



Pennsylvania Fire and Emergency Services Loan Program
Application Requirements



To better assist you in the loan application process, provided is a checklist with links to the necessary forms on our webpage.

Please read each documents' instructions carefully and complete the entire checklist below to ensure that you have all the required documents.

The processing of your application will be delayed if all the required documentation has not been received.

Admin Use Only	Document Checklist – General
	<input type="checkbox"/> Charter or Certificate of Incorporation
	<input type="checkbox"/> Bylaws
	<input type="checkbox"/> IRS form 990 or 1099 showing EIN
	<input type="checkbox"/> IRS form W-9
	<input type="checkbox"/> PA Dept. of Revenue State Tax Exemption Certificate
	<input type="checkbox"/> Signed Contract/Agreement
	<input type="checkbox"/> Copy of Specifications
	<input type="checkbox"/> Financial Institute Form https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Financial-Information-Form.doc
	<input type="checkbox"/> Officers List https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Officers-List-Form.doc
	<input type="checkbox"/> Loan Application and Letter of Intent (VL-1) https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Loan-Application.doc
	<input type="checkbox"/> Resolution to Borrow (VL-2) https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Resolution-To-Borrow.doc
	<input type="checkbox"/> Proof of Publication (VL-4) https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Proof-Of-Publication.doc
	<input type="checkbox"/> Financial Statement (VL-5) https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Financial-Statement.doc
	<input type="checkbox"/> Suppliers/Contractor's List (VL8-9) *Required for apparatus, ambulance or facility loan. https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Suppliers-Contractors-List.doc
	<input type="checkbox"/> Letter of Responsibility (VL-10) https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Letter-Of-Responsibility.doc
	Refinancing Application: <ul style="list-style-type: none"> • Loan Agreement <i>*The date of the loan agreement shall precede the date of delivery or completion of the project by at least one day.</i>
	Reimbursement Applications: The FEMSLP may reimburse funds used from a volunteer company's savings or investment account. These funds must be withdrawn or transferred and used to pay for the project no later than 1 day prior to taking delivery of an apparatus or completion of a facility. The FEMSLP may NOT reimburse funds that are used from a Checking account alone. The FEMSLP can reimburse funds that were transferred directly from a company savings/investment account into the company checking account. A confirmation of funds used must be provided to the office.



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Admin Use Only	Apparatus Checklist
	The following items are required for purchase of all apparatus and ambulances in addition to the documents under the general section of this checklist.
	Please check the appropriate box: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Rehab <input type="checkbox"/> Ambulance <input type="checkbox"/> Priority Application <input type="checkbox"/> PA Bonus Application <input type="checkbox"/> Refiancne Application
	<input type="checkbox"/> Vehicle Identification # (VIN). This applies to new, used, rehab appartus and ambulances
	<input type="checkbox"/> New Appartus or Ambulance: Copy of Title/Certificate of Origin for new apparatus Use/Rehab or Ambulance: Copy of Title
	<input type="checkbox"/> Vehicle Certification: Vehicle meets applicable NFPA standard. This applies to new, used and rehab apparatus. Ambulance: certification vehicle meets applicable Federal Standards. <i>*applicable: NFPA/Federal standard at the time of manufacturer for all vehicles.</i>
	<input type="checkbox"/> Performance Test: (Pumpers and Aerials). <i>*If more than a year transpires between the date of delivery and the date of your loan settlement, another pump or aerial test must be conducted by an independent testing organziaiton not mre than ninety (90) days prior ot date of settlement.</i>
	<input type="checkbox"/> Pictures of vehicle (front, sides and rear) are required for used, rehab vehicles and ambulances
	<input type="checkbox"/> Bids for rehabilitated apparatus <i>*State requirement. Estimates of the cost to rehabilitate an apparatus. Three (3) estimates from qualified manufacturers are required. If less than three estimates are submitted, a statement must be submitted by the company explaining why there are less than three estimate</i>
	<input type="checkbox"/> Ambulance: Department of Health – EMS License
	Priority 1 Application: <ul style="list-style-type: none"> • Outmoded Apparatus/Faciliteis/Equipment • Unsafe Apparatus/Facilities/Equipment • Increased Demand on Services <i>*A letter of substantiating information is required if you check any of the above on your loan application. Sample Letters are provided in the instruction manual.</i>
	PA Bonus Application: Certification from the manufacturer that at least 75% of the toal coast of the vehicle chassis, frame, and toerh component parts, includin permanently attached equipment or apparatus parts, has been either manufactured or assembled by a person doing business oley in Pennsyavlania or by a business or corporation which is located in Pennsylvania. The certifaicon is needed in order to excee the applicable loan lmiit by an additional \$20,000. <i>*A sample letter is provided in the instruction manual.</i>

Amin Use Only	Facility Checklist
	<input type="checkbox"/> Contractors' Confirmation Form
	<input type="checkbox"/> Contractors' Materials & Cost Estimate
	<input type="checkbox"/> Picture of Facility
	<input type="checkbox"/> Labor & Industry Certificate of Occupancy
	<input type="checkbox"/> Project Status Report Contractors Form (VL-3) https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Contractors-Form.doc
	<input type="checkbox"/> Sprinkler System Statement
	<input type="checkbox"/> Legal Description (Deed) or Long-term Lease
	<input type="checkbox"/> Copy of First Mortgage
	<input type="checkbox"/> Title Insurance (Due at Settlement)