

**Commonwealth of Pennsylvania**  
**OFFICE OF THE STATE FIRE COMMISSIONER**

**Volunteer Loan Assistance Program**  
2605 Interstate Drive, Harrisburg, Pennsylvania 17110-9364  
(717) 651-2200 or 800-670-3473

## LOAN APPLICATION AND LETTER OF INTENT

<b>A. APPLICANT INFORMATION</b>			
1. Name and mailing address of the Volunteer Company:		Site location address:	
-----			
Has this company ever existed under a different name or merged with another company?    YES    NO    If yes, list the previous name(s):			
-----			
In the past has this company ever applied for or received a loan from the Volunteer Loan Assistance Program?    YES    NO    DON'T KNOW			
-----			
2. Federal I.D. Number (EIN): _____	3. Local Government Unit Name: -----	4. Volunteer Co. Telephone # (_____) _____ Email address _____	
2A. State Tax Exempt Number _____	Check One: City    Township    Borough	5. County: _____	
6. Name & Title of Volunteer Company Contact Person for application: _____ _____		7. Preparer's Name who assisted the volunteer company: _____	
6A. Day Phone Between 8:00 am to 4:00 pm weekdays (_____) _____		7A. Work Telephone # for Preparer: (_____) _____	
6B. Email address: _____		7B. Email address: _____	
<b>B. GENERAL PROJECT INFORMATION</b>			
<b>Select and complete all items within only one category. Each project must have a separate loan application.</b>			
<b>APPARATUS</b>			
8.    New Vehicle                      Used Vehicle                      Rehabilitate(d) Vehicle			
9.    Addition                              Replacement			
10.    Aerial                      Ambulance                      HazMat Vehicle                      Heavy Duty Rescue                      Heavy Duty Rescue/Pumper			
Light Duty Rescue                      Pumper                      Pumper/Tanker                      Tanker                      Utility/Special Service                      Watercraft Rescue			
11.    Refinancing of debt (to be) incurred for this apparatus project.			
12.    Was the new apparatus manufactured or assembled in Pennsylvania?    Yes    No    13. If "Yes", what percentage? ____%			
14.    Total Cost \$ _____    15. Date Delivered or Estimated Delivery Date _____			
<b>FACILITY</b>			
16.    Land Purchase                      Modernization                      New Construction                      Renovation/Repair			
Used Facility Purchase                      Used Facility Renovation			
17.    Refinancing of debt (to be) incurred for this equipment project.			
18. Total Cost \$ _____    19. Total Sq. Ft. _____    20. Sq. Ft. of Bay Area _____    21. Completion Date _____			
<b>EQUIPMENT</b>			<b>FOR VLAP USE ONLY</b>
22.    Accessory Equipment                      Communications Equipment                      Protective Equipment			Eligible Loan Amount
23.    New Equipment                      Used Equipment			\$ _____ @ 1 <sup>st</sup> Stage _____
24.    Refinancing of debt (to be) incurred for this equipment project.			\$ _____ @ Interview _____
25. Total Cost \$ _____    26. Delivery Date _____			\$ _____ @ ARC Mtg. _____

**C. PROJECT JUSTIFICATION & DESCRIPTION**

27. Reason(s) for loan: YOU WILL BE GIVEN FIRST PRIORITY STATUS ONLY IF TWO OF THE THREE DESIGNATED CATEGORIES ARE CHECKED AND YOU HAVE ATTACHED THE REQUIRED JUSTIFICATION.

**OUTMODED APPARATUS/FACILITIES/EQUIPMENT\***

**UNSAFE APPARATUS/FACILITIES/EQUIPMENT\***

\*(Attach letter from vendor, contractor or testing office outlining deficiencies and/or referencing standards not met.)

**INCREASED DEMAND ON SERVICES**

Number of responses last full year	_____	Fire	_____	Ambulance	_____	Year
Number of responses previous full year	_____	Fire	_____	Ambulance	_____	Year

**APPARATUS**

ALL NEW FIRE APPARATUS FINANCED THROUGH THE VOLUNTEER LOAN ASSISTANCE PROGRAM MUST MEET CURRENT NFPA STANDARDS. ALL USED FIRE APPARATUS FINANCED THROUGH THE VOLUNTEER LOAN ASSISTANCE PROGRAM MUST MEET 1999 (or newer) NFPA STANDARDS

28. Indicate the owner of the apparatus: Volunteer Company Political Subdivision Relief Association

**PLEASE NOTE: When the registered owner, or co-owner, is the Political Subdivision the Department of Community and Economic Development requires that the municipality must complete the Local Government Unit Debt Act (Act 177) because the municipality will be required to sign the OSFC loan settlement documents as the vehicle owner. Advise the municipality as soon as possible. The vehicle title may not be issued solely to a Relief Association. If the Relief Assn. will be co-owner, they will be required to sign the OSFC loan settlement documents. Please advise the Relief Assn.**

29. Describe the new or used apparatus (to be) added to your fleet, or (to be) acquired as replacement for another vehicle:

Year	_____	Make	_____	Model	_____
Tank cap./gal.	_____	Pumping cap./gpm	_____	Ladder/ft.	_____
Date Purchased:	_____	Odometer	_____	Vehicle ID #	_____

30. Describe the apparatus being replaced (if applicable):

Year	_____	Make/Model	_____	Veh. ID #:	_____
Aerial	Ambulance	HazMat Vehicle	Heavy Duty Rescue	Light Duty Rescue	
Pumper	Pumper/Tanker	Tanker	Utility/Special Service	Watercraft Rescue	

31. Applicable NFPA standard which the vehicle (excludes ambulance) for this project now meets (or will meet): Standard \_\_\_\_\_ Edition \_\_\_\_\_

32. If your project is to rehabilitate your vehicle, describe your vehicle and explain the details of the rehabilitation or repairs (to be) made.

Year	_____	Make	_____	Model	_____
Tank cap./gal.	_____	Pumping cap./gpm	_____	Ladder/ft.	_____
Date Purchased:	_____	Odometer	_____	Vehicle ID #	_____

**FACILITY**

33. Indicate the owner of the facility: Volunteer Company Political Subdivision

**PLEASE NOTE: When the registered owner is the Political Subdivision, the Department of Community and Economic Development requires the municipality to complete the Local Government Unit Debt Act (Act 177) because the municipality will be required to sign the OSFC loan settlement documents. Please advise the political subdivision of this immediately so that they can confer with their attorney.**

34. If the volunteer company does not own the facility, is a lease in existence? Yes (Attach Lease) No

If yes indicate the type of lease Long-Term Short-Term

35. Describe your existing facilities; explain why they are inadequate, and describe your project. If the facility address is, or will be different from the address listed on Page 1, indicate the new address.

36. Applicable building inspection certificate required: Labor & Industry Cert. of Occupancy Local Cert. of Occupancy

**EQUIPMENT**

37. List the general type of accessory, communications or protective equipment that the company has purchased (or is purchasing):




**E. METHOD OF FINANCING**

**43. VOLUNTEER COMPANY PARTICIPATION \_\_\_\_\_ %**

The volunteer company must have at least 20% of the total cost of the project invested in the project, or on deposit at the bank in unobligated funds. (Except for accessory, communications & protective equipment.) Relief Assn funds cannot be included in the 20%.

**NOTE: If applicant's 20% is being provided by the local government unit, corresponding certification must show in Section F, Page 4 and this space \_\_\_\_\_ must be checked off.**

Amount \$ \_\_\_\_\_ downpayment/debt reduction paid to \_\_\_\_\_

Contact \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**AND/OR**

Amount \$ \_\_\_\_\_ deposited/otherwise invested at \_\_\_\_\_

Contact \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**44. VOLUNTEER LOAN ASSISTANCE PROGRAM PARTICIPATION** Requested Loan Amount \$ \_\_\_\_\_

**45. BANK PARTICIPATION/OTHER FINANCING**

The date of the loan agreement must precede the date of delivery or completion of the project by at least one day.

Amount Borrowed \$ \_\_\_\_\_ Amount To Be Refinanced \$ \_\_\_\_\_

Institution \_\_\_\_\_

Interest Rate \_\_\_\_\_ % Terms \_\_\_\_\_ How Secured \_\_\_\_\_

Contact \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**46. OTHER PARTICIPATION** (i.e., Political Subdivision) (If applicable)

Participant \_\_\_\_\_ Amount \$ \_\_\_\_\_ Lump Sum \_\_\_\_\_ Life of Loan \_\_\_\_\_

Type of Funding: Loan (Repayment necessary) Donation/Grant (Repayment not necessary)

Allocation (Repayment not necessary) Regular Special

Contact \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**47. OTHER PARTICIPATION** (i.e., Relief Association/Organization/Individual) (If applicable)

Participant \_\_\_\_\_ Amount \$ \_\_\_\_\_ Lump Sum \_\_\_\_\_ Life of Loan \_\_\_\_\_

Type of Funding: Loan (Repayment necessary) Donation/Grant (Repayment not necessary)

Allocation (Repayment not necessary) Regular Special

Contact \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**F. COSIGNATURE OF POLITICAL SUBDIVISION**

If the 20% required funding is being provided by the local government unit, an officer of that unit must cosign this application. The local government unit's partial funding may have to be approved by the Department of Community & Economic Development (DCED) or its successor under the authority of the Local Government Unit Debt Act. (Items 43 and/or 46 must also be completed.) **Please Note: When the registered owner, or co-owner, is the Political Subdivision, the Department of Community & Economic Development requires the municipality to complete the Local Government Unit Debt Act (Act 177) because the municipality will be required to sign the OSFC loan settlement documents. Also, when the borough or township will be making the payments on the OSFC loan the Act 177 process will be required.**

Funding in the amount of \$ \_\_\_\_\_ will be provided by \_\_\_\_\_  
(Amount) (Name of Local Government Unit)

The undersigned has been duly authorized to cosign this application.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Municipal Officer

**ATTEST:**

\_\_\_\_\_ Title or Position of Municipal Officer

\_\_\_\_\_ Secretary or Clerk

Telephone: (\_\_\_\_\_) \_\_\_\_\_

**G. CERTIFICATION AND NOTARIZATION OF APPLICATION**

We, the undersigned and duly authorized officers of the \_\_\_\_\_ do hereby certify that the filing of this application was duly authorized, and that the statements made in this loan application and all exhibits, documents, and data submitted with this loan application are true and correct according to the best knowledge and belief of the undersigned, and are submitted as a basis for approval of a loan from the Volunteer Loan Assistance Program in accordance with the provisions of Act 118 of 2010, as amended. As part of the loan process, the Office of the State Fire Commissioner is hereby authorized to verify any information contained herein, and/or all credit or other references listed in this application.

\_\_\_\_\_ Signature of Volunteer Company President

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Volunteer Company Secretary

\_\_\_\_\_ Date

**NOTARIZATION**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SEAL

My Commission Expires

\_\_\_\_\_ Notary Public

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**RESOLUTION TO BORROW**

**WHEREAS**, the \_\_\_\_\_, a corporation, association or organization duly organized and existing under the laws of the Commonwealth of Pennsylvania (hereinafter referred to as the "Volunteer Company") desires to apply for a loan and to borrow from the Office of the State Fire Commissioner, Volunteer Loan Assistance Program (hereinafter referred to as the "office"), under the Volunteer Fire Company, Ambulance Service and Rescue Squad Assistance Law, Act 118 of 2010, as amended, and;

**WHEREAS**, the office requires that the Volunteer Company resolve to borrow and to authorize its officers to execute all necessary documents.

**NOW THEREFORE BE IT RESOLVED:**

1. That the President, Secretary or any other officer of this Volunteer Company or their successors are hereby authorized to apply for a loan and to borrow from the office on behalf of this Volunteer Company and in its name to the extent of \$\_\_\_\_\_ upon such terms as prescribed by the office and to secure the payment of money so borrowed and to evidence the indebtedness thereby authorized and to execute and deliver in the name and on behalf of this Volunteer Company promissory notes, mortgages and other indentures of this Volunteer Company signed in its name by said officers and to pledge as security for the payment of said notes and other indentures any property now or hereafter belonging to this Volunteer Company, which notes and other indentures shall be in such form and contain such terms as may be deemed proper by such officers.

2. That the Secretary of this Volunteer Company shall file with the office a certified copy of this resolution under the seal of this Volunteer Company.

3. That this resolution shall remain in effect until modified or rescinded. Written notes of its modification or rescission shall be transmitted to the office within 30 days of such action or before settlement, whichever comes first.

4. That the Secretary be and hereby is authorized and directed to certify to the office that the provisions of this resolution are in conformity with the charter and by-laws of this Volunteer Company and that the loan authorized by this resolution shall be used only for the purposes prescribed in the Volunteer Fire Company, Ambulance Service and Rescue Squad Assistance Law, Act 208 of 1976, and the application of this Volunteer Company.

I, the undersigned, do hereby certify to the Office of the State Fire Commissioner, Volunteer Loan Assistance Program, that I am the Secretary of the \_\_\_\_\_ a corporation, association or organization duly organized and existing under the laws of the Commonwealth of Pennsylvania, that the following is a true copy of a resolution duly adopted by the governing body of said corporation, association or organization at a meeting duly and legally held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at which a quorum was present; and that such resolution has not been rescinded or modified.

I further certify that there is no litigation or governmental action pending or threatened against the corporation, association or organization to the knowledge of the corporation, association or organization or its officers.

I further certify that there is no provision in the charter or by-laws of this corporation, association or organization limiting the power of the governing body to pass the foregoing resolution, that the same is in conformity with the said charter and by-laws and that the loan so authorized shall be used only for the purposes prescribed in the Volunteer Fire Company, Ambulance Service and Rescue Squad Assistance Law, Act 118 of 2010, and the application of the corporation, association or organization.

**IN WITNESS THEREOF**, I have herewith subscribed my name and affixed the seal of this corporation, association or organization, this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

SEAL

(If no company seal is available, document must be notarized.)

\_\_\_\_\_  
(Signature of Volunteer Company SECRETARY)

\_\_\_\_\_  
SECRETARY (Typed or Printed Name)



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**RECOMMENDED PUBLICATION FORM**

The \_\_\_\_\_ hereby announces its  
 (Charter Name of Company)  
 intention to apply for a loan from the Volunteer Loan Assistance Program administered by the Office of the State  
 Fire Commissioner. The \_\_\_\_\_  
 hereby certifies that: (Company)

1. The \_\_\_\_\_ by-laws do not discriminate  
 (Company)  
 against applicants for membership on the basis of race, color, religious creed, national origin, sex, age or  
 handicap; and
2. There is not an unwritten policy of discrimination for membership in the \_\_\_\_\_  
 \_\_\_\_\_.  
 (Company)

Comments on this application should be forwarded to \_\_\_\_\_  
 (Company Address)

\_\_\_\_\_ and the Office of the State Fire Commissioner, Volunteer Loan Assistance Program, 2605 Interstate Drive,  
 Harrisburg, PA 17110-9364.

**INSTRUCTIONS TO LOAN APPLICANT:**

THERE IS A 30-DAY PUBLICATION PERIOD IMMEDIATELY PRIOR TO APPLYING FOR THE LOAN. It is recommended the advertisement be done a week or two before the loan application is submitted to us. The VLAP staff will compare the actual PUBLICATION DATE with the recorded RECEIPT DATE of your company's forms to determine if the 30-day criteria has been met. The receipt date is the date the application is received in this office.

1. Complete the above sample form, OSFC-VL-4. Send or take it to a newspaper of general circulation published regularly in your service area. Arrange for a one-day advertisement at your company's expense. Make sure the invoice is sent to your company and NOT to this office.
2. Request a "Proof of Publication of Legal Notice," which newspapers must provide under the provisions of the "Newspaper Advertising Act" (Act 587, approved May 16, 1929). That standard and notarized document, familiar to all newspapers, must contain an actual copy of your advertisement. If your newspaper cannot provide the required document, find the nearest one that will.
3. Submit the Proof of Publication Legal Notice to this office with your initial forms within 30 days. The above sample VL-4 does not need to be returned with your forms.

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# LETTER OF RESPONSIBILITY

We, the undersigned officers of the \_\_\_\_\_  
 (Name of Volunteer Company)

do hereby appoint and authorize the following person to be responsible for submitting, on a timely basis, the required loan repayment checks to the Commonwealth of PA, Office of the Comptroller:

\_\_\_\_\_  
 Name of Responsible Party (Volunteer Company Member)

\_\_\_\_\_  
 Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Work Number ( )

\_\_\_\_\_  
 Home Number ( )

\_\_\_\_\_  
 Station Number ( )

I acknowledge my duty and responsibility to send timely loan repayment checks to the Office of the State Fire Commissioner Agency's Comptroller on behalf of my volunteer company.

\_\_\_\_\_  
 Signature of Responsible Party (Volunteer Company Member)

## APPROVED BY:

\_\_\_\_\_  
 Name of Volunteer Company

\_\_\_\_\_  
 Volunteer Company President's Signature

\_\_\_\_\_  
 Volunteer Company Secretary's Signature

\_\_\_\_\_  
 Date

NOTE: OSFSC must have on hand at all times the name and telephone numbers of an active company member who has been designated as the responsible person for making the company's loan payments to OSFC's Comptroller.

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**FINANCIAL STATEMENT AND PLAN CERTIFICATION**  
for

\_\_\_\_\_  
(Name of Company/ Department)

**USE YOUR ENTITY ACCOUNTS ONLY**  
(Do not include relief association or ladies auxiliary)

Please Round To The Nearest Dollar

FINANCIAL STATEMENT FOR THE PAST  
3 COMPLETE YEARS FOR THE  
COMPANY'S FISCAL YEARS WHICH ENDED

**ASSETS**

**Current:**

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_

VLAP USE ONLY

1. Cash in the Bank and on Hand (Checking, Savings, Cash)				
2. Investments (CD's, Stocks & Bonds Held for Income)				
3. Other (Identify)				

**Property:** (Current Market Value)

4. Land and Buildings				
5. Furnishings				

**Equipment:** (As defined in Rules & Regulations)

6. Accessory				
7. Apparatus				
8. Communications				
9. Protective				
10. Other (Specify)				

**11. TOTAL ASSETS** (Add Lines 1 through 10)

--	--	--	--	--

**LIABILITIES**

**Current:**

12. Accounts Payable				
13. Current Portion of Long-Term Debt (Due Within 1 Year)				
14. Other Payables (Specify)				

**Long Term:** (Excluding Current Portion)

15. Mortgage Payable				
16. Loans or Notes Payable to Others (See Note Above)				
	<b>Lender</b>	<b>\$Borrowed</b>	<b>\$Balance</b>	<b>\$Pmt.Per Year</b>
a				
b.				
c.				

17. Other: (Attach Data)

--	--	--	--	--

**18. TOTAL LIABILITIES** (Add Lines 12 through 17)

--	--	--	--	--

**19. NET WORTH** (Subtract Line 18 from Line 11)

--	--	--	--	--

FINANCIAL STATEMENT FOR THE PAST  
3 COMPLETE YEARS FOR THE  
COMPANY'S FISCAL YEARS WHICH ENDED

**STATEMENT OF INCOME AND EXPENSES**

**GROSS INCOME:**

	_ / _ / _	_ / _ / _	_ / _ / _	VLAP USE ONLY
20. Memberships or Fees				
21. Fund-Raising Events				
22. Donations				
23. Taxes or Grants (In funds received directly by company)				
24. Other (Complete Breakdown-See Page 3)				
<b>25. TOTAL GROSS INCOME</b> (Add Lines 20 through 24)				

**OPERATING EXPENSES:**

26. Fund-Raising				
27. Insurance				
28. Utilities				
29. Gas, Oil, Maintenance				
30. Miscellaneous (Complete Breakdown-See Page 3)				
<b>31. TOTAL GROSS OPERATING EXPENSES</b> (Add Lines 26 through 30)				
<b>32. INCOME LESS OPERATING EXPENSES</b> (Subtract Line 31 From Line 25)				

**OTHER EXPENSES:**

33. Major Purchases (Complete Breakdown-See Page 3)				
34. All Other Expenses (Complete Breakdown-See Page 3)				
<b>35. TOTAL OTHER EXPENSES</b> (Add Lines 33 through 34)				
<b>36. NET INCOME</b> (Subtract Line 35 From Line 32)				

Prepared By: (Please Print)	Title:	Telephone Number: (      )	Date:
Reviewed By: (VLAP Staff)	Comments as to VL-5 Acceptability:		Date:

(Name of Company)

**Other Gross Income Breakdown** (Line 24)

\_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_

<b>Total of Other Gross Income</b>			

**Miscellaneous Operating Expenses Breakdown** (Line 30)

\_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_

<b>Total of Miscellaneous Operating Expenses</b>			

**Major Purchases Breakdown** (Line 33)

\_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_

<b>Total of Major Purchases</b>			

**Other Expenses Breakdown** (Line 34)

\_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_

<b>Total of Other Expenses</b>			





\_\_\_\_\_  
(Name of Company)

**CERTIFICATION:**

We certify to the best of our knowledge and belief that the information set forth within the Financial Statement is true and correct; that it includes all cash, bank accounts and all other bona fide properties and assets of the company, and is based on a generally accepted method of accounting. We also certify, to the best of our knowledge and belief, that the Projected Financial Plan is correct, is reasonably achievable, and that the assumption and estimates used as the basis for our projection can be provided fully and clearly if further required.

We also certify that the company has satisfactory title to all recorded assets other than the exceptions listed below; that all liabilities, liens, encumbrances or security interests on any asset of the company are disclosed in the Financial Statement or notes thereto, and that there is no litigation, tax or other claims or assessments pending or threatened against the company.

Finally, we agree to provide the office, or permit office representatives access to, any or all records, documents and reports which support and substantiate the financial affairs of our organization, and agree to permit the office to verify any or all credit references.

**EXCEPTIONS:** (Describe in Detail)

**AUTHORIZED SIGNATURES:**

**NOTARIZATION:**

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Volunteer Company President's Signature)

\_\_\_\_\_  
Notary Public

(SEAL)

My Commission Expires

\_\_\_\_\_  
(Volunteer Company Secretary's Signature)

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**FINANCIAL INSTITUTION INFORMATION FORM**  
**AND/OR**  
**MANUFACTURER, VENDOR, CONTRACTOR INFORMATION**

\_\_\_\_\_  
 Name of Volunteer Company

- 1. If the VLAP loan will refinance a loan or will be used to reimburse a savings or an investment account, complete the information block below.**

_____ Name of Bank or Lending Institution	_____ Original Loan Amt./Withdrawal Amt.
_____ Street Address	_____ Current Loan Balance
_____ City, State, Zip	_____ Loan Account Number
_____ Name of Contact at Bank/Lending Institution	____/____/____ % Loan Date      Interest Rate
_____ Title of Contact at Bank/Lending Institution	_____ Payment Amount      Term
(_____) _____ Bank/Lending Institution's Telephone Number	_____ Security for the Loan

- 2. If the VLAP loan will not refinance a current bank loan or other loan, but will be used to pay a vehicle manufacturer, vendor, building contractor or other party, complete the information block below.**

_____ Name of Manufacturer/Vendor/Contractor	
_____ Street Address	_____ Expected Delivery Date (Vehicle/Equipment)
_____ City, State, Zip	_____ Expected Completion Date (Facility)
_____ Name and Title of Contact at Manuf./Vendor/Contractor	_____ Expected Completion Date (Facility)
(_____) _____ Area Code                      Telephone Number	_____ Expected Completion Date (Facility)

**Please see the next page for other required information.**



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## SUPPLIERS LIST / CONTRACTOR'S LIST

We the members of the \_\_\_\_\_  
Volunteer Company

hereby submit the following information:

- Apparatus Loan      The names of organizations, retailers and wholesalers that will be involved in the purchase or rehabilitation of your apparatus.
  
- Facilities Loan      The names of organizations, retailers and wholesalers that will supply materials necessary in the renovation or construction of your facility.
  
- Equipment Loan      The names of organizations, retailers and wholesalers that will supply your accessory, communications, or protective equipment.

SUPPLIER / CONTRACTOR	TYPE OF PURCHASE OR MATERIAL	COST

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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**FACILITY  
PROJECT  
ONLY**

**PROJECT STATUS REPORT**

In order to qualify for loans for renovation or for construction from the Volunteer Fire Company, Ambulance Service and Rescue Squad Assistance Act (Act 118 of 2010), applicants must obtain necessary approvals from local and state agencies and/or meet other statutory requirements. Please complete this form to apprise the office of your status and forward it to: Volunteer Loan Assistance Program, Office of the State Fire Commissioner 2605 Interstate Drive, Harrisburg, PA 17110-9364.

\_\_\_\_\_  
Name of Volunteer Company

\_\_\_\_\_  
Address Municipality

1. Did your construction comply with zoning requirements?  
Yes No Date \_\_\_\_\_

If not, was approval obtained from zoning board?  
Yes No Date \_\_\_\_\_

2. Did you have your plans and specifications approved by local building officials?  
Yes No  
Was building permit issued? Yes No  
Date Approved \_\_\_\_\_ Number \_\_\_\_\_  
If not, state reason why.

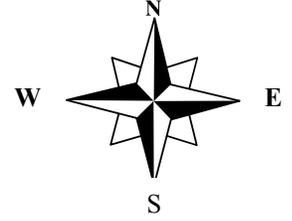
3. Were your plans approved by the Department of Labor and Industry?  
Yes No  
If not, state reason why.

4. If public sewer is not available and private sewer is to be used, was approval obtained from appropriate authorities?  
Yes No

5. Were other governmental approvals necessary?  
Yes No  
If yes, please state what they were.

## SITE INFORMATION FORM

Using the space below, draw a general outline of all significant buildings, existing and proposed, and indicate access to main route of travel.



Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Company Name: \_\_\_\_\_

