

PFAS REMOVAL FROM FIRE APPARATUS GRANT PROGRAM APPLICATION FORM



STATE OF CONNECTICUT
COMMISSION ON FIRE PREVENTION & CONTROL
34 PERIMETER ROAD
WINDSOR LOCKS, CT 06096-1069
TELEPHONE # (860) 264-9230
FOAMSURVEY@CT.GOV

INSTRUCTIONS:

1. **Claim must be filed** with the Commission on Fire Prevention & Control at the above email or mailing address
2. Form must be filled out in full, incomplete forms will be returned. At present, claims will be reimbursed to municipalities and Fire Districts only.
3. Either on the form or attachment, include a detailed description of the work that was completed. Description should include the waste transporter and receiving facility. Documentation must show the project was completed no earlier than July 1, 2023 **NOTE: We expect the likelihood of a legislative revision in early 2024 to permit retroactive payment for activity that occurred prior to July 1, 2023.*
4. Attach copies of receipts and documentation for all activities for which reimbursement is sought.

CONDITIONS OF PAYMENT:

THE STATE FIRE ADMINISTRATOR SHALL, WITH AVAILABLE APPROPRIATION, PROVIDE GRANTS TO MUNICIPALITIES TO REMOVE PFAS FIREFIGHTING FOAM FROM FIRE APPARATUS AFTER JULY 1, 2023.

MUNICIPALITY/FIRE DISTRICT NAME: _____

CHECK REMITTANCE MAILING ADDRESS: _____

DAYTIME PHONE #: _____

EMAIL: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): _____

VEHICLE IDENTIFICATION:

| | YEAR | MAKE / MODEL | VIN# | FOAM TANK CAPACITY |
|----|-------|--------------|-------|--------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |

ATTACH A LISTING OF ANY ADDITIONAL FIRE APPARATUS NOT NOTED ABOVE.

| | | | | |
|--|-------------|-------------|--------------------------|---------------------|
| Amount Seeking Reimbursement Total \$ | Drain \$ | Rinse \$ | Haz/Water Disposal \$ | Miscellaneous \$ |
|--|-------------|-------------|--------------------------|---------------------|

CERTIFICATION: I HAVE READ AND SIGNED THIS FORM AND ATTEST THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT INTENTIONALLY MAKING A FALSE WRITTEN STATEMENT THAT I DO NOT BELIEVE TO BE TRUE WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL FUNCTIONS ON A FORM BEARING THIS NOTICE IS PUNISHABLE BY LAW. A FALSE STATEMENT, UNDER CONNECTICUT GENERAL STATUTES § 53A-157B, IS A CLASS A MISDEMEANOR. I FURTHER ATTEST WE HAVE FOLLOWED THE GUIDANCE FOR DRAINING AND RINSING AFFF FROM MUNICIPAL ONBOARD SYSTEMS MAY 2022 (REV. NOVEMBER 2023).

CHIEF ELECTED OFFICIAL OR DESIGNEE

DATE

PRINTED NAME

APPROVED FOR PAYMENT/ OFFICE USE ONLY

My signature below authorizes payment in the amount of \$ _____ **dollars** and certifies that services have been rendered, that the invoice and supporting documentation have been received and reviewed and are accurate, complete, and consistent with contract terms

SIGNATURE _____
DATE _____
RECEIVER # _____