

# Firewise Communities/USA® 2017 New Community Application



The \_\_\_\_\_ community,  
*(Insert Community or Neighborhood Name as it should be used in the listing of active communities and on the personalized recognition materials)*  
located in \_\_\_\_\_, in \_\_\_\_\_, in the State of \_\_\_\_\_,  
*(Insert Name of City/Town) (Insert Name of County) (Insert Name of State)*

is applying for national recognition for our on-going wildfire risk reduction commitment through the Firewise Communities/USA® program. There are \_\_\_\_\_ full and part time residents in the community. We acknowledge renewal criteria must be met annually to continue participation in the program, if that criteria is not met, we will voluntarily remove our Firewise street signage.

Our community's latitude and longitude is: \_\_\_\_\_ and \_\_\_\_\_. Use an address close  
*(Latitude) (Longitude)*

to the center of the community to report this information. (<http://itouchmap.com/latlong.html> can be used to find the latitude and longitude)

## **The following documents need to accompany the application when submitted to the state liaison:**

- Community Risk Assessment
- Multi-year Action Plan
- Names and email addresses for the Board/Committee Members overseeing development and implementation of the community action plan and the annual renewal process
- List of outreach materials used for the Educational Outreach event/activity

## **Section A: Community's Primary Point of Contact\***

First and Last Name: \_\_\_\_\_

Full Street Mailing Address where UPS pkgs can be delivered: \_\_\_\_\_

If applicable, P. O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Cell #: \_\_\_\_\_ Landline #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Secondary Point of Contact\***

First and Last Name: \_\_\_\_\_

Full Street Mailing Address where UPS pkgs can be delivered: \_\_\_\_\_

If applicable, P. O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Cell #: \_\_\_\_\_ Landline #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**Section B: Partnership Information** - If applicable, provide information on who helped develop the community risk assessment, or is working with the community to provide assistance in meeting the program's criteria:

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## **Local, State or National Forestry Agency:**

First and Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **List additional agencies, departments or organizations that provided assistance to your community's application process: (fire dept., conservation district, emergency manager, etc.)**

First and Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Section C: Community Risk Assessment**

If applicable: Name of agency, department, organization or individual that conducted the Community Risk Assessment.

\_\_\_\_\_

Date the assessment was completed: \_\_\_\_\_

**Section D: Per Capita Mitigation Investment** - A minimum annual investment of at least \$2 per capita (use the resident number provided in the application information) in local Firewise mitigation projects is required. The following are examples of what can be included in calculating the per capita investment:

- Work completed by residents and volunteers using the \$23.56 per hour national volunteer hourly rate (reducing ladder fuels, trimming trees, raking ground debris, cleaning roofs and gutters, removing items under decks and porches, replacing plants with fire resistant species, etc.)
- Equipment rental/purchase for mitigation work (chippers, dumpsters, chain saws and other tools, gas, oil, etc.)
- Hours that municipal, county, state or federal employees worked on mitigation projects within the community's boundaries (calculated at \$23.56 an hour)
- Slash removal/arborist expenses (contractor costs, personal vehicle mileage to disposal site)
- Fire resistant building materials/exterior improvements (upgrading to Class A roofing materials, adding screening to vents and under porches/decks)
- Equipment rental/purchase

The total 2017 mitigation investment is: \$ \_\_\_\_\_ .

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**Section E: Firewise Educational Outreach event/activity** - In addition to annual mitigation activities, each community is required to hold an educational event or activity for residents. Examples include the following:

- Residents doing mitigation work for a senior or disabled resident
- An awareness/educational activity that increases wildfire risk reduction actions and overall preparedness
- An evacuation drill with a law enforcement agency, local emergency manager or fire department
- Wildfire risk reduction presentation at an HOA meeting or community-wide event
- Door-to-door outreach to deliver information on the wildfire danger in the community
- An awareness/educational activity that increases wildfire risk reduction actions and overall preparedness

Date the Firewise Educational Outreach event/activity was held: \_\_\_\_\_

Location: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_

**Brief Description of Event/Day:** *(Limited to 800 Characters)*

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**For State Liaison Use Only (This section will be completed by the Firewise State Liaison or their designated representative)**

The State Firewise Liaison or their designee has reviewed the application and determined the community meets the requirements to become a recognized Firewise Communities/USA participating site.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Community Recognition Materials Shipping Info:**

Yes  No Ship to the community's primary point of contact as listed on the application

Yes  No Ship to a name and address other than the community's primary point of contact, at the address listed below:

Name and Title of person receiving recognition materials: \_\_\_\_\_

Name of Agency/Organization: \_\_\_\_\_

Full Street Address where UPS shipments can be sent: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_