



State Fire Marshal's Office
 South Dakota Department of Public Safety
 221 South Central Avenue
 Pierre, South Dakota 57501-2000

605.773.3562 (Office) 605.773.3580(Facsimile)

SD Firefighter Essentials Grant Program Project Agreement

Grantee Agency:		
Project Title: Firefighter Essentials Courses		
Address:		
City:	South Dakota	Zip:
Project Director:	Email:	
Phone:	Fax:	
Project Title:	Start / End Date:	

The Grantee Agency signature below confirms acknowledgement that the Agency agrees to adhere to the terms, assurances, and conditions of herein below. The State Fire Marshal Signature indicates approval of the project outlined in this agreement.

 Grantee Agency Authorized Official Signature

 Date

 Doug Hinkle
 State Fire Marshal

 Date

Provide a completed W-9 with this grant application

Conditions of Award

Agreement Requirements

1. **Grantees** will provide for the Firefighter Essentials Course (Unit I, Unit II testing, and practical competencies). The course shall be open to all South Dakota firefighters.
2. **Procurement of Materials and Equipment.** Grantees will not use State equipment, supplies or facilities.
3. **Completion Date.** The Firefighter Essentials Class must be completed 12 months from the agreement start date.
4. **Reimbursement.** The State will make payment of services in the amount of \$750.00 to the grantee agency upon satisfactory completion of the Firefighter Essentials Course.
5. **Project Directors.** The Project Director, as specified on the signature page of this agreement, must be an employee of the agency or the agency's governing body.
6. **Hold Harmless.** The agency agrees to hold harmless and indemnify the State of South Dakota, its officers, agents, and employees, from and against any and all actions, suits, damages, liability or other proceedings which may arise as the result of performing services hereunder. This section does not require agency to be responsible for or defend against claims or damages arising solely from errors or omissions of the State, its officers, agents or employees.
7. **W9 Form.** A W9 form must be submitted with all grant applications. A link to a printable form may be found at: http://bfm.sd.gov/vendor/Substitute_W-9_SD.pdf
8. **Applications.** Applications may be submitted for programs or courses that started on or after September 1, 2012. Applications will be accepted on a first come first serve basis.

State of South Dakota Grant Recipient or Subrecipient Attestation

By completing this form, you, the recipient or subrecipient, attest to meeting the following requirements per SDCL 1-56-10:

1. A conflict of interest policy is enforced within the recipient's or subrecipient's organization;
2. The Internal Revenue Service Form 990 has been filed, if applicable, in compliance with federal law, and is displayed immediately after filing on the recipient's or subrecipient's website;
3. An effective internal control system is employed by the recipient's or subrecipient's organization; and
4. If applicable, the recipient or subrecipient is in compliance with the federal Single Audit Act, in compliance with § 4-11-2.1, and audits are displayed on the recipient's or subrecipient's website.

REIMBURSEMENT REQUEST FORM
SD FIREFIGHTER ESSENTIALS GRANT PROGRAM

Grantee Agency: _____

Remit Payment to: _____

Instructions: Please mail, fax or email this request form along with a written statement signed by the grantee that the course has been completed, also include a copy of the class roster.

I, the undersigned, do hereby declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief is in all things true and correct.

Signed: _____

Date: _____

Printed name: _____

Title: _____

Submit completed form to: Doug Hinkle
Office of the State Fire Marshal
Department of Public Safety
221 South Central Avenue
Pierre, SD 57501
Fax: 605-773-3580
Doug.hinkle@state.sd.us