

**GEORGIA FIREFIGHTERS BURN FOUNDATION, INC.**  
**CHESNEY FALLEN FIREFIGHTERS MEMORIAL GRANT PROGRAM**  
**INFORMATION NEEDED FOR GRANT APPLICATION**

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- ☐ Name and contact information for Fire Chief who must sign the contract for the grant
- ☐ Fire Department Compliance Number (NOTE: Compliance Numbers can be obtained from the Georgia Firefighters Standards and Training Council. Applications without compliance numbers will not be processed.)
- ☐ Name, contact information, and professional qualifications of person responsible for implementing grant funds if awarded
- ☐ Describe your department's experience and/or achievements with fire safety and burn prevention activities by briefly describing the mission, goal and major accomplishments of your fire safety education department
- ☐ Agencies/departments your department works with other to provide fire safety and burn prevention education (e.g. other Fire Departments, Schools, Safe Kids, EMS, Law Enforcement, Insurance Companies)
- ☐ Has your department received CFFM Grant funding in the past? If so, in what year(s) and for what program/project? Is the program/project still active? If not please explain why.
- ☐ What Georgia Firefighters Burn Foundation activities has your department been involved in and/or supported, even if personnel did not physically attend (past and current)? Checklist provided.
- ☐ In as much detail as possible provide a description of your program/project that these funds would support including your target audience. Please be specific.
- ☐ Is this a new or existing program/project?
- ☐ Explain the need for the program/project and include supporting data.
- ☐ Describe how you will evaluate your program/project. Be specific and consider a variety of methods. For additional information please refer to the following links as a resource:
  - [Vision 20/20 Video](#)
  - [USFA Public Fire Education Planning: A 5 Step Process](#)
  - [Fire Safety Program Toolkit](#)
  - [Evaluating and Creating Fire and Life Safety Materials: Guide for the Fire Service](#)
- ☐ Provide a schedule with a specified time frame for your program/project completion.
- ☐ Name and address of other groups/agencies who partner with you on this program/project (if any).
- ☐ If your department is awarded the grant, describe plans for promotional outreach regarding receipt of grant funds from the GFBF for your initiative.
- ☐ What is the total cost of the program/project? **Please use the budget worksheet on the website.**
- ☐ What is the total amount requested from the Georgia Firefighters Burn Foundation through the Chesney Fallen Firefighters Memorial Grant Program (total may not exceed \$3,000)?
- ☐ If total cost of the program exceeds \$3,000, demonstrate resources are available to complete program.
- ☐ How you learned about Chesney Grant.

**PLEASE NOTE: Grant materials must be submitted at the same time. Options include:**

- 1. Uploaded at the end of the online application. Only PDF, Word, Excel, or JPEG files will be accepted. Maximum file size is 128MB. If online, materials must be submitted by 11:59pm on April 21, 2017.**
- 2. Mailed to the GFBF office. If mailed to the GFBF office, materials must be postmarked on or before April 21, 2017.**