2016
Firewise Communities/USA® Application

§ Section A — Upon completion of the recognition criteria outlined in the application below, please submit this form to your Firewise® State Liaison for review and approval. The submission deadline for all 2016 new community applications to the program is December 31, 2016. If your state does not have a Firewise Liaison please contact the Firewise Team at Firewise@nfpa.org.

The _____ located in _____ in _____ County,
(insert HOA/POA, community or neighborhood name) *(enter name of city or town)*
in the state of _____ ; hereby submits this application to be officially recognized and designated as an active participant in the Firewise Communities/USA® Recognition Program for the calendar year 2016. Renewal requirements must be met annually to continue as an active program participant.

§ Section B — Firewise Board/Committee: A Firewise Board/Committee has been formed and will oversee continued development and implementation of the community's action plan based on the community assessment that has been completed. The board/committee will also oversee the annual renewal process.

Primary Community Point of Contact:*

Full Name: _____

Street Address: _____

P. O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Secondary Community Point of Contact:*

Full Name: _____

Street Address: _____

P. O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

**Please note an email address for both the primary and secondary contact is required. The primary point of contact will receive correspondence from the national Firewise Program staff.*

§ Section C — Forestry and Community Assistance Contact Information: Please include the following information.

Forestry Contact Information

Name: _____

Agency: _____

Address: _____

P. O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

List any additional agency that provided assistance. (e.g. fire department, emergency management, fire marshal, etc.)

Name: _____

Agency: _____

Address: _____

P. O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

§ Section D — Community Risk Assessment: Name of individual, company, organization or agency that conducted the Community Risk Assessment: _____

Date the Community Risk Assessment was completed: _____

Please Note: A copy of the Community Risk Assessment must be provided to the State Liaison with the application.

§ Section E — Per Capita Mitigation Investment: An annual investment of at least $2 per capita in local Firewise mitigation projects is required. Our community currently has _____ residents.

(insert number of full and part time residents)

The 2016 hourly volunteer rate is $23.07. Work by residents, volunteers, municipal or county employees, equipment rental, mileage for slash disposal, and local, state and federal grants used to meet the objective can be counted toward the annual investment. Our community's total investment for 2016 is: $ _____

Please tell us about the mitigation activities that your community worked on during the year to meet your investment requirement.
(Character limit in the box is 800.)

§ Section F — Annual Firewise Day/Event: Each year a designated Firewise Day/Event is required to continue an active designation. This activity should be promoted to all residents and their involvement/participation is strongly encouraged. Activities can include: a neighborhood chipping opportunity, a community clean-up day, mitigation in a commonly owned area, residents actively helping a senior or disabled resident with mitigation work they are unable to accomplish, a door-to-door outreach invitation, etc.

Date of the 2016 Firewise Day/Event: _____

Event Name: _____

Event Location: _____

Total number of Attendees: _____

Brief Description of Event/Day Activity: *(Character limit in the box is 800.)*

***Please note:** A printed copy of the event's outreach components (flyers, newsletter, social media and media /news coverage) must be provided to the State Liaison with the application.*

§ Section G — Additional Information: Please include the latitude _____ and longitude _____ of an address located near the center of the community.

Use http://itouchmap.com/latlong.html to enter an address to find the latitude and longitude.

Upon completion of the application please forward all three pages to your State Firewise Liaison. To locate your state liaison's information click here.

§ Section H — State Liaison Use Only: This section to be completed by the Firewise Communities/USA® state liaison or their designated representative: Please complete the section below and submit the completed application (Pages 1, 2 and 3 ONLY — Supporting documents are not required) to: Firewise@nfpa.org or to NFPA, Firewise Communities/USA® Recognition Program, One Batterymarch Park, Quincy, MA 02169. Questions? - please call 617-984-7494 (eastern time).

(To be completed by State Firewise Liaison or their designee)

The State Firewise Liaison or designated official has reviewed the application and has determined

_____
(name of community)

meets the requirements to become a 2016 Firewise Communities/USA recognition site.

Signature (State Firewise Liaison or their designee): _____

Date: _____

Mailing information for the representative designated as the recipient for **community recognition materials**:

Name: _____

Title: _____

Agency/Organization: _____

Physical Street Mailing Address (no PO Boxes please): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please Note: Recognition materials include a customized plaque with the community's name. We request you verify the name and spelling of the community and ensure it is correct and listed below as it should appear for engraving purposes:

Community Name: _____
(Please Print)

Two Firewise Communities/USA street signs will be provided upon receipt and processing of the application. If additional signage is desired, please call email us at Firewise@nfpa.org.