



State Fire Marshal's Office
 South Dakota Department of Public Safety
 118 West Capitol Avenue
 Pierre, South Dakota 57501-2000

605.773.3562 (Office) 605.773.6631 (Facsimile)

**SD Smoke Alarm Grant Program
 Project Agreement**

Grantee Agency:		
Project Title: SD Smoke Alarm Grant Program		
Shipping Address:		
City:	South Dakota	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 of herein below. 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

Conditions of Award

Agreement Requirements

1. **Grantees** 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)
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 will have 1 year from the date the additional order is approved.
4. **Reimbursement.** N/A
5. **Project Directors.** The Project Director, as specified on the signature page of this agreement, must be an employee of the agency or the agency's governing body.
6. **Hold Harmless.** The agency agrees to hold harmless and indemnify 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 performing services hereunder. This section does not require agency to be responsible for or defend against claims or damages arising solely from errors or omissions of the State, its officers, agents or employees.
7. **Applications.** Applications will be accepted on a first come first serve basis.

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.

Signed: _____

Date: _____

Printed name: _____

Title: _____

Submit completed form to: Paul Merriman
Office of the State Fire Marshal
Department of Public Safety
118 W Capitol Ave.
Pierre, SD 57501
Fax: 605-773-6631
fireinfo@state.sd.us



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: _____

Date: _____ Address: _____ City: _____ ZIP: _____

Name: _____ Phone: _____ E-mail: _____

Number of Smoke Alarms Installed: ____ Locations Installed: _____

Date: _____ Address: _____ City: _____ ZIP: _____

Name: _____ Phone: _____ E-mail: _____

Number of Smoke Alarms Installed: ____ Locations Installed: _____

Date: _____ Address: _____ City: _____ ZIP: _____

Name: _____ Phone: _____ E-mail: _____

Number of Smoke Alarms Installed: ____ Locations Installed: _____

Date: _____ Address: _____ City: _____ ZIP: _____

Name: _____ Phone: _____ E-mail: _____

Number of Smoke Alarms Installed: ____ Locations Installed: _____

Date: _____ Address: _____ City: _____ ZIP: _____

Name: _____ Phone: _____ E-mail: _____

Number of Smoke Alarms Installed: ____ Locations Installed: _____

Date: _____ Address: _____ City: _____ ZIP: _____

Name: _____ Phone: _____ E-mail: _____

Number of Smoke Alarms Installed: ____ Locations Installed: _____

Return this form by email, fax, or mail: SD Fire Marshal's Office, 118 West Capitol Avenue, Pierre, SD 57501
Phone: (605) 773-3562 FAX: (605) 773-6631 E-mail: fireinfo@state.sd.us