



Maine Fire Protection Services Commission

Regional Fire Training Grant Program Application

Regional Program Requested:

___ Fire Fighter I (meets and exceeds Maine Bureau of Labor Basic Fire School objectives)
___ Fire Fighter I & II

Primary Contact (**must be fire chief in good standing**): Secondary Contact:

Name:	_____	_____
Department:	_____	_____
Address:	_____	_____
	_____	_____
Email:	_____	_____
Phone		
Primary:	_____	_____
Secondary:	_____	_____

Number of participating departments: _____ Number of expected candidates: _____

Number of local qualified fire service instructors that can assist: _____

Local program coordinator that will work closely with MFSI Staff: _____

Anticipated program start/end dates: _____

Department Name:

Number of Members to Participate:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(attach an additional sheet if necessary)



Maine Fire Protection Services Commission

Regional Fire Training Grant Program Application (continued)

In the event that your application is accepted, do you agree to enter into an MOA with Maine Fire Service Institute? **(Please review attached sample)** Y/N: _____

Please confirm that:

All participants and student candidates are covered by workers' compensation insurance and will be covered by the department's insurance during this training program, and are not presently drawing worker's compensation benefits: _____

All participants and candidates are compliant with medical screening, fit testing and are cleanly shaven: _____

All equipment and apparatus are current with their inspections & compliance testing for hose, ladders, SCBA, and other equipment: _____

All participating fire departments SHALL have submitted annually their fire response reports NFIRS to the State of Maine Fire Marshals Office: _____

(Please carefully review the grant guidelines)

Write a narrative explaining your need, regional return on investment, and commitment to the program's success:



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Regional Fire Training Grant Program Application (continued)

NOTE:

- Maine residents **shall not** be charged a fee for this fire training program.
- Non-Maine residents **shall** be charged a program fee to participate in this program. If you are anticipating out-of-state participation in the program, you must disclose the expected number of non-Maine residents, as well as the out-of-state locations/departments with which they are affiliated.

Submitted:

By: _____
Signature

Name: _____

Title: _____

Date: _____

Approved:

By: _____
Signature

Name: _____

Title: _____

Date: _____