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NVFC Volunteer Firefighter Support Fund Individual Assistance Application

The National Volunteer Fire Council (NVFC) has established the NVFC Volunteer Firefighter Support Fund to assist active volunteer firefighters, rescue workers, and EMS personnel whose home/housing has been impacted by a state- or federally-declared disaster or fire. Individual stipends of up to \$350 are awarded to eligible applicants to assist in meeting essential needs in the wake of a disaster or fire, as funds allow. In order to qualify, individuals must:

- Be from an NVFC member state as an individual or department member of the state association, or an NVFC member
- Be an active volunteer firefighter, rescue worker, or EMS provider
- Live (have your primary residence) in a state- or federally-declared disaster area or have suffered home damage due to fire
- Have incurred an uninsurable loss in excess of \$5,000 (*only applies to the state- or federally-declared disaster, not to the personal fire loss*).
- Applications must be received by the NVFC within 60 days after the incident occurred.

All applications are reviewed by the NVFC Director from the applicant's state fire association. The NVFC may also contact your department's chief for approval of the application.

- In the instance of a home fire, the applicant must certify that there were no intentional acts of arson or fraud and that there were working smoke alarms in the residence placed according to code.

If it is determined that there was impropriety, fraud, or arson, or that any information submitted on the application is intentionally false or misleading, the NVFC reserves the right to seek the return of the stipend.

Applications for assistance can be submitted via mail, email, or fax to the contact information above.

Applicant Name: _____

Permanent Address: _____

City, State Zip: _____

Phone Number: _____ Email: _____

Name of Fire/EMS/Rescue Department: _____

Title in the Department: _____

Are you an active volunteer firefighter, rescue worker, or EMS provider? Yes No

Do you live or have housing in a state- or federally-declared disaster area or suffer home damage due to fire? Yes No

For loss from a state- or federally-declared disaster only: Did you incur an uninsurable loss in excess of \$5,000? Yes No

For loss from a home fire only: I certify that there were no intentional acts of arson or fraud and that there were working smoke alarms in the residence placed according to code. Yes No

Are you from an NVFC member state as an individual or department member of the state association, or an NVFC member? Yes No

Please provide a brief description of how the disaster impacted you:

Date of incident: _____

Address and phone number where you can be reached and check should be mailed (if different from above):

Fire Chief's Name – please note your chief may be contacted by the NVFC for application approval:

Fire Chief's Email: _____

Fire Chief's Phone Number: _____

My signature certifies that all information is true to the best of my knowledge.

Applicant's Signature

Date

For NVFC staff use only

Approved Date _____

Not Approved Date _____

If Not Approved, Reason: _____
