

2015 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 2015 applications is December 31, 2015. If your state does not have a Firewise Liaison please contact tthorpe@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® national recognition program for the calendar year 2015. We understand that annual renewal requirements must be met to continue as an active program participant. The Firewise Board/Committee will oversee the renewal process and ensure residents have met the annual requirements and will continue to actively mitigate the community's wildland fire risk.

§ **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: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Email: _____

Secondary Community Point of Contact*:

Full Name: _____
Street Address: _____
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 — District Forestry and Community Fire Chief Contact Information:** Please include the following information.

<p>District Forestry Contact Information</p> Name: _____ Agency: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Email: _____	<p>Community Fire Chief Contact Information</p> Name: _____ Agency: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Email: _____
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§ **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 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 2015 hourly volunteer rate is \$22.55. 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 2015 is: \$ _____

§ 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 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 2015 Firewise Day/Event: _____

Brief Description of Activity: (Character limit in the box is 812.)

(Include a short overview that includes the number of participants, location, and promotional efforts to encourage/solicit community participation) *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 both pages to your State Firewise Liaison. To locate your state liaison's information [click here](#) or visit www.firewise.org.

§ 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 and 2 ONLY** — Supporting documents are not required) to: Tova Thorpe at tthorpe@nfpa.org or to NFPA, Firewise Communities/USA® Recognition Program, One Batterymarch Park, Quincy, MA 02169. Questions? - please call 617-984-7494.

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

The State Firewise Liaison or designated official has reviewed the application and has determined _____ meets the requirements to become a 2015 Firewise Communities/USA recognition site. *(name of community)*

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 Tova Thorpe at: 617-984-7494 or email tthorpe@nfpa.org.