



State Fire Marshal's Office  
221 S. Central Avenue  
Pierre, South Dakota 57501-2000  
605.773.3652 (Office) 605.773.3580(Facsimile)

South Dakota Firefighters Assn., Inc.  
PO BOX 1884  
Rapid City, SD 57709  
Email: [ppegrant@sdfirefighters.org](mailto:ppegrant@sdfirefighters.org)

## SD Volunteer Firefighter PPE Grant Program Agreement

Recipient Agency:			
Address:			
City:	SD	Zip:	
Grant Primary Point of Contact:			
Name:			
Phone:			
Email:			
Grant Secondary Point of Contact:			
Name:			
Phone:			
Email:			

The Recipient Agency signature below confirms acknowledgement that the Agency agrees to adhere to the terms, assurances, and conditions of herein below. The State Fire Marshal Signature indicates approval of the purchase outlined in this agreement.

\_\_\_\_\_  
Recipient Agency Authorized Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Paul Merriman  
State Fire Marshal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Charles Kludt, President  
SD Firefighters Assn.

\_\_\_\_\_  
Date

**Provide a completed W-9 with this grant agreement**

## Conditions of Award

1. **Recipient Agency** will purchase the firefighter personal protective equipment that was requested in the grant application and approved by the South Dakota Firefighters Association review committee
2. **Procurement of Materials and Equipment.** Recipient will not use State equipment, supplies or facilities.
3. **Completion Date.** Reimbursement requests for grant funds for the firefighter PPE must be completed no later than 18 months from the agreement start date.
4. **Reimbursement.** The State will reimburse the fire department upon receiving an invoice for the purchase of the approved firefighter PPE. Reimbursement is based on actual expenses and will not exceed the maximum allowable amount as detailed in the attached price list. The fire department will produce proof of payment upon request.
5. **Grant Point of Contact.** The Grant Point of Contact, as specified on the signature page of this agreement, must be an employee of the recipient or the recipient's governing body.
6. **Record Retention.** Recipient will maintain its books and records in a manner that will provide the State with sufficient detail to review Recipient's receipts and expenditures relating to the Grant. Recipient will make such records available for review by the State upon reasonable notice during the Grant Period and for four years after the termination or expiration of this Agreement.
7. **Hold Harmless.** The recipient agrees to hold harmless and indemnify the State of South Dakota, its officers, agents, and employees, from and against any and all actions, suits, damages, liability or other proceedings which may arise as the result of performing services hereunder. This section does not require agency to be responsible for or defend against claims or damages arising solely from errors or omissions of the State, its officers, agents or employees.
8. **W9 Form.** A W9 form must be submitted with all grant applications. A link to a printable form may be found at: [http://bfm.sd.gov/vendor/Substitute\\_W-9\\_SD.pdf](http://bfm.sd.gov/vendor/Substitute_W-9_SD.pdf)

## State of South Dakota Grant Recipient Attestation

1. By completing this form, you, the recipient attest to meeting the following requirements per SDCL 1-56-10:
2. A conflict of interest policy is enforced within the recipient's organization;
3. The Internal Revenue Service Form 990 (if the department is a non-profit) has been filed, if applicable, in compliance with federal law, and is displayed immediately after filing on the recipient's website;
4. An effective internal control system is employed by the recipient's organization; and
5. If applicable, the recipient is in compliance with the federal Single Audit Act, in compliance with § 4-11-2.1, and audits are displayed on the recipient's website.



SOUTH DAKOTA  
DEPARTMENT  
OF PUBLIC SAFETY

prevention — protection — enforcement



## Reimbursement Request Form SD Volunteer Firefighter PPE Grant Program

Recipient Agency: \_\_\_\_\_

Remit Payment to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Instructions:** Once the PPE has been ordered, the recipient agency can request reimbursement by submitting this request form along with an invoice showing the order has been placed.

**I, the undersigned, do hereby declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief is in all things true and correct.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Submit completed form to: Paul Merriman  
Office of the State Fire  
Marshal Department of  
Public Safety 221 S.  
Central Ave. Pierre,  
SD 57501  
Fax: 605-773-6631  
[fireinfo@state.sd.us](mailto:fireinfo@state.sd.us)