



Administration

Prince George Fire and EMS
P. O. Box 68, 6602 COURTS DRIVE
PRINCE GEORGE, VIRGINIA 23875
(804) 722-8614 FAX (804) 733-2769

December 17, 2015

Robert W. Miner, Jr.
Virginia Fire Service Board
Burn Building Subcommittee Chair
1005 Technology Park Drive
Glen Allen, VA 23059-4500

Department of Fire Programs

DEC 28 2015

Administration

Dear Mr. Miner:

I hope this letter finds you well. Please accept the attached application, including letters of support, from our surrounding localities, to construct a Class A burn building on Wells Road in Prince George County. The County has review several models, and we have concluded that a building similar to the model burn building depicted on VDFP's website, located in Blackstone, Virginia will meet our needs today and in the future.

The location of this facility will aid our department as well as surrounding jurisdictions in conducting live fire training that meets today's fire service demands. Due to the close proximity to the proposed location, more time can be devoted to training and less time in travel to the site by our personnel. In addition, the facility will enhance multi-agency coordinated training events that are a crucial component to today's modern all-hazards training programs.

Prince George County is seeking no financial obligations from participating localities towards the construction and routine maintenance of the facility. The matching funds needed to complete the project will be submitted through Prince George County's Capital Improvements Program. The training division of Prince George Fire and EMS will be coordinating all live burns and additional uses of the facility. All training conducted at the facility will be according to NFPA guidelines in addition to federal, state, and local guidelines that are to be established for the use of these facilities.

Thank you for your cooperation in this matter and please contact me if you should need further information.

Regards,

James B. Owens
Director

DELIVERED DEC 23 2015

JBO:bbs
Attachment

DELIVERED DEC 17 2015

"Prince George County.... A global community where families thrive and businesses prosper"



Commonwealth of Virginia
Department of Fire Programs

Department of Fire Programs
Administration
DEC 28 2015

ATTACHMENT A

**Burn Building Grant Application
Construction, Renovation, or Repair**

A. Applicant Information	
1. Title of Jurisdiction Making Application (Check <input checked="" type="checkbox"/> only one, then make entry)	<input checked="" type="checkbox"/> County of Prince George <input type="checkbox"/> City of _____ <input type="checkbox"/> Incorporated Town of _____
2. Employer Identification Number (EIN)	[REDACTED]
3. Principal Point of Contact	(Include salutation, name & title.) Director James B. Owens
4. Mailing Address (Include zip code+4) Identify COUNTY if appropriate →	6602 Courts Drive Prince George, VA 23875
5. Telephone Number	(804) 722-8614
6. FAX Number	(804) 733-2769
7. Internet e-mail address	browens@princegeorgecountyva.gov
8. Application Scope (Check <input checked="" type="checkbox"/> only one)	<input type="checkbox"/> Sole Jurisdiction as identified in [A] <input checked="" type="checkbox"/> Multiple Jurisdictions - Complete [F]

B. Facility Information (Burn Building)	The term "burn building" refers to an unoccupied structure. The purpose of the Burn Building is to provide live fire training to fire service personnel in support of Fire Fighter I and Fire Fighter II Training throughout the Commonwealth of Virginia.
1. Current / Proposed Owner of Facility	(Party holding /to hold title to the property) County of Prince George
2. In-Service Date or Age of Structure	(Leave blank if NOT an existing structure as reported in [C1] below.) Date _____ <input type="checkbox"/> Unknown If unknown, enter approximate age in years _____
3. Address of Structure (If appropriate, identify COUNTY where located.)	_____ _____ _____
4. Will the renovation or repair bring the the burn building into compliance with the current standard of NFPA 1403, including appropriate NFPA 1403 signage? If no, explain in 6. Comments.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Will the construction of the burn building be in compliance with the current edition of Sections I through IV of the Summary of Burn Building Prop Grant Program as included in the VDFP Project Manual for Burn Building Props and the current standard of NFPA 1403? If no, explain in 6. Comments.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Comments (pertaining to Facility)	<input type="checkbox"/> None _____ _____ _____

C. Facility Usage

1. Number of annual burns (must be documented) (for New construction, this figure is projected)	VDFP FFI burns <input type="text" value="7"/> (in compliance with NFPA 1403 standards)	
	VDFP FFII burns <input type="text" value="7"/> (in compliance with NFPA 1403 standards)	
	Other Burns <input type="text" value="10"/> (specify types of burns)	
2. Travel to another facility	Distance traveled to closest alternate facility <input type="text" value="27"/> (in miles)	
	Time traveled to closest alternate facility <input type="text" value="1"/> (rounded to whole hours)	
3. Other localities served (list number of stations and number of firefighters served for each locality) (for New construction, this figure is projected) (if more than 5 localities are served, additional localities must be included on Additional Localities Served tab)	Name of Locality <input type="text" value="Surry County"/> Number of stations <input type="text" value="3"/> Number of Firefighters <input type="text" value="89"/>	
	Name of Locality <input type="text" value="Sussex County"/> Number of stations <input type="text" value="5"/> Number of Firefighters <input type="text" value="125"/>	
	Name of Locality <input type="text" value="Dinwiddie County"/> Number of stations <input type="text" value="5"/> Number of Firefighters <input type="text" value="175"/>	
	Name of Locality <input type="text" value="City of Petersburg"/> Number of stations <input type="text" value="4"/> Number of Firefighters <input type="text" value="117"/>	
	Name of Locality <input type="text" value="City of Hopewell"/> Number of stations <input type="text" value="2"/> Number of Firefighters <input type="text" value="42"/>	
	TOTAL NUMBER OF STATIONS SERVED (from above and add') <input type="text" value="27"/>	
	TOTAL NUMBER OF FIREFIGHTERS SERVED (from above and add') <input type="text" value="800"/>	
	4. Maintenance of facility (for New construction, skip Section C.4. Section E.2. MUST be completed)	Annual Maintenance Inspections <input type="text"/> Yes <input type="text"/> No (documentation of annual inspections MUST be provided with application for inspections conducted after 12/2007)
		Previous Repair Projects <input type="text"/> Yes <input type="text"/> No (documentation MUST be provided with application for most recent repairs)

D. Project Description

1. Level of work proposed	<input checked="" type="checkbox"/> NEW Construction where no such structure previously existed
----------------------------------	--

	(Check <input checked="" type="checkbox"/> only one)	<input type="checkbox"/> RENOVATION of an existing burn building or substantially similar structure <input type="checkbox"/> REPAIR of an existing burn building (up to \$10,000)
2.	Type of Building (proposed or existing)	<input checked="" type="checkbox"/> Class A fuel <input checked="" type="checkbox"/> Prototype I plans (brick, block, concrete) <input type="checkbox"/> Class B fuel <input type="checkbox"/> Prototype II plans (steel frame) <input type="checkbox"/> Other*
		<input type="checkbox"/> 6,644 Square Footage of Building (proposed or existing) <input type="checkbox"/> 2 Number of Burn Rooms on 1st floor <input type="checkbox"/> 2 Number of Burn Rooms on 2nd floor
		For New Construction: *If building plans deviate from Prototype I or II, applicant MUST define building concept and include proposed plans with application. For Renovations or Repairs: *If building plans deviate from Prototype I or II, applicant MUST include copy of existing building plans with proposed renovations/repairs.
3.	Architectural and/or Engineering (A/E) (Check <input checked="" type="checkbox"/> only one for each)	Has an A/E study already been completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable If so, is a copy attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
4.	Condemnation and/or fitness for use (Leave [C4] blank if this application is for totally new construction; otherwise Check <input checked="" type="checkbox"/> only one for each statement.)	Is this structure still in use for certification of FFI and FFII at the time of application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there currently a scheduled date to remove the structure from service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the month & year: _____ If not presently in service, has this structure been <u>condemned</u> by a building official or other such entity legally empowered to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If yes, is a copy of such order attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

E. Financial Plan

1. Project Budget (Capital Expend)

An estimated project budget must be attached to this application. For renovation/repair projects, contractor estimates must be attached.

a. Expense	
i. Estimated Cost of Construction (Enter or check <input checked="" type="checkbox"/>)	\$ - <input checked="" type="checkbox"/> Unknown at time of application
ii. Estimated A/E Costs (Enter or check <input checked="" type="checkbox"/>)	\$ - <input checked="" type="checkbox"/> Unknown at time of application
iii. Estimated Total Costs (Enter or check <input checked="" type="checkbox"/>)	\$ - <input checked="" type="checkbox"/> Unknown at time of application
b. Revenue	
i. Grant Funding Being Requested New construction maximum \$430,000	\$ 450,000.00
ii. Matching / Cost Share Funds	\$ -
iii. Source of Matching Funds (local contributions, donations, etc.)	local contributions
2. Operating Budget (Maint. Expend)	
a. Is there a financial agreement among partnering localities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
b. Is there a local budget for annual maintenance costs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Is there a local budget for annual inspection costs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Is there a local budget for 5-year inspection costs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Additional Parties of Interest

(Mark N/A and skip section [D] if

Identify hereunder ALL jurisdictions (Not their Departments) otherwise participating in the proposed project. Attach additional sheets as may be required

not applicable - see [A.8])	sheets as may be required.
1. NON-Applicability	<input type="checkbox"/> No parties other than the jurisdiction identified in [A] above.
2. Formal Agreement Among Parties	<p>Is there a formal agreement among parties with regard to the proposed project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a formal agreement among parties with regard to the shared use of the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

{ Reproduce and complete as many additional blocs as may be necessary for complete disclosure. }

2a. Complete <u>one each</u> for ALL other Parties of Interest	Number <input type="text" value="6"/> of a total of <input type="text" value="6"/> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
2b. Title of Jurisdiction (Check <input checked="" type="checkbox"/> only one, then make entry)	<input type="checkbox"/> County of _____ <input checked="" type="checkbox"/> City of <input type="text" value="Colonial Heights"/> <input type="checkbox"/> Incorporated Town of _____
2c. Employer Identification Number (EIN)	<input type="text" value="REDACTED"/>
2d. Principal Point of Contact	(Include salutation, name & title.) <input type="text" value="Chief A.G. Moore"/>
2e. Mailing Address Identify COUNTY if appropriate →	(Include zip code+4) <input type="text" value="P.O. Box 3401"/> <input type="text" value="Colonial Heights, Virginia 23834"/>
2f. Telephone Number	(<input type="text" value="804"/>) <input type="text" value="520-9387"/>
2g. FAX Number	(<input type="text" value="804"/>) <input type="text" value="520-9302"/>
2h. Internet e-mail address	<input type="text" value="mooreag@colonialheightsva.gov"/>

G. Electronic Transfer of Funds Information

NOTE: The completion of this section is optional at the time of application and will not hinder determination of eligibility, etc. However, if not provided and since funds will only be transferred electronically,

not applicable - see (A.8))	directs as may be required.
1. NON-Applicability	<input type="checkbox"/> No parties other than the jurisdiction identified in [A] above.
2. Formal Agreement Among Parties	<p>Is there a formal agreement among parties with regard to the proposed project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a formal agreement among parties with regard to the shared use of the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

{ Reproduce and complete as many additional blocs as may be necessary for complete disclosure. }

2a. Complete <u>one each</u> for ALL other Parties of Interest	Number <input type="text" value="1"/> of a total of <input type="text" value="6"/> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
2b. Title of Jurisdiction (Check <input checked="" type="checkbox"/> only one, then make entry)	<input checked="" type="checkbox"/> County of <input type="text" value="Surry"/> <input type="checkbox"/> City of _____ <input type="checkbox"/> Incorporated Town of _____
2c. Employer Identification Number (EIN)	<input type="text" value=""/>
2d. Principal Point of Contact	(Include salutation, name & title.) <input type="text" value="Mr. Tyrone Franklin"/>
2e. Mailing Address Identify COUNTY if appropriate →	(Include zip code+4) <input type="text" value="P.O. Box 65"/> <input type="text" value="Surry, Virginia 23883"/>
2f. Telephone Number	(757) <input type="text" value="294-5271"/>
2g. FAX Number	(757) <input type="text" value="294-5204"/>
2h. Internet e-mail address	<input type="text" value="twfranklin@surrycountyva.gov"/>

G. Electronic Transfer of Funds Information

NOTE - The completion of this section is optional at the time of application and will not hinder determination of eligibility, etc. However, if not provided and since funds will only be transferred electronically,

not applicable - see [A.8])	sheets as may be required.
1. NON-Applicability	<input type="checkbox"/> No parties other than the jurisdiction identified in [A] above.
2. Formal Agreement Among Parties	<p>Is there a formal agreement among parties with regard to the proposed project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a formal agreement among parties with regard to the shared use of the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

{ Reproduce and complete as many additional blocs as may be necessary for complete disclosure. }

2a. Complete <u>one each</u> for ALL other Parties of Interest	Number <input type="text" value="2"/> of a total of <input type="text" value="6"/> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
2b. Title of Jurisdiction (Check <input checked="" type="checkbox"/> only one, then make entry)	<input checked="" type="checkbox"/> County of <input type="text" value="Sussex"/> <input type="checkbox"/> City of _____ <input type="checkbox"/> Incorporated Town of _____
2c. Employer Identification Number (EIN)	<input type="text" value=""/>
2d. Principal Point of Contact	(Include salutation, name & title.) <input type="text" value="Mr. Eddie Vick"/>
2e. Mailing Address Identify COUNTY if appropriate →	(Include zip code+4) <input type="text" value="P.O. Box 1397"/> <input type="text" value="Sussex, Virginia 23884"/>
2f. Telephone Number	(<input type="text" value="804"/>) <input type="text" value="691-2582"/>
2g. FAX Number	() _____
2h. Internet e-mail address	<input type="text" value="etvick@sussexcountyva.com"/>

G. Electronic Transfer of Funds Information

NOTE: The completion of this section is optional at the time of application and will not hinder determination of eligibility, etc. However, if not provided and since funds will only be transferred electronically,

not applicable - see [A.8])	sheets as may be required.
1. NON-Applicability	<input type="checkbox"/> No parties other than the jurisdiction identified in [A] above.
2. Formal Agreement Among Parties	<p>Is there a formal agreement among parties with regard to the proposed project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a formal agreement among parties with regard to the shared use of the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

{ Reproduce and complete as many additional blocs as may be necessary for complete disclosure. }

2a. Complete <u>one each</u> for ALL other Parties of Interest	Number <input type="text" value="3"/> of a total of <input type="text" value="6"/> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
2b. Title of Jurisdiction (Check <input checked="" type="checkbox"/> only one, then make entry)	<input checked="" type="checkbox"/> County of <input type="text" value="Dinwiddie"/> <input type="checkbox"/> City of <input type="text"/> <input type="checkbox"/> Incorporated Town of <input type="text"/>
2c. Employer Identification Number (EIN)	<input type="text"/>
2d. Principal Point of Contact	(Include salutation, name & title.) <input type="text" value="Chief Dennis Hale"/>
2e. Mailing Address Identify COUNTY if appropriate →	(Include zip code+4) <input type="text" value="P.O. Box 70"/> <input type="text" value="Dinwiddie, Virginia 23841"/>
2f. Telephone Number	(<input type="text" value="804"/>) <input type="text" value="469-5388"/>
2g. FAX Number	(<input type="text" value="804"/>) <input type="text" value="469-7663"/>
2h. Internet e-mail address	<input type="text" value="dhale@dinwiddieva.us"/>

G. Electronic Transfer of Funds Information

NOTE: The completion of this section is optional at the time of application and will not hinder determination of eligibility, etc. However, if not provided and since funds will only be transferred electronically,

not applicable - see [A.8])	sheets as may be required.
1. NON-Applicability	<input type="checkbox"/> No parties other than the jurisdiction identified in [A] above.
2. Formal Agreement Among Parties	<p>Is there a formal agreement among parties with regard to the proposed project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a formal agreement among parties with regard to the shared use of the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

{ Reproduce and complete as many additional blocs as may be necessary for complete disclosure. }

2a. Complete <u>one each</u> for ALL other Parties of Interest	Number <input type="text" value="4"/> of a total of <input type="text" value="6"/> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)									
2b. Title of Jurisdiction (Check <input checked="" type="checkbox"/> only one, then make entry)	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>County of</td> <td><input type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>City of</td> <td><input type="text" value="Petersburg"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Incorporated Town of</td> <td><input type="text"/></td> </tr> </table>	<input type="checkbox"/>	County of	<input type="text"/>	<input checked="" type="checkbox"/>	City of	<input type="text" value="Petersburg"/>	<input type="checkbox"/>	Incorporated Town of	<input type="text"/>
<input type="checkbox"/>	County of	<input type="text"/>								
<input checked="" type="checkbox"/>	City of	<input type="text" value="Petersburg"/>								
<input type="checkbox"/>	Incorporated Town of	<input type="text"/>								
2c. Employer Identification Number (EIN)	<input type="text"/>									
2d. Principal Point of Contact	(Include salutation, name & title.) <input type="text" value="Chief T.C. Hairston"/>									
2e. Mailing Address Identify COUNTY if appropriate →	(Include zip code+4) <input type="text" value="125 North Union Street"/> <input type="text" value="Petersburg, Virginia 23803"/>									
2f. Telephone Number	(<input type="text" value="804"/>) <input type="text" value="733-2328"/>									
2g. FAX Number	(<input type="text"/>) <input type="text"/>									
2h. Internet e-mail address	<input type="text" value="tchairston@petersburg-va.org"/>									

G. Electronic Transfer of Funds Information

NOTE: The completion of this section is optional at the time of application and will not hinder determination of eligibility, etc. However, if not provided and since funds will only be transferred electronically,

not applicable - see [A.8])	Sheets as may be required.
1. NON-Applicability	<input type="checkbox"/> No parties other than the jurisdiction identified in [A] above.
2. Formal Agreement Among Parties	<p>Is there a formal agreement among parties with regard to the proposed project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a formal agreement among parties with regard to the shared use of the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

{ Reproduce and complete as many additional blocs as may be necessary for complete disclosure. }

2a. Complete <u>one each</u> for ALL other Parties of Interest	Number <input type="text" value="5"/> of a total of <input type="text" value="6"/> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
2b. Title of Jurisdiction (Check <input checked="" type="checkbox"/> only one, then make entry)	<input type="checkbox"/> County of _____ <input checked="" type="checkbox"/> City of Hopewell <input type="checkbox"/> Incorporated Town of _____
2c. Employer Identification Number (EIN)	_____
2d. Principal Point of Contact	(Include salutation, name & title.) Chief Donald Hunter
2e. Mailing Address Identify COUNTY if appropriate →	(Include zip code+4) 200 South Hopewell Street Hopewell, Virginia 23860
2f. Telephone Number	(804) 541-2288
2g. FAX Number	(804) 541-2309
2h. Internet e-mail address	dhunter@hopewellva.gov

G. Electronic Transfer of Funds Information

NOTE: The completion of this section is optional at the time of application and will not hinder determination of eligibility, etc. However, if not provided and since funds will only be transferred electronically,

not applicable - see [A.8])	sheets as may be required.
1. NON-Applicability	<input type="checkbox"/> No parties other than the jurisdiction identified in [A] above.
2. Formal Agreement Among Parties	<p>Is there a formal agreement among parties with regard to the proposed project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a formal agreement among parties with regard to the shared use of the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

{ Reproduce and complete as many additional blocs as may be necessary for complete disclosure. }

2a. Complete <u>one each</u> for ALL other Parties of Interest	Number <input type="text" value="6"/> of a total of <input type="text" value="6"/> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
2b. Title of Jurisdiction (Check <input checked="" type="checkbox"/> only one, then make entry)	<input type="checkbox"/> County of <input checked="" type="checkbox"/> City of <input type="text" value="Colonial Heights"/> <input type="checkbox"/> Incorporated Town of
2c. Employer Identification Number (EIN)	<input type="text" value="REDACTED"/>
2d. Principal Point of Contact	(Include salutation, name & title.) <input type="text" value="Chief A.G. Moore"/>
2e. Mailing Address Identify COUNTY if appropriate →	(Include zip code+4) <input type="text" value="P.O. Box 3401"/> <input type="text" value="Colonial Heights, Virginia 23834"/>
2f. Telephone Number	(<input type="text" value="804"/>) <input type="text" value="520-9387"/>
2g. FAX Number	(<input type="text" value="804"/>) <input type="text" value="520-9302"/>
2h. Internet e-mail address	<input type="text" value="mooreag@colonialheightsva.gov"/>

G. Electronic Transfer of Funds Information

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disbursement will be delayed until this information is properly provided.

1. Account Ownership Information
Employer Identification Number



SSN may NOT be substituted.

Complete next three (3) entries ONLY if Name is different than ACCOUNT TITLE as it appears in [E2].

(Last, First, Initials)

NAME

(Telephone Number)

MAIN

(Telephone Number)

ALTERNATE

2. Direct Deposit Account Information
(Check one Type of Account)

Checking

Savings

(9 digits)

ROUTING TRANSIT NUMBER

ACCOUNT NUMBER

ACCOUNT TITLE

FINANCIAL INSTITUTION



Note: This section of the application MUST be properly executed for the application to be complete. Certification may be completed by:

- City Manager /or/ Deputy
- County Administrator /or/ Deputy



- Town Manager /or/ Mayor
- Or other duly authorized official but only when the application is accompanied by a copy of an 'Ordinance' or other formal instrument clearly granting that party such authority.

Only completed applications can be acted upon.

CERTIFICATION

This application is made on behalf of the jurisdiction above described [A] with the full knowledge and belief that all representations herein made are true and correct.

Percy C. Ashcraft | 12-16-15
Signature | Date

Percy C. Ashcraft | County Administrator
Printed Name | Title

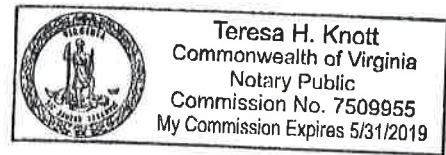
(All applications must be notarized to be considered – incomplete forms shall be returned.)

State of Virginia

City / County of Prince George

On this 16th day of December (month) in 2015 (year), before me, the undersigned a Notary Public for the Commonwealth of Virginia, personally appeared _____ to me known (or to me proved) to be the identical person named herein and having in my presence executed the above, and acknowledged that he executed same as his voluntary act and deed.

My Commission expires: 5/31/19 | *Teresa H. Knott* | {Seal}
Date | Notary Public





"The Countrie it selfe, I must
confesse is a very pleasant
land,
rich in commodities;
and fertile in soyle. . ."
- Samuel Argall, ca. 1609

Surry County
County Administrator's Office
P. O. Box 65
45 School Street
Surry, Virginia 23883

December 2, 2015

TYRONE W. FRANKLIN
County Administrator
Telephone (757) 294-5271
Fax: (757) 294-5204
Email: twfranklin@surrycountyva.gov

Robert W. Miner Jr.
Virginia Fire Service Board
Burn Building Subcommittee Chair
1005 Technology Park Drive
Glen Allen, VA 23059-4500

Dear Mr. Miner:

I hope this letter find you well. The County of Surry, EIN 54-6001638, wishes to express our support for Prince George County's application to construct a Class A burn building on Wells Station Road, just North of Highway 460. Currently, Surry County has 89 firefighters, operating out of three stations and conducts on average one Firefighter 1 and 2 programs each year. The location of this facility will aid our department in conducting live fire training that meets today's fire service demands. With close proximity to the proposed location, more time can be devoted to training and less time towards travel by our personnel. In addition, the facility will enhance multi-agency coordinated training events that are a crucial component of today's modern all-hazards training programs.

The County of Surry understands there will be no financial obligation from us towards the construction and routine maintenance of the facility. Furthermore, the County of Surry understands that reserving the facility will be through Prince George County and done in advance. All training conducted by our department will be in accordance with federal, state, and local guidelines that are to be established for the use of the facility.

Sincerely,

Tyrone W. Franklin
County Administrator

TWF/pab

"Surry is Something Special"

County Of Sussex



Post Office Box 1397
20135 Princeton Road
Sussex Virginia 23884

December 9, 2015


Robert W. Miner Jr.
Virginia Fire Service Board
Burn Building Subcommittee Chair
1005 Technology Park Drive
Glen Allen, VA 23059-4500

Dear Mr. Miner:

I hope this letter find you well. The County of Sussex , Virginia (# 54-6001642) wishes to express our support, for Prince George County's application to construct a Class A burn building on Wells Station Road just North of Highway 460. Currently, the County of Sussex, Virginia has 125 firefighters, operating out of 5 stations and conducts on average 1 recruit academy(s) each year. The location of this facility will aid our department in conducting live fire training that meets today's fire service demands. With close proximity to the proposed location, more time can be devoted to training and less time towards travel by our personnel. In addition, the facility will enhance multi-agency coordinated training events that are a crucial component of today's modern all-hazards training programs.

The County of Sussex, Virginia understands there will be no financial obligation from us towards the construction and routine maintenance of the facility. Furthermore, The County of Sussex, Virginia understands that reserving the facility will be through Prince George County and must be done in advance, and all training conducted by our department will be according to federal, state, and local guidelines that are to be established for the use of the facility.

Sincerely,

A handwritten signature in black ink that reads "Eddie T. Vick". The signature is written in a cursive style with a large initial "E".

Eddie T. Vick

Public Safety Coordinator

Sussex, Virginia 23884

Cell: 804-691-2582



COUNTY OF DINWIDDIE

Division of Fire & EMS

DENNIS HALE
Chief of Fire & EMS

DENICE MARRS
Director of Emergency Communications

13910 Courthouse Road
P.O. Drawer 70
(804) 469-5388
Fax 804-469-7863
www.dinwiddiefire.com

NICK SHEFFIELD
Fire & EMS Coordinator

DAWN TITMUS
EMS Manager

November 18, 2015

Robert W. Miner Jr.
Virginia Fire Service Board
Burn Building Subcommittee Chair
1005 Technology Park Drive
Glen Allen, VA 23059-4500

Dear Mr. Miner:

I hope this letter finds you well. The County of Dinwiddie wishes to express our support, for Prince George County's application to construct a Class A burn building on Wells Station Road just North of Highway 460. Currently, the County of Dinwiddie has approximately 175 firefighters, operating out of 6 stations and conducts at least one recruit academy annually. Our staff also conducts live fire training on an ongoing basis as well. The location of this facility will aid our department in conducting live fire training that meets today's fire service demands. With close proximity to the proposed location, more time can be devoted to training and less time towards travel by our personnel. In addition, the facility will enhance multi-agency coordinated training events that are a crucial component of today's modern, all-hazards training programs.

The County of Dinwiddie understands there will be no financial obligation from us towards the construction and routine maintenance of the facility. Furthermore, the County of Dinwiddie understands that reserving the facility will be through Prince George County and must be done in advance, and all training conducted by our department will be according to federal, state, and local guidelines that are to be established for the use of the facility. Thank you in advance for your consideration of this needed project.

Sincerely;

Dennis E. Hale
Chief of Fire & EMS
County of Dinwiddie

"To Excel in the Delivery of Emergency and Non-Emergency Services"

Brad Owens

From: Dennis Hale <dhale@dinwiddieva.us>
Sent: Monday, November 30, 2015 3:36 PM
To: Brad Owens
Subject: EIN

EIN for Dinwiddie 54-6001253. Let me know if you need anything else.

Dennis E. Hale
Chief of Fire & EMS

Dinwiddie County Division of Fire & EMS
P.O. Box 70
Dinwiddie, VA 23841
Office: (804) 469-5388
Fax: (804) 469-7663
E-mail: dhale@dinwiddieva.us

THE INFORMATION CONTAINED IN THIS E-MAIL AND ANY ATTACHMENTS IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE ADDRESSEE(S) NAMED ABOVE. IF YOU HAVE RECEIVED THIS E-MAIL IN ERROR, PLEASE IMMEDIATELY NOTIFY DENNIS HALE BY TELEPHONE OR E-MAIL AT THE NUMBER OR ADDRESS ABOVE. THANK YOU.



Petersburg Fire, Rescue & Emergency Services
125 North Union Street
Petersburg, VA 23803
804-733-2328

November 17, 2015

Robert W. Miner Jr.
Virginia Fire Service Board
Burn Building Subcommittee Chair
1005 Technology Park Drive
Glen Allen, VA 23059-4500

Dear Mr. Miner:

I hope this letter finds you well. The City of Petersburg, EIN 54-6001502 wishes to express our support, for Prince George County's application to construct a Class A burn building on Wells Station Road just North of Highway 460. Currently, the City of Petersburg has 117 firefighters, operating out of 4 stations and conducts on average of 2 recruit academy(s) each year. The location of this facility will aid our department in conducting live fire training that meets today's fire service demands. With close proximity to the proposed location, more time can be devoted to training and less time towards travel by our personnel. In addition, the facility will enhance multi-agency coordinated training events that are a crucial component of today's modern all-hazards training programs.

The City of Petersburg understands there will be no financial obligation from us towards the construction and routine maintenance of the facility. Furthermore, The City of Petersburg understands that reserving the facility will be through Prince George County and must be done in advance, and all training conducted by our department will be according to federal, state, and local guidelines that are to be established for the use of the facility. In the interest of a fire safe community, I am,

Very truly yours,

A handwritten signature in black ink, appearing to read "T.C. Hairston", is written over the typed name.

T.C. Hairston, Fire Chief
Petersburg Fire, Rescue & Emergency Services
125 North Union Street
Petersburg, VA 23803
tchairston@petersburg-va.org
804-733-2328



December 1, 2015.

**Hopewell Bureau
of Fire**

200 South Hopewell Street
Hopewell, VA 23860
p: (804) 541.2288
f: (804) 541.2309

Robert W. Miner Jr.
Virginia Fire Service Board
Burn Building Subcommittee Chair
1005 Technology Park Drive
Glen Allen, VA 23059-4500

Dear Mr. Miner:

I hope this letter finds you well. The City of Hopewell Fire EIN 54-6001354 wishes to express our support, for Prince George County's application to construct a Class A burn building on Wells Station Road just North of Highway 460. Currently, the City of Hopewell has 42 firefighters, operating out of 2 stations and conducts on average 1-2 recruit academy(s) each year. The location of this facility will aid our department in conducting live fire training that meets today's fire service demands. With close proximity to the proposed location, more time can be devoted to training and less time towards travel by our personnel. In addition, the facility will enhance multi-agency coordinated training events that are a crucial component of today's modern all-hazards training programs.

The City of Hopewell understands there will be no financial obligation from us towards the construction and routine maintenance of the facility. Furthermore, The City of Hopewell understands that reserving the facility will be through Prince George County and must be done in advance, and all training conducted by our department will be according to federal, state, and local guidelines that are to be established for the use of the facility.

Donald R Hunter, II
Fire Chief Hopewell



CITY OF COLONIAL HEIGHTS

FIRE, EMS AND EMERGENCY MANAGEMENT

A.G. Moore, Jr.
Fire Chief

David A. Salot
Deputy Chief

Public Safety Building
100-B Highland Avenue • P.O. Box 3401
Colonial Heights, Virginia 23834

November 23, 2015

Robert W. Miner Jr.
Virginia Fire Service Board
Burn Building Subcommittee Chair
1005 Technology Park Drive
Glen Allen, VA 23059-4500

Dear Mr. Miner:

I hope this letter find you well. The City of Colonial Heights, EIN 54-6001228 wishes to express our support, for Prince George County's application to construct a Class-A burn building on Wells Station Road just North of Highway 460. Currently, the City of Colonial Heights has 55 firefighters, operating out of 2 stations and conducts on average 2 recruit academies' each year. The location of this facility will aid our department in conducting live fire training that meets today's fire service demands. With close proximity to the proposed location, more time can be devoted to training and less time towards travel by our personnel. In addition, the facility will enhance multi-agency coordinated training events that are a crucial component of today's modern all-hazards training programs.

The City of Colonial Heights understands there will be no financial obligation from us towards the construction and routine maintenance of this facility. Furthermore, The City of Colonial Heights understands that reserving the facility will be through Prince George County and must be done in advance, and all training conducted by our department will be according to federal, state, and local guidelines that are to be established for the use of the facility.

Sincerely,

A. G. Moore, Jr.
Chief of Fire & EMS