

## Overview

**\* Are you a member, or are you currently involved in the management of the fire department or organization applying for this grant with this application?**

Yes, I am a member/officer/employee of this applicant

If you answered **No**, you must please complete the Preparer information below. If you answered **Yes**, please skip the Preparer Information section.

**Note:** Fields marked with an \* are required.

Preparer Information	
*Preparer's Name	
*Address 1	
Address 2	
*City	
*State	
*Zip	-
	<a href="#">Need help for ZIP+4?</a>
*Primary Phone	Ext.    Select
*Email	

In the space below please list the person your organization has selected to be the **Primary Point of Contact** for this grant. This should be an officer or member of the fire department or an employee of the organization applying for the grant that will see this grant through completion and has the authority to make decisions on and to act upon this grant application.

The Primary Contact, as listed below, is the person for which all exchanges of information will be made relative to the application; all information provided must be specific to the contact listed. The Primary Contact must be an employee of the fire department or organization applying for the grant and shall not be a grant writer or a non-employee of the fire department or organization.

In addition to the Primary Contact information, you will be asked to provide two (2) Alternate Points of Contact on the next page. The Alternate contacts must be familiar with the application and should be able to answer any questions relative to this application in the event that Primary Point of Contact is unavailable. When you are finished, click the Save and Continue button below.

**Reminder:** Please list only phone numbers and email addresses where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.

**Note:** Fields marked with an \* are required.

Primary Point of Contact	
*Title	Associate Director
Prefix	Dr.
*First Name	Jon
Middle Initial	L
*Last Name	Dorbolo
*Primary Phone	541-737-3811 Ext.    Type work
*Secondary Phone	541-915-0260 Ext.    Type work
Optional Phone	Ext.    Type Select
Fax	
*Email	jon.dorbolo@oregonstate.edu

<p>* Is there a grant-writing fee associated with the preparation of this request? This fee must be specifically identified and listed in the application "Request Details" section as a budget line item in order to be eligible for reimbursement.</p> <p>Fees for grant writers may be included as a pre-award or pre-application expenditure. However, fees payable on a contingency basis are not an eligible expense. For grant writer fees to be eligible as a pre-award expenditure they must be paid prior to award, (i.e., paid within 60 days of the end of the application period).</p>	No
If you answered yes above, what is the fee?	\$