

Grantee: La Crosse Fire Department  
Grant #: FFP-20S-118  
Grant Amount: \$ 3,173.50

The following documents are hereby incorporated into and made part of this agreement:

1. Chapter NR 47, subchapters I and VIII, Wis. Adm. Code
2. s. 26.145, Wisconsin Statutes
3. DNR Forest Fire Protection Grant Application (Form 4300-119)
4. DNR Forest Fire Protection Grant Terms and Conditions (Form 4300-119B) and attachments

STATE OF WISCONSIN  
DEPARTMENT OF NATURAL RESOURCES  
For the Secretary  
By

*Sandy Chancelor*

Date: September 26, 2019

FOR  
Mary Rose Teves, Director  
Bureau of Community Financial Assistance

**ACCEPTANCE**

The person(s) signing for the Grantee has read and understands the FFP Terms and Conditions (Form 4300-119B), and represents both personally and as an agent of her/his principal that s/he is authorized to execute this agreement and bind her/his principal, either by a duly adopted resolution or otherwise.

Grantee: **La Crosse Fire Department**

Date: 10/14/19

Signature: *Ken Gilliam*

Printed Name: KEN GILLIAM

Title: FIRE CHIEF

**Please submit to the FFP Grant Manager:**

**Mail:** Department of Natural Resources  
Attn: Sandy Chancelor  
3911 Fish Hatchery Road  
Fitchburg, WI 53711

**Fax:** (608) 275-3338

**Email:** DNRFFPGrantProgram@wisconsin.gov

Grantee: La Crosse Fire Department  
Grant #: FFP-20S-118  
Grant Amount: \$ 3,173.50

The following documents are hereby incorporated into and made part of this agreement:

1. Chapter NR 47, subchapters I and VIII, Wis. Adm. Code
2. s. 26.145, Wisconsin Statutes
3. DNR Forest Fire Protection Grant Application (Form 4300-119)
4. DNR Forest Fire Protection Grant Terms and Conditions (Form 4300-119B) and attachments

STATE OF WISCONSIN  
DEPARTMENT OF NATURAL RESOURCES  
For the Secretary  
By

*Sandy Chanelev*

Date: September 28, 2018

For \_\_\_\_\_  
Mary Rose Teves, Director  
Bureau of Community Financial Assistance

**ACCEPTANCE**

The person(s) signing for the Grantee has read and understands the FFP Terms and Conditions (Form 4300-119B), and represents both personally and as an agent of her/his principal that s/he is authorized to execute this agreement and bind her/his principal, either by a duly adopted resolution or otherwise.

Grantee: **La Crosse Fire Department**

Date: 10/14/19

Signature: *Ken Gilliam*

Printed Name: KEN GILLIAM

Title: FIRE CHIEF

Please keep this copy of your grant agreement and all other grant documentation for 3 years.

# PAYEE VERIFICATION FORM – Check recipient, Address, and DUNS #

Grantee: La Crosse Fire Department

Grant #: FFP-20S-118

Award Amount: \$ 3,173.50

The State of Wisconsin currently has the following information on file for your organization. Please carefully review this information and follow the directions.

**PAYEE (who the check will be made out to): LA CROSSE CITY FIRE DEPT**

**CORRECT** – Proceed to the **ADDRESS** section.

**INCORRECT** – Disregard the remainder of this form. Instead, fill out a W-9 form. The W-9 form and instructions are available under the 'Awards' tab at: <http://dnr.wi.gov/aid/forestfireprotection.html>

**ADDRESS (where the check will be mailed):**

726 5th Avenue South

La Crosse, WI 54601

**CORRECT** – Return this form to the DNR.

**INCORRECT** – Enter the correct address below. Do **not** use a home address.

NEW ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**\*\*We currently do not have a DUNS # on file for your organization.**

All FFP grantees are required to have a valid Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number as established by OMB M-09-19 at 11. DUNS #'s are based on physical location, meaning a single taxpayer ID number could be associated with multiple DUNS #'s.

If you already have a DUNS #, please enter it below. If you do not have one, please obtain a DUNS #. This process is free and should only take 5 -10 minutes. Please follow the directions on this website: <http://fedgov.dnb.com/webform> or call 1-866-705-5711.

DUNS #: ~~8~~ ~~9~~ - ~~6~~ ~~8~~ ~~7~~ - ~~3~~ ~~6~~ ~~7~~ ~~0~~  
07 867 3670