

## Delaware Volunteer Fire Service Revolving Loan Fund Application

The Delaware Volunteer Fire Service Revolving Loan Fund was established to upgrade equipment and improve facilities that are essential to providing adequate fire, rescue, emergency medical and technical emergency response related service to Delaware communities. Loan funds are limited and are not available for equipment that has already been delivered or for the expansion of facilities and parking that has already been completed. For consideration, equipment and expansions must be deemed necessary to provide adequate fire, rescue and emergency medical and technical emergency response services to the surrounding community by the Delaware Council on Volunteer Fire Service. See the Program Guidelines for additional information.

**PLEASE NOTE: The application deadline date is May 15, 2007. One original and 7 copies of the application should be delivered to State of Delaware, Department of Finance, 820 N. French Street, 8<sup>th</sup> floor, Wilmington, DE 19806.**

### A. General Information

1. Applicant's Legal Name and Mailing Address

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2. County: \_\_\_\_\_

3. Applicant's Federal Tax I.D. #: \_\_\_\_\_

4. Name/Position of Contact Person: \_\_\_\_\_

5. Mailing Address, if different: \_\_\_\_\_

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6. E-mail Address:

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7. Phone Numbers: (identify home/work/pager/cell) \_\_\_\_\_

The following information will be considered for prioritizing loan applications.

### B. Organizational Profile

8. Name of applicant's primary protection district: \_\_\_\_\_

9. Population of applicant's primary protection district: \_\_\_\_\_

10. Square Miles of applicant's primary protection district: \_\_\_\_\_

### C. Financial Information

11. \_\_\_ Compilation Reports, for two years preceding the year of application

12. \_\_\_ Proposed Operating and Capital Budgets, for two years preceding the year of application

13. \_\_\_ IRS Form 990, for two years preceding the year of application

14. \_\_\_ Inventory of applicant's assets
15. \_\_\_ Company's Resolution to Procure and Borrow for Requested Asset
16. \_\_\_ List of Company Officers
17. Please describe any income, revenue or other financial support from any source not reflected in the financial statements, for example, in-kind services, energy or city services provided by an outside source. \_\_\_\_\_

**D. Describe Asset to Be Acquired**

**VEHICLES AND APPARATUS**

***Part 1 Describe asset to be acquired***

New                       Used                       Rehabilitated Vehicle

Addition                       Replacement

Rescue Truck               Heavy Rescue               Aerial               Pumpers               Ambulance

Light Duty Rescue               Watercraft Rescue               Other Used Apparatus

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Tank cap./gal \_\_\_\_\_ Pumping cap./gal \_\_\_\_\_ Ladder/ft. \_\_\_\_\_

If used:

Odometer \_\_\_\_\_ Vehicle ID# \_\_\_\_\_

***Part 2 Describe asset to be replaced, if applicable***

Rescue Truck               Heavy Rescue               Aerial               Pumpers               Ambulance

Light Duty Rescue               Watercraft Rescue               Other Used Apparatus

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Odometer \_\_\_\_\_ Vehicle ID# \_\_\_\_\_

Tank cap./gal \_\_\_\_\_ Pumping cap./gal \_\_\_\_\_ Ladder/ft. \_\_\_\_\_

***Part 3 Describe vehicle to be rehabilitated/repared as well as rehabilitation efforts, if applicable***

Rescue Truck               Heavy Rescue               Aerial               Pumpers               Ambulance

Light Duty Rescue               Watercraft Rescue               Other Used Apparatus

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Odometer \_\_\_\_\_ Vehicle ID# \_\_\_\_\_

Does vehicle meet applicable NFPA Standards? \_\_\_\_\_

**EQUIPMENT**

New  Used

Accessory Equipment  Communications Equipment  Protective Equipment

List the type of accessory, communications or protective equipment being acquired:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FACILITY**

New Construction  Modernization  Renovation/Repair

Describe the organization's existing facilities and explain why they are inadequate. Describe the construction, renovations, repairs or modernization that is planned. If the facility address is, or will be different from the address listed in Section A of this application, please indicate the new address. Attach plans and detailed estimates of construction costs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Estimate of Contract or Bid Cost: \_\_\_\_\_

19. Purpose of Loan Request:

Buy new apparatus/equipment/facility  Refinance existing apparatus/equipment/facility

20. Amount of Loan Requested: \_\_\_\_\_

21. Term of Loan Requested: \_\_\_\_\_

22. Repayment Option (circle one): Semi-Annually / Annually

23. Other Funding sources and types (Loan/Allocation/Donation or Grant)

Source	Amount	Type
Self-funding	_____	_____
Bank or other lending institution	_____	_____
Municipality	_____	_____
Relief Association, Organization or	_____	_____
Individual	_____	_____
Other _____	_____	_____

24. How will the proposed expenditure be funded if the loan application is denied?

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25. Please describe both your need for the apparatus, equipment or facility proposed as well as your need for a DVFS revolving loan. Attach a separate page, if necessary.

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E. Signature/Certification

We, the undersigned and duly authorized officers of \_\_\_\_\_ do hereby certify that the information presented in this application, including all attachments, is true and accurate and that we are authorized by Resolution to apply for a loan and to borrow from the Delaware Volunteer Fire Service Revolving Loan Fund. Said Resolution is submitted as an attachment to this application.

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Name: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Volunteer Company President

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Name: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Volunteer Company Secretary

(Affix Corporate Seal)

