



ANNUAL REPORT ON AID TO LOCALITIES FROM THE FIRE PROGRAMS FUND

Code of Virginia § 38.2-401:B(6) "In order to remain eligible for such funds, each receiving locality shall report annually to the Department (of Fire Programs) on the use of the funds allocated to it for the previous year and shall provide a completed Fire Programs Fund Disbursement Agreement form" for the upcoming fiscal period."

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| A1 | Enter the exact legal title of the locality being reported upon. | County of: City of: Incorporated Town Of: |
| A2 | Enter Employer Identification Number (EIN) for [A1] above. | |
| A3 | If an incorporated town, enter County in which Located – otherwise – enter N/A. | |
| B1 | Select fiscal period* being reported upon. *Commonwealth fiscal periods commence on July 1st of the prior calendar year and end on June 30th of that same numbered calendar year. | |
| B2 | Enter the total balance remaining, if any, from Aid to Localities from the Fire Programs Fund received in fiscal periods PRIOR to that Identified in [B1] above | |

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| B2A | Enter any interest earned on prior FY balance (not required) | |
| B3 | Enter total amount received FOR the fiscal Period identified in [B1] | |
| B4 | Add lines [B2-B2a] and [B3] and enter total. This will be the amount to be accounted for in this report. | |

Code of Virginia § 38.2-401:B(2) *"Funds allocated to the counties, cities and towns ... shall not be used directly or indirectly to supplant or replace any other funds appropriated by the counties, cities and towns for fire service operations."*

Code of Virginia § 38.2-401:B(3) *"Such funds shall be used solely for the purposes of training volunteer or career firefighting personnel in each of the receiving localities; funding fire prevention and public safety education programs; constructing, improving and expanding regional or local fire service training facilities; purchasing emergency medical care and equipment for fire personnel; payment of personnel costs related to fire and medical training for fire personnel; or for purchasing personal protective equipment, vehicles, equipment and supplies for use in the receiving locality specifically for fire service purposes."*

Enter by category the total amount disbursed during the fiscal period identified above in [B1].

- **Enter ONLY those amounts paid from that received as Aid to Localities from the Fire Programs Fund.**
- **Report ONLY disbursements for fire service purposes which did NOT otherwise supplant or replace locally appropriated funds. (Enter "None" wherever appropriate).**

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| C1 | Expenditures for ... the training of firefighting personnel NOT reported in [C6] | |
| C2 | ... public (Fire) safety education programs | |

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| C3 | ... LOCAL Fire Service training facilities as such principally or solely serves the locality Identified in [A1] above | |
| C4 | ... Any/ALL other Fire Service training facilities including those that are Regional/multi-jurisdictional | |
| C5 | ... emergency medical care & equipment for Fire Personnel | |
| C6 | ... personnel costs related to fire and medical training for Fire Personnel NOT reported in [C1] | |
| C7 | ... Personal (Fire) Protective Equipment | |
| C8 | ... (Fire) Vehicles including Apparatus | |
| C9 | ... Fire Fighting Equipment and Supplies | |
| C10 | ADD items [C1] through [C9] Enter TOTAL | |

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| D1 | <p>SUBTRACT [B4] from [C10] and</p> <p>*Enter the difference</p> <p>*Should either be ZERO or a POSITIVE figure representing the amount being carried forward into the succeeding fiscal period and thereafter to be accounted for.</p> | |
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| D2 | Future Spending Plan for remaining balance: Below provide a detail explanation of how the carry forward balance shown in this section will be spent. | *Explanation should include timelines, amounts and category in which funds will be spent. Spending plan can be updated annually to reflect agency needs. |
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| E1 | Has ANY part of the amounts listed above in [C1] through [C9] inclusive been used to “supplant or replace” local funding; the foregoing including that for either or both Operations & Capital Improvements? | <p>Yes</p> <p>No</p> |
| E2 | Has ANY part of the amounts listed above in [C1] through [C9] inclusive been used for OTHER than solely “fire service purposes”? | <p>Yes</p> <p>No</p> |
| F1 | <p>Identify a Principal Point of Contact as the party who should be contacted about:</p> <ul style="list-style-type: none"> • Questions concerning this report • To make arrangements to audit records, <li style="padding-left: 40px;">- or - • Other similar needs | <p>Last Name:</p> <p>First Name:</p> <p>Middle Initial:</p> <p>Title:</p> <p>Street Address (include Zip Code):</p> <p>Telephone Number:</p> <p>Fax Number:</p> <p>Email Address:</p> |

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| <p>F2</p> | <p>Identify a Principal Point of Contact for Fire Departments or Volunteer Fire Departments benefiting from ATL fund program:</p> | <p>Department Name:</p> <p>Full Name:</p> <p>Title:</p> <p>Email Address:</p> |
| | | <p>Department Name:</p> <p>Full Name:</p> <p>Title:</p> <p>Email Address:</p> |
| | | <p>Department Name:</p> <p>Full Name:</p> |

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| | | <p>Title:</p> <p>Email Address:</p> |
| | | <p>Department Name:</p> <p>Full Name:</p> <p>Title:</p> <p>Email Address:</p> |
| | | <p>Department Name:</p> <p>Full Name:</p> <p>Title:</p> <p>Email Address:</p> |

NOTE:

If additional Fire Departments need to be listed, please provide the required information in a separate Word or Excel document and include it with the report.

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| G1 | All NERIS reporting requirements for the Locality Fire Department have been met as of the date of this report submission | Yes No |
| G2 | <p>Certification – to be completed by:</p> <ul style="list-style-type: none"> • County Administrator /OR/Deputy, City Manager /OR/Deputy, Town Mayor / Town Manager; or ... • Other duly authorized official whereby the report is accompanied by a copy of an 'Ordinance' or other such instrument clearly granting that party such authority | <p>This report is entered on behalf of the jurisdiction identified above [A1] with the knowledge and belief that all representations herein made are true and correct.</p> <p>Please be sure to complete all fields below and provide a notarized copy back to VDFP.</p> |

Signature:

Typed/Printed Name:

Title:

Date:

(All applications must be notarized to be considered – incomplete forms shall be returned.)

State of Virginia:

City / County of :

"On this ____ day of ____ (month) in _____ (year), before me, the undersigned a Notary Public for the Commonwealth of

Virginia, personally appeared _____ to me known (or to me proved) to be the identical person named herein and having in my presence executed the above, and acknowledged that he executed same as his voluntary act and deed."

My Commission expires:

Date:

Insert Notary Public Seal Here: