**NORTHEAST FLORIDA FIRE WATCH COUNCIL GRANT PROGRAM**

***APPLICATION******CHECKLIST***

All items on the checklist are required to submit your application. Incomplete applications will not be processed.

**\_\_\_\_\_\_\_\_\_ Completed and signed application**

**\_\_\_\_\_\_\_\_\_ Two quotes/estimates for proposed project (if applicable) on vendor letterhead**

**\_\_\_\_\_\_\_\_\_ Copy of business tax receipt (for current year)**

**\_\_\_\_\_\_\_\_\_ W9 (Completed and signed. Taxpayer/business name and address should be consistent with the business name and address contained with the Grant Agreement.)**

*NOTE: An application for funding assistance must be received and approved by the Northeast Florida Fire Watch Council prior to the commencement of any work to be covered under this program. G*rants will not be awarded retroactively.

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| **Section to be completed by Northeast Florida Fire Watch Council staff:** | |
| County \_\_\_\_\_\_\_\_\_\_\_ | Permits Needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Property Taxes Current \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Vendor State License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tangible Taxes Current \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Project Approved Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Business Tax Receipt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Agreement Executed \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Property Taxes Current \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Project Approved Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sunbiz Registration Confirmed \_\_\_\_\_\_\_\_\_\_\_\_\_ | Reimbursement Request Date \_\_\_\_\_\_\_\_\_\_\_\_ |