, an amount not to exceed \$ (Award Amount) on a 50/50 matching funds basis, for the performance of specific projects and/or purchase of specific items identified in Exhibit(s) A, Application for Funding, attached hereto. **Reimbursement will be only for those projects accomplished and items purchased between THE LAST SIGNATORY DATE ON PAGE 1 AND JUNE 30, 2015.** This sum is the sole and maximum payment that STATE will make pursuant to this Agreement. **LOCAL AGENCY must bill STATE, in triplicate, to the address specified in paragraph 11, with a postmark no later than September 1, 2015, in order to receive the funds.** The bill submitted by LOCAL AGENCY must clearly delineate the projects performed and/or items purchased. A vendor's invoice or proof of payment to vendor(s) must be included for items purchased.

9. **LIMITATIONS:** Expenditure of the funds distributed by STATE herein is subject to the same limitations imposed by the VFA, upon expenditure of United States Government Funds. Pursuant to Title 7 of the Code of Federal Regulations, Section 3016.32 subject to the obligations and conditions set forth in that section; title to any equipment and supplies acquired under this **Agreement** vests with the LOCAL AGENCY. For any equipment items over \$5,000, the federal government may retain a vested interest in accordance with paragraph 16 below.

10. **MATCHING FUNDS:** Any and all funds paid to LOCAL AGENCY under the terms of this **Agreement**, hereinafter referred to as "VFA Funds", shall be matched by LOCAL AGENCY on a dollar-for-dollar basis, for each project listed on attachment(s) hereto identified as "Exhibit(s) A". No amount of unpaid "contributed" or "volunteer" labor or services shall be used or consigned in calculating the matching amount "actually spent" by LOCAL AGENCY.

LOCAL AGENCY shall not use VFA Funds as matching funds for other federal grants, including Department of Interior (USDI) Rural Fire Assistance grants, nor use funds from other federal grants, including USDI Rural Fire Assistance grants, as matching funds for VFA Funds.

11. **ADDRESSES:** The mailing addresses of the parties hereto, for all notices, billings, payments, repayments, or any other activity under the terms of the Agreement, are:

LOCAL AGENCY: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Telephone Number(s): \_\_\_\_\_  
 FAX Number: \_\_\_\_\_  
 E-mail \_\_\_\_\_

**STATE: Department of Forestry and Fire Protection  
 Grants Management Unit, ATTN: Megan Esfandiary  
 P. O. Box 944246  
 Sacramento, California 94244-2460  
 PHONE: (916) 653-3649  
 FAX (916) 653-8957**

12. **PURPOSE:** Any project to be funded hereunder must be intended to specifically assist LOCAL AGENCY to organize, train, and/or equip local firefighting forces in the mentioned rural area and community to prevent or suppress fires which threaten life, resources, and/or improvements within the area of operation of LOCAL AGENCY.
13. **COMBINING:** In the event funds are paid for two or more separate, but closely related projects, the 50/50 cost-sharing formula will be applied to the total cost of such combined projects.
14. **OVERRUNS:** In the event that the total cost of a funded project exceeds the estimate of costs upon which this Agreement is made, LOCAL AGENCY may request additional funds to cover the **Agreement** share of the amount exceeded. However, there is no assurance that any such funds are, or may be, available for reimbursement. Any increase in funding will require an amendment.
15. **UNDER-RUNS:** In the event that the total cost of a funded project is less than the estimate of costs upon which this Agreement is made, LOCAL AGENCY may request that additional eligible projects/items be approved by STATE for **Agreement** funding. However, there is no assurance that any such approval will be funded. Approval of additional projects/items, not listed on the Exhibit application, made by STATE, will be in writing and will require an amendment.
16. **FEDERAL INTEREST IN EQUIPMENT:** The Federal Government has a vested interest in any item purchased with VFA funding in excess of \$5,000 regardless of the length of this **Agreement**, until such time as the fair market value is less than \$5,000. The VFA percentage used to purchase the equipment will be applied to the sale price and recovered for the Government during the sale. This percentage will remain the same even following depreciation. The Federal Government may not have to be reimbursed if the disposal sale amounts to a fair market value of less than \$5,000. LOCAL AGENCY will notify STATE of the disposal of such items.
17. **EQUIPMENT INVENTORY:** Any single item purchased in excess of \$5,000 will be assigned a VFA Property Number by the STATE. LOCAL AGENCY shall forward a copy of the purchase documents listing the item, brand, model, serial number, any LOCAL AGENCY property number assigned, and a LOCAL AGENCY contact and return address to STATE at the address

specified in paragraph 11. The STATE will advise the LOCAL AGENCY contact of the VFA Property Number assigned.

18. **AUDIT:** LOCAL AGENCY agrees that the STATE, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this **Agreement**. LOCAL AGENCY agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. LOCAL AGENCY agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, LOCAL AGENCY agrees to include a similar right of the State of California to audit records and interview staff in any subcontract entered into for performance of this **Agreement**. (GC 8546.7, PCC 10115 et seq., CCR Title 17, Section 1896).
19. **DISPUTES:** In the event of any dispute over qualifying match or expenditure of LOCAL AGENCY, the dispute will be decided by STATE audits. Its decision shall be final and binding.
20. **INDEMNIFICATION:** LOCAL AGENCY agrees to indemnify, defend, and save harmless, the STATE, its officers, agents, and employees from and all claims and losses, accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work, services, materials, or supplies in connection with the performance of this **Agreement** and for any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by LOCAL AGENCY in the performance of this **Agreement**.
21. **DRUG-FREE WORKPLACE REQUIREMENTS:** LOCAL AGENCY will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
  - a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

- b. Establish a Drug-Free Awareness Program to inform employees about:
- 1) the dangers of drug abuse in the workplace;
  - 2) the person's or organization's policy of maintaining a drug-free workplace;
  - 3) any available counseling, rehabilitation and employee assistance programs; and,
  - 4) penalties that may be imposed upon employees for drug abuse violations.
- c. Every employee who works on the proposed **Agreement** shall:
- 1) receive a copy of the company's drug-free workplace policy statement; and,
  - 2) agree to abide by the terms of the company's statement as a condition of employment on the **Agreement**.

Failure to comply with these requirements may result in suspension of payments under the **Agreement** or termination of the **Agreement** or both and LOCAL AGENCY may be ineligible for funding under any future State **Agreement** if the department determines that any of the following has occurred: (1) the LOCAL AGENCY has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 (c) seq.)

22. **TERM:** **Term of the Agreement SHALL COMMENCE ON THE LAST SIGNATORY DATE ON PAGE 6 and continue through June 30, 2016.**
23. **TERMINATION:** This **Agreement** may be terminated by either party giving 30 days written notice to the other party or provisions herein amended upon mutual consent of the parties hereto.
24. **AMENDMENTS:** No amendment or variation of the terms of this **Agreement** shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or **Agreement** not incorporated in the **Agreement** is binding on any of the parties.
25. **INDEPENDENT CONTRACTOR:** LOCAL AGENCY, and the agents and employees of LOCAL AGENCY, in the performance of this **Agreement**, shall act in an independent capacity and not as officers or employees or agents of the STATE or the Federal Government.

IN WITNESS WHEREOF, the parties have executed this **Agreement** as of the last signatory date below.

STATE OF CALIFORNIA  
DEPARTMENT OF FORESTRY  
AND FIRE PROTECTION

LOCAL AGENCY

By: \_\_\_\_\_  
Signature

By: \_\_\_\_\_  
\*Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title  
Cooperative Fire Programs

\_\_\_\_\_  
\*\*Title

\_\_\_\_\_  
Last Signatory Date

\_\_\_\_\_  
\*\*Date

\*Ensure that the officer signing hereon LOCAL AGENCY IS THE SAME Officer authorized in the Resolution to execute this Agreement  
\*\*Ensure that the title entered here IS THE SAME title used in the Resolution for the Officer who is executing this Agreement  
\*\*\*Ensure that the date LOCAL AGENCY signs IS THE SAME DATE as the Resolution date OR LATER.

**FOR STATE USE ONLY**

AMOUNT ENCUMBERED BY THIS DOCUMENT	PROGRAM/CATEGORY (CODE AND TITLE) Support			FUND TITLE Federal
PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT <b>\$0</b>	ITEM 3540-001-0001	CHAPTER 25	STATUTE 2015	FISCAL YEAR 15/16
TOTAL AMOUNT ENCUMBERED TO DATE	OBJECT OF EXPENDITURE (CODE AND TITLE)			
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.		T.B.A. NO.	B.R. NO.	
SIGNATURE OF CDF ACCOUNTING OFFICER <b>X</b>		DATE		

**Department of General Services  
Use Only**

DGS APPROVAL NOT  
REQUIRED PER SAM 1215

CONTRACTOR

STATE AGENCY

DEPT. OF GEN. SER.

CONTROLLER



**AD-1048 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS**  
<http://www.ocio.usda.gov/sites/default/files/docs/2012/AD1048-F-01-92.PDF>

**U.S. DEPARTMENT OF AGRICULTURE**

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, or ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name

PR/Award Number or Project Name

Name(s) and Title of Authorized Representative(s)

Signature(s)

Date

# APPENDIX E: BOARD OF RESOLUTIONS SAMPLE

## BEFORE THE BOARD OF DIRECTORS OF THE

COUNTY OF \_\_\_\_\_, STATE OF CALIFORNIA

### IN THE MATTER OF:

Resolution Number: \_\_\_\_\_

Approving the Department of Forestry and Fire Protection Agreement # \_\_\_\_\_ for services from the date of last signatory on page 6 of the Agreement to June 30, 2016 under the Volunteer Fire Assistance Program of the Cooperative Forestry Assistance Act of 1978.

**BE IT RESOLVED** by the Board of Directors of the \_\_\_\_\_, that said Board does hereby approve the Agreement with the California Department of Forestry and Fire Protection dated as of the last signatory date on page 6 of the Agreement, and any amendments thereto. This Agreement provides for an award, during the term of this Agreement, under the Volunteer Fire Assistance Program of the Cooperative Fire Assistance Act of 1978 during the State Fiscal Year 2015-16 up to and no more than the amount of \$\_\_\_\_\_.

**BE IT FURTHER RESOLVED** that \_\_\_\_\_ of said Board be and hereby is authorized to sign and execute said Agreement and any amendments on behalf of the \_\_\_\_\_.

The foregoing resolution was duly passed and adopted by the Board of Directors of the \_\_\_\_\_, at a regular meeting thereof, held on the \_\_\_ day of \_\_\_\_\_, by the following vote:

AYES:

NAYS:

ABSENT:

\_\_\_\_\_  
Signature, Board of Directors Member

\_\_\_\_\_  
Printed  
Name and Title

-----CERTIFICATION OF RESOLUTION-----  
ATTEST:

I \_\_\_\_\_, Clerk of the \_\_\_\_\_, County of \_\_\_\_\_ California do hereby certify that this is a true and correct copy of the original Resolution Number \_\_\_\_\_.

WITNESS MY HAND OR THE SEAL OF THE \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**OFFICIAL SEAL  
OR NOTARY CERTIFICATION**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title and Name of Local Agency