



2025 WASHINGTON STATE DEPARTMENT OF NATURAL RESOURCES FIREWISE USA® SITE MICRO GRANT APPLICATION

Applicant (community, county, organization) Name: _____

County: _____

Contact Name: _____ **Phone number:** _____

Mailing Address:

(Street or P.O. Box)

(City)

(Zip Code)

E-Mail: _____

Statewide Vendor/Payee Number *Must have a valid SWV number prior to making a claim for reimbursement. (see NOFO)*

Project Narrative: (A short narrative should be included that outlines the purpose of the activity, expected results, timeline for completion, who is responsible for the project, project accomplishment measures and what the DNR grant will be paying. Eligible equipment purchases must be stored for communal access, add your storage plan in the narrative.)

Proposed Project Dates:

Planned Start Date

Expected Completion Date

Project Location:



Grant Funds Requested: This program is a reimbursement program that reimburses your actual costs up to the amount approved in your award letter. If your costs are under what you estimated, you only receive funds for your actual costs and may not receive the full amount.

Grant Funds Requested:

What Grants funds will be used for (Specific and Concise Itemized list)Example:

Reflective Address Signs, Dumpster Rentals, Disposal Fees, Gravel

**Does your community have an Action Plan?
Is your community a Firewise USA® site in good standing?**

**Unsure if your community is a Firewise USA® site?
Go *HERE* to see if your community has received Firewise USA®
recognition. Create a new Firewise USA® site *HERE***

As an authorized representative of the community or organization making this application, I hereby certify that, to the best of my knowledge, all information provided herein is true and represents the desires of this community or organization. I further certify that I understand the purpose and rules of the program as outlined in the Application Package.

Signature _____

Name

Title

Date