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CITY OF LEAGUE CITY
GRANT APPLICATION PRE-APPROVAL FORM

Grant Name	Rural Volunteer Fire Department Insurance Program (HB 3667)		
Directorate/Department Applying for Grant		Proposed Grant Manager	
Fire Department		Tamara Boegler	
Awarding Grant Agency Name		Total Project Amount	
Texas A&M Forest Service		\$9,161	
General Purpose of the Grant			
The 77th Texas Legislature (HB3667) Created the Rural VFD Insurance Program. and is funded by a 2% sales tax on fireworks. This program provides reimbursement grants for Texas Firefighters to obtain workers compensation, death, and or disability insurance from private insurance companies. Each year more than 400 fire departments and 11,000 firefighters take advantage of this grant offering			
Items the Grant Will Pay For			
Workers Compensation and/or death and disability insurance			
Requires Council Approval?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes, Proposed Agenda date? July 28,2020
Amount or % Covered by Grant	100%		Amount or % Matched by City 0%
Grant Time/Performance Period	1 year		Application Deadline August 1, 2020
Estimated Annual Fiscal Impact:	Year One	Year Two	Year Three
Revenue Generated	0		
Grant Funds to be Received	\$9,161.00		
City Match	0		
Net Fiscal Impact	0		
In future CIP?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If yes, what year?
Year One Currently Budgeted?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	(Choose Yes or No)
If no, how do you intend to fund City's match?			
Attach Supporting Grant Documentation for Approval			
Approval Order	DocuSigned by:	Signature	Date
Grant Manager	DocuSigned by: 48E033D2FBE9418...	Tamara Boegler	6/30/2020
Department Head	DocuSigned by: 7C332DA222FB448...	Gar Warren	6/30/2020
Director	DocuSigned by: 7C332DA222FB448...	Gar Warren	6/30/2020
Grant Administrator	DocuSigned by: 7C332DA222FB448...	Karla Davis	7/2/2020
Assistant City Mgr.	DocuSigned by: 835092400C7042E...	Michael W. Brown	7/6/2020
Budget Manager	DocuSigned by: EA8B8E0CEB7F473...	Angie Steelman	7/6/2020
Finance	DocuSigned by: B36A3ED9790F412...	Kristine Polian	7/7/2020
City Manager	DocuSigned by: CDD64ED46DA404...	John Baumgartner	7/7/2020
City Manager	AA44FE3917BC441...	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/> Please Check One
Explanation or comments related to City Manager's decision.			



For Internal Use Only:

Record ID #

APPLICATION FOR FIRE DEPARTMENT ASSISTANCE

RURAL VOLUNTEER FIRE DEPARTMENT ASSISTANCE PROGRAM

INSURANCE PROGRAM FY 2020

Name of Fire Department:

Mailing Address:
mailing address city zip code

County: E-Mail Address:

Department Phone Number: Fax Number:

State of Texas Charter Number:

Federal Tax Identification Number:

A signed and dated copy of IRS Form W-9 is required to be submitted with this application.

Total:		Number to be Insured:	
Membership:	Number of Volunteers: <input type="text" value="162"/>		<input type="text" value="162"/>
	Number of Paid Full-Time: <input type="text" value="0"/>		<input type="text" value="0"/>
	Number of Paid Part-Time*: <input type="text" value="0"/>		<input type="text" value="0"/>

Paid Positions include:
 Firefighters, EMS, Administrative
 Personnel,
 Fire Marshals, etc.

****Do not include part time members used in a pool to backfill other paid positions.***

Are members of your department certified in, or working towards certification in, a firefighter program such as those administered by the State Firemen's and Fire Marshals' Association (SFFMA) of Texas and the National Wildfire Coordinating Group (NWCG)?

Yes: ☒ No: ☐

(This section must be certified by authorized Fire Chief, Assistant Fire Chief or President.)

☒ **APPLICANT CERTIFICATION:** I certify that the information contained in this application is true and accurate to the best of my knowledge and that I am duly authorized to certify this application on behalf of the fire department. I understand that knowingly making false or fraudulent statements or representations may result in program sanctions and/or criminal penalties.

Name: (print) Title:
Fire Chief, Assistant Chief, or President

Date:

To submit electronically:
 Press the **Submit Form** button. Your email client will open and you will have the opportunity to attach your supporting documents before sending.

To submit by mail or fax: Press the **Print Form** button. Be sure to attach your supporting documents before sending.

*For questions, please contact us at:
 ffins@tfs.tamu.edu or by phone:
 (979) 458-6505*

Mail or Fax to:
Rural VFD Insurance Program
 Texas A&M Forest Service
 Capacity Building Department
 200 Technology Way, Suite 1162
 College Station, Texas 77845
 Fax: (979) 845-6160



2020 FIRE DEPARTMENT ROSTER

Rural Volunteer Fire Department Insurance Program (HB 3667)

I certify that the names listed below are active members of the fire department.

League City, VFD

DocuSigned by:

Gary Warren

6/29/2020

7C332DA222FB448...

FIRE CHIEF SIGNATURE

Date

VFD NAME

1.	Alvarez, Gus	26.	Collins, Sam	51.	Gibbs, Daniel
2.	Argyakis, Nick	27.	Contreras, Fernando	52.	Gillock, Donald
3.	Armstrong, Josh	28.	Corner, John	53.	Gomez, Jerry
4.	Ballard, Daniel	29.	Couvillon, Jason	54.	Gosnay, Sarah
5.	Bartosh, Kyle	30.	Couvillon, Tristan	55.	Goudie, Colton
6.	Bates, Nathan	31.	Daley, Tim	56.	Graef, Tyler
7.	Bernal, Val	32.	Delgado, Derek	57.	Anderson, Kyle
8.	Beyer, Mark	33.	Deprat, Bronson	58.	Harker, Jay
9.	Bigonesse, Ray	34.	Dill, Seth	59.	Guidos, Justin
10.	Birkenseher, Matt	35.	Duran, Joshua	60.	Harris, Chris
11.	Blake, James	36.	Eason, Donald	61.	Hase, Jacob
12.	Bly, Dan	37.	Eckley, Brett	62.	Hase, Christopher
13.	Bly, Deb	38.	Elizondo, Rick	63.	Hernell, Josh
14.	Boettger, Brian	39.	Ellison, Chase	64.	Hester, Mike Sr.
15.	Brady, Ryan	40.	Eppley, Barry	65.	Hester, Mike Jr.
16.	Brenner, Gregory	41.	Fanos, Roman	66.	Holley, Jonathan
17.	Brown, Aaron	42.	Fisher, Timothy	67.	Holt, Dwayne
18.	Brown, David	43.	Followell, David	68.	Howard, Brice
19.	Brown, Eric	44.	Ford, David	69.	Howard, Thomas
20.	Burke, Daniel	45.	Frank, Jason	70.	Howe, Brock
21.	Caria, Gianna	46.	Freeman, Ruben	71.	Hubbert, Katie
22.	Castaneda, Armando	47.	Fuentes, Luigi	72.	Hubbert, Trent
23.	Chadwell, Courtney	48.	Full, Alina	73.	Jackson, Richard
24.	Chasteen, Tyler	49.	Garcia, Kyle	74.	Jedrey, Richard
25.	Collins, Nathan	50.	Garcia -Franco, Jack	75.	Jones, Steven



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League City, VFD

DocuSigned by:

Gary Warren

6/29/2020

VFD NAME			FIRE CHIEF SIGNATURE		Date
1.	Jordan, Eric	26.	Moeller, Jonathan	51.	Ramirez, Kevin
2.	Kanne, Celeste	27.	Monzingo, Darren	52.	Ratliff, Chris
3.	Karban, Kevin	28.	Morlock, Amanda	53.	Remedis, Jarred
4.	Kanyuck, Christopher	29.	Moss, Bryan	54.	Richards, Karina
5.	Kasten, Kevin	30.	Muhlenbruch, Johnathan	55.	Rieker, John
6.	Kearney, Brendan	31.	Muir, Timothy	56.	Robinson, Constance
7.	Keesler, Shawn	32.	Murphy, Bridget	57.	Rubio, Emmy
8.	Kelly, Cody	33.	Osburn, Christopher	58.	Ruesch, Joseph
9.	Kirkpatrick, Trey	34.	Ozenberger, Keith	59.	Russell, Brian
10.	Kirkpatrick, Johanna	35.	Packard, Steven	60.	Sabin, Chris
11.	Lee, Brayton	36.	Parada, Karrie	61.	Saenz, Gary
12.	Lee, Erin	37.	Parada, Dan	62.	Salas, Vincen
13.	Labuschagne, Rohan	38.	Pate, David	63.	Salazar, Johan
14.	Litjen, Jerry	39.	Park, John	64.	Saldana, Steven
15.	Lofaro, Sebastian	40.	Peek, Jimmy	65.	Sambilay, Bien
16.	Lopez, Diego	41.	Perna, Ryan	66.	Schumske, Ed
17.	Lucas, Rick	42.	Perry, Bradley	67.	Schumske, Kayla
18.	Maston, Lewis	43.	Petrillo, Jason	68.	Sheehy, Jamielynn
19.	Mantravadi, Nikhil	44.	Pierce, Ricky	69.	Simpson, Matt
20.	Mattler, Kevin	45.	Porras, Johnathan	70.	Spooner, Ben
21.	McCutchon, Derek	46.	Portman, Allen	71.	Stanley, Justin
22.	McIntosh, Trish	47.	Powell, Mike	72.	Sterling, Paul
23.	Meyn, Josh	48.	Presti, Johnathan	73.	Stewart, Ronnie
24.	Meza, Will	49.	Pritchard, Josh	74.	Summers, Richard
25.	Miller, Caleb	50.	Purser, Derek	75.	Tamame, Anthony



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League City, VFD

Gary Warren

6/29/2020

7C332DA222FB448...

FIRE CHIEF SIGNATURE

Date

VFD NAME

1.	Tarver, Justin	26.		51.	
2.	Tauch, Randy	27.		52.	
3.	Turnpaugh, Caitlyn	28.		53.	
4.	Uresti, Micaela	29.		54.	
5.	Vega, Pablo	30.		55.	
6.	Vincent, Grant	31.		56.	
7.	Wagner, Franz	32.		57.	
8.	Wells, Carly	33.		58.	
9.	Werner, James	34.		59.	
10.	Wiggins, James	35.		60.	
11.	Zavala, Heron	36.		61.	
12.	Zepeda, Joeph	37.		62.	
13.		38.		63.	
14.		39.		64.	
15.		40.		65.	
16.		41.		66.	
17.		42.		67.	
18.		43.		68.	
19.		44.		69.	
20.		45.		70.	
21.		46.		71.	
22.		47.		72.	
23.		48.		73.	
24.		49.		74.	
25.		50.		75.	

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
requester. Do not
send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
City of League City

2 Business name/disregarded entity name, if different from above
League City VFD

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

☒ Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **1**

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
555 West Walker Street

6 City, state, and ZIP code
League City, TX 77573

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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or

Employer identification number

7	4	- 1	4 6 8 9 6 9
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Kay Wauer* Date ▶ **8-27-2019**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.