

# FIRESMART COMMUNITY RECOGNITION APPLICATION FORM



Complete and submit this form to your Local FireSmart Representative no later than December 31. FireSmart Community Recognition Program participants are given credit for work completed during the calendar year. Copies of the 1) Assessment Report, 2) FireSmart Community Plan, 3) FireSmart Event documentation and, 4) \$2 / capita investment documentation must be submitted with the application form.

The community of \_\_\_\_\_ in the province/territory of \_\_\_\_\_ hereby applies for official recognition in the FireSmart Canada Community Recognition Program for the year 20\_\_ . The community has met FireSmart Community Recognition Program application criteria (items 1 – 5 below).

## 1. FORMED A FIRESMART BOARD

Local FireSmart Representative: \_\_\_\_\_

Date Board Established: \_\_\_\_\_ Board President: \_\_\_\_\_

Board Meeting Dates: \_\_\_\_\_ Address: \_\_\_\_\_

Board Members: \_\_\_\_\_ Address: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

## 2. COMPLETED A COMMUNITY ASSESSMENT REPORT

Completed by – Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_ Hard copy of Assessment supplied to LFR: .....Yes No

## 3. CREATED A FIRESMART COMMUNITY PLAN

Date Plan Completed: \_\_\_\_\_ Hard copy of Plan supplied to LFR: .....Yes No

## 4. HELD A FIRESMART EVENT

Date of FireSmart Event: \_\_\_\_\_ Event documentation supplied to LFR: .....Yes No

Major activity, # of people attending, location: \_\_\_\_\_

## 5. INVESTED AT LEAST \$2/CAPITA IN FIRESMART EVENTS

Total FireSmart expenditures, including equipment, in-kind, and volunteer hours: \_\_\_\_\_

Number of residents in community: \_\_\_\_\_

## PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Fire Chief: \_\_\_\_\_ Add'l Fire Advisor: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

## APPLICATION SUBMITTED BY: (Recognition materials will be sent to this person on approval of application)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

# FIRESMART COMMUNITY RECOGNITION APPLICATION REVIEW FORM



This form provides a checklist and comment summary for official review of initial applications for FireSmart Community recognition status. Upon review by 1) Local FireSmart Representative (LFR) and 2) Provincial / Territorial FireSmart Liaison (PTFL) this form with completed application on reverse and all supporting documentation is to be forwarded to FireSmart Canada.

## SECTION 1: LOCAL FIRESMART REPRESENTATIVE REVIEW

LFR to complete the following checklist:

- 1. COMMUNITY FORMED A FIRESMART BOARD**  
Comments: \_\_\_\_\_
- 2. COMMUNITY COMPLETED A COMMUNITY ASSESSMENT REPORT - ACCEPTED BY BOARD**  
Completed by – Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Date Assessment Prepared: \_\_\_\_\_ Date Assessment Accepted by Board: \_\_\_\_\_  
Comments: \_\_\_\_\_
- 3. COMMUNITY CREATED A FIRESMART COMMUNITY PLAN - SIGNED BY BOARD**  
Comments: \_\_\_\_\_
- 4. COMMUNITY HELD A FIRESMART EVENT**  
Date of FireSmart Event(s): \_\_\_\_\_  
Comments: \_\_\_\_\_
- 5. COMMUNITY INVESTED AT LEAST \$2/CAPITA IN FIRESMART EVENTS**  
Comments: \_\_\_\_\_

**RECOMMENDATION:** I, the Local FireSmart Representative (name) \_\_\_\_\_,  
hereby recommend this application to the Provincial/Territorial FireSmart Liaison for approval on (date): \_\_\_\_\_

## SECTION 2: PROVINCIAL/TERRITORIAL FIRESMART LIAISON REVIEW

**RECOMMENDATION:** I, the Provincial/Territorial FireSmart Liaison (name) \_\_\_\_\_,  
for the Province/Territory of \_\_\_\_\_ have reviewed this application and supporting materials and hereby:

- Approve application  Award Community Protection Achievement Certificate
- Return application for further documentation (see attached memo)

Signature of Provincial/Territorial Liaison: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 3: FIRESMART CANADA / PARTNERS IN PROTECTION

Approved Application Received – Date: \_\_\_\_\_ Recognition Materials Ordered - Date: \_\_\_\_\_

PIP Representative: \_\_\_\_\_ Recognition Materials Sent - Date: \_\_\_\_\_

Comments: \_\_\_\_\_