

FY 2017 DENALI BOROUGH FIRE DEPARTMENT PER CAPITA FUNDING APPLICATION



Name of Entity: _____

Amount requested: \$ _____

FILING DEADLINE:

Application must be received in the Borough office or postmarked no later than

4:00 PM March 1, 2016

RETURN TO:

DENALI BOROUGH

.5 MILE HEALY SPUR ROAD

PO BOX 480

HEALY, AK 99743

PHONE: (907) 683-1330 FAX: (907) 683-1340

Hours: Monday – Thursday

9:00 am – 4:00 pm

Denali Borough per Capita Funding Application

Department Name: _____

Address: _____

Telephone number: _____

Person completing application: _____

Email Address: _____

Service Area: (Please attach map)

Per capita funding is based on Census block data for service area

Fire Chief Name: _____

Assistant Fire Chief Name: _____

Number of Fire Fighters: _____

EMS Director: _____

Number of EMT I: _____

Number of EMT II: _____

Number of EMT III: _____

Number of Ambulances: ALS _____ BLS _____

Number of Engines:

Structural: _____ Tankers: _____ Brush Trucks: _____

Rescue Vehicles: _____ Support vehicles: _____

Prior year total runs: _____

Mass Casualty Equipment: _____

Please attach separate list if needed

Per DBC 3.20.04 recipients of Denali Borough funds must submit a detailed accounting of the expenditures of all funds received for the preceding calendar year no later than March 1. Recipients who do not comply will be prohibited from receiving Borough funds until the reporting requirements have been met.

I, the undersigned, being a duly elected member of the entity named herein, do hereby attest that the information contained above and attached to this application is correct and complete to the best of my knowledge.

Signature _____ Title _____