

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:					
reimbursement.(see NO Project Narrative: results, timeline for comp	Payee Number Must han PFO) (A short narrative should be pletion, who is responsible fig. Eligible equipment purch	e included that outlor the project, proj	ines the purpose of the	he activity, expected measures and what the	
Proposed Project I	Dates:				
Project Location:	Planned Start	Date]	Expected Completion Date	

2024 Washington Department of Natural Resources Firewise USA® Micro Grant



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

Is your community a Firewise USA® site in good standing?

Has your community ever been a Firewise USA® site?

Does your community have an Action Plan?

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	