



**State Fire Marshal's Office**  
 South Dakota Department of Public Safety  
 221 S. Central Avenue  
 Pierre, South Dakota 57501-2000

605.773.3562 (Office)      605.773.3580(Facsimile)

## SD Smoke Alarm Grant Program Project Agreement

Grantee Agency:		
Project Title: <b>SD Smoke Alarm Grant Program</b>		
Shipping Address:		
City:	<b>South Dakota</b>	Zip:
Project Director:	Email:	
Phone:	Fax:	
Number of Smoke Alarms Requested:	(Initial request can be up to 50 smoke alarms)	
Project Title:	Start / End Date:	

The Grantee Agency signature below confirms acknowledgement that the Agency agrees to adhere to the terms, assurances, and conditions contained herein. The State Fire Marshal Signature indicates approval of the project outlined in this agreement.

\_\_\_\_\_  
 Grantee Agency Authorized Official Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Paul Merriman  
 State Fire Marshal

\_\_\_\_\_  
 Date

A W9 form must be submitted with all grant applications.

## Conditions of Award

### Agreement Requirements

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1. **Grantees.** A grantee must be a fire department within the State of South Dakota. The grantee will distribute and/or install smoke alarms in homes that need them in accordance with the manufacturer's recommendations, keep records of distribution to include participant's name, address, number of detectors, date, and report this information back to the SD Fire Marshal's Office (reporting form attached). Grantees acknowledge that they are solely responsible for proper installation if installing smoke alarms.
2. **Procurement of Materials and Equipment.** Grantees will receive an initial shipment of requested smoke alarms (Up to 50 units) to get the program started. Once those smoke alarms are distributed and required documentation returned, grantees may place another request for additional smoke detectors. Grantees will not use any other State equipment, supplies or facilities.
3. **Completion Date.** The Grantee will have 1 year from date this agreement is signed to distribute the initial smoke detector allotment and return the required information back to the SD Fire Marshal's Office. Any additional orders must be completed within 1 year from the date the additional order is approved.
4. **Project Directors.** The Project Director, as specified on the signature page of this agreement, must be an employee of the grantee or the grantee's governing body.
5. **Indemnification.** The grantee agrees to indemnify and hold harmless the State of South Dakota, its officers, agents, and employees, from and against any and all actions, suits, damages, liability or other proceedings which may arise as the result of participation in this grant program. This section does not require grantee to be responsible for or defend against claims or damages arising solely from errors or omissions of the State, its officers, agents or employees.
6. **Applications.** Applications will be accepted on a first come first serve basis.
7. **W9 Form.** A W9 form must be submitted with all grant applications. A link to a printable form may be found at: [http://bfm.sd.gov/vendor/Substitute\\_W-9\\_SD.pdf](http://bfm.sd.gov/vendor/Substitute_W-9_SD.pdf)

### **State of South Dakota Grant Recipient or Subrecipient Attestation**

By completing this form, you, the recipient or sub recipient, attest to meeting the following requirements per SDCL 1-56-10:

1. A conflict of interest policy is enforced within the recipient's or sub recipient's organization;
2. The Internal Revenue Service Form 990 has been filed, if applicable, in compliance with federal law, and is displayed immediately after filing on the recipient's or sub recipient's website;
3. An effective internal control system is employed by the recipient's or sub recipient's organization; and
4. If applicable, the recipient or sub recipient is in compliance with the federal Single Audit Act, in compliance with § 4-11-2.1, and audits are displayed on the recipient's or sub recipient's website.

**ADDITIONAL SMOKE ALARM REQUEST FORM**  
**SD SMOKE ALARM GRANT PROGRAM**

Grantee Agency: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Smoke Alarms Requested: \_\_\_\_\_ (can be up to 50 smoke alarms)

**Instructions:** Please mail, fax or email this request form.

**I, the undersigned, do hereby declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief is in all things true and correct.**

**The Grantee Agency signature below confirms acknowledgement that the Agency agrees to adhere to the terms, assurances, and conditions contained herein.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

Submit completed form to: Paul Merriman  
Office of the State Fire Marshal  
Department of Public Safety  
221 South Central Avenue  
Pierre, SD 57501  
Fax: 605-773-3580  
[Paul.merriman@state.sd.us](mailto:Paul.merriman@state.sd.us)

A W9 form must be submitted with all grant applications.



Instructions

- 1. Fill out the information for each installation
- 2. Make a copy for your records
- 3. Return to the State Fire Marshal's Office

Smoke Alarms installed/distributed by: \_\_\_\_\_ Fire Department: \_\_\_\_\_

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Date: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Smoke Alarms Installed: \_\_\_\_ Locations Installed: \_\_\_\_\_

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Date: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Smoke Alarms Installed: \_\_\_\_ Locations Installed: \_\_\_\_\_

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Date: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Smoke Alarms Installed: \_\_\_\_ Locations Installed: \_\_\_\_\_

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Date: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Smoke Alarms Installed: \_\_\_\_ Locations Installed: \_\_\_\_\_

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Date: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Smoke Alarms Installed: \_\_\_\_ Locations Installed: \_\_\_\_\_

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Date: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Smoke Alarms Installed: \_\_\_\_ Locations Installed: \_\_\_\_\_

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