

# APPARATUS REQUEST

## TIFMAS GRANT ASSISTANCE PROGRAM

For Internal Use Only:

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Record ID #

*Name of Fire Department*

*FireConnect ID*

Number in department profile URL

(<https://fireconnect.tfs.tamu.edu/FireDepartments/XXX>)

*County*

*TIFMAS Apparatus awards are allocated annually. The Applicant Rating Guide is utilized to rank applications based on qualifications, response history, and reporting. Personnel and qualification requirements must be met in order to be considered for a TIFMAS apparatus. The type of apparatus awarded is determined by available funding and strategic needs of the program.*

Apparatus	Personnel	Minimum Qualification
Type III Engine	3-5	One ENGB(t) or higher, others with basic wildland
Type VI Engine	2-3	One FF1/ICT5 or higher, others with Basic Wildland <i>(One ENGB(t) required effective 1/1/2024)</i>
Tender	2-5	One FF1/ICT5 or higher, others with Basic Wildland <i>(One ENGB(t) required effective 1/1/2024)</i>

Rating Criteria	Points
<b>Number of Current Carded TIFMAS Personnel</b>	
40+	25
20-39	15
2-19	5
<b>Number of Qualified STEN</b>	
3+	15
1-2	10
<b>Number of Qualified ENGB</b>	
5+	15
1-4	10
<b>Number of Qualified FFI ICT5</b>	
5+	15
1-4	10

Rating Criteria	Points
<b>Past Statewide Deployments Verifiable by Resource Orders</b>	
12+	20
8-11	15
4-7	10
1-3	5
<b>Department Reports to TXFIRS</b>	
Yes	5
No	0
<b>Department Reports to FireConnect</b>	
Yes	5
No	0

*(This section must be certified by authorized Chief Officer)*

**I certify that my department's information is up to date in [FireConnect](#).** This includes having an **active IRS W-9 Form** on FireConnect.  
 (Required) *Guide Videos: [Department Profile](#) , [W-9 Forms](#)*

**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 for an apparatus 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:   
*Chief Officer*

Date:

**Submit this form to [tifmasgrants@tfs.tamu.edu](mailto:tifmasgrants@tfs.tamu.edu)**

Questions? 979-458-6505