CANCER SCREENING GRANT
VIRGINIA FIRE SERVICES BOARD

General Instructions & Notices

- Applicants are directed to (**Cancer Screening Program**) practices document, which is incorporated by reference to all applications and any subsequent awards. (Such practices document is inclusive of all terms & conditions).

- The filing of an application does not bind the Board to award the Department not to pay such grant.

- Incomplete applications and those received after the deadline will not be considered (Deadline) January 1, and July 1.

- Completed applications executed by the authorized personnel will only be accepted directly from jurisdictions *not departments*.

- Timeliness of filing and subsequent receipt by the Agency are solely the applicant's responsibility – all applications must be completed and sent directly to **VDFP Grants Unit** via mail or email.

Mailing Address:

VDFP Grants Unit

1005 Technology Park Drive
Glen Allen, VA
23059-4500

Email Address: grants@vdfp.virginia.gov

- All decisions regarding grant awards made by the Board are final; applicants may appeal decisions in writing to the address provided above within 15 business days of the posting of awards.

- The final report should include, but not limited to, an explanation of how the funds were used and the benefits provided to fire service agencies and to firefighters' health and wellness. It should also include basic demographic information and aggregated screening results, such as the age, years of service, and gender of the firefighters screened. If any screening leads to a referral for additional testing or cancer treatment, the report must specify the type of cancer involved.

A1	Enter the exact legal title of the locality making application. ***Grants are only awarded to the Commonwealth's independent cities, counties or towns incorporated within the counties.**	County of: City of: Incorporated Town Of:
A2	Enter the Federal Identification Number (FIN) for Applicant listed above.	
B1	Has the Applicant **previously received** a Cancer Screening Grant from any State or Federal agency within the past 36 months?	Yes ☐ No ☐
B2	If the answer under [B1] above is Yes, enter the amount. Otherwise, leave blank	$

C.

1. Applicants should describe their financial need and how consistent it is with the intent of the Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, and unsuccessful attempts to obtain outside funding. If more space is needed, additional pages may be added using the same section title.

2. In the table below, identify the number of firefighters in the department, the unit price, and the total cost based on vendor quotes. The maximum allowable amount per firefighter is $350. Vendor quotes/ estimates, or fee rates are required for all listed items. Applications submitted without the required cost estimate documents will not be considered for funding

Item	Department Name	Total Program Participants	Unit Price	Total Estimation ($)
C1				
C2				
C3				
C4				
Total				

NOTE:

If additional space is required, first check here ☐ reproduce tables as needed, mark entries, and attach to the application.

D1	Does the applicant have any other funds approved this fiscal year, or augment applied for similar program? Please check one box	Yes ☐ No ☐
D2	If the answer under [D1] above is Yes, enter the amount. Otherwise, leave blank.	$

Person to contact regarding any questions, etc. concerning this application.

Name:

Address:

Telephone:

Email Address:

Certification:

- To be completed by either: County Administrator, or Deputy, City Manager, or Deputy, Town Mayor, or Administrator.

- Other duly authorized officials whereby the application is accompanied by a copy of an 'Ordinance' or other such formal instrument clearly granting that party such authority."

This grant application is entered on behalf of the APPLICANT jurisdiction identified above with the knowledge and belief that all representations herein made are true and correct; with the understanding that all grant terms & conditions in-force as of the date of such application are hereby included by reference; with the further understanding that if an award is granted pursuant to this application that the recipient is bound by those same terms & conditions.

Printed Name: Title:

Signature: 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: