DIVISION OF
STATE FIRE MARSHAL
FLORIDA DEPARTMENT OF FINANCIAL SERVICES

October 20, 2026

SENT VIA ELECTRONIC MAIL ONLY

Bonifay Volunteer Fire Department
travis.cook@cityofbonifay.com

Re: Notice of Grant Award from the Florida Firefighter Assistance Grant Program

Bonifay Volunteer Fire Department:

As the Director of the Division of State Fire Marshal within the Florida Department of Financial Services (Division), it is my privilege to inform you that the Division has approved your grant application for the 2026-2027 fiscal year in the amount not to exceed $28,145.00 for the purchase of PPE.

To accept the grant award, you must complete and email the included Confirmation Form to **SFMGrant@MyFloridaCFO.com**. Once the Division receives the completed form, a contract manager will be assigned and contact you to discuss next steps. The assigned contract manager will be your main point of contact within the Division for all matters relating to this Notice of Grant Award, the Grant Agreement, and the payment of funds.

If you have not already done so, please ensure that you are in full safety compliance from the Bureau of Fire Standards and Training. Any outstanding compliance items are to be completed by you within ninety (90) days from the date of this Notice of Grant Award. If not completed, then this grant award may be revoked.

Please note, the defined performance period for the grant is one (1) year starting July 1, 2026, and ending June 30, 2027. If your equipment purchase will take longer than one (1) year to complete and meet payment requirements, you must notify your assigned contract manager as soon as possible.

Congratulations, the Division looks forward to working with Bonifay Volunteer Fire Department on this important project.

Sincerely,

JoAnne E. Rice, Director
Division of State Fire Marshal

DIVISION OF

STATE FIRE MARSHAL

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

CONFIRMATION FORM

Contact Information

Grantee:	Bonifay Volunteer Fire Department
	(The Grantee name MUST be the name registered with the Department of State and MyFloridaMarketplace, commonly known as MFMP)
Federal ID # (FEIN):	
Mailing Address:	
City, State, Zip:	
Physical Address:	
City, State, Zip:	

Contract Manager

Name:	
Title:	
Phone:	
Email:	

Fire Chief Contact

Name:	
Phone:	
Email:	

All email and phone communications will be directed to the Point of Contact (POC). Please list POC here:

Name:	
Title:	
Phone:	
Email:	

If you are unsure as to how to complete this form, please email SFMGrant@myfloridacfo.com for assistance.