



FIREWISE FIREWISE COMMUNITIES APPLICATION FORM

Complete and submit this form to your FireWise Coordination Team in your region.
Alternatively you may mail this form to Chandra.fick@wofire.co.za or fax to 0865420421 – Call the Cape Town Office on 021 797 5787 for any queries

The Community of _____, in _____ Province hereby applies to be officially recognised and designated as a qualified participant in the FireWise Communities Recognition Programme for the year _____. Members of the Community have adopted the following FireWise Communities Recognition Programme Standards:

1. Formed A FireWise Board/Committee

List Board members and fire agency representative (s), date board was established, meeting dates, and the address, phone number and email of Board President.

Date Established: _____

Address: _____

Province: _____ Phone #: _____

Email: _____

Meeting Dates: _____

Board Members: _____

Board President: _____

2. Invested At Least R2/Capita In FireWise Projects

Total FireWise expenditures, including equipment and volunteer hours: R_____

Number of residents in community: _____

3. Completed A Community Assessment

Date of Assessment:

Name of Organisation who conducted assessment:

Provided a hard copy of assessment to WoF FireWise representative:

4. Created A FireWise Plan

Tick one block:

The community plan remains unchanged and is still in effect: Yes No

The plan has been changed. A Copy of the revised plan has been submitted to the FireWise/WoF representative..... Yes No

5. Held A FireWise Day

Date of FireWise Day:

Describe the activity including date, time, number of people attending and location:

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Provided hard copies of any publicity, programs, news coverage and/or other supporting information to the WoF FireWise representatives..... Yes No

Submitted by:

Email:

Date:

Please provide the following contact information:

WoF Fire Base Contact: _____

Local Fire Chief: _____

Name: _____

City, Province: _____

WoF Partner at Base:- _____

Phone No. : _____

Address: _____

Address: _____

City, Province: _____

City, Province: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Submittal Instructions:

FireWise Communities renewal forms are to be submitted to the National Programme Office each year by Close of Business December 31 - send to:

Chandra Fick
FFA NPC
FireWise Communities Recognition Programme
Private Bag X7
Claremont
7735
Fax: 0865420421

To notify programme staff of pending application or to discuss the application with staff, please send an email to Chandra.fick@wofire.co.za or call 021 797 5787

Certification

(To be completed by WoF FireWise or designated representative)

The FireWise Office or appropriate official has reviewed the application of the above-named community and determined it has met the five FireWise standards of achievement in wildfire mitigation. Therefore, this applicant should be designated as a FireWise Communities participant for the current calendar year:

Submitted by:

Date:

Person who should receive recognition materials:

Name:

Date:

Agency/Organisation:

Address:

City, Province:

Telephone:

Fax:

Email: