



FIREWISE COMMUNITIES/USA APPLICATION

Complete this form and submit it to your Firewise State Liaison no later than December 31. The Firewise State Liaison must receive copies of the assessment, the community plan and event documentation in order for Firewise processing to occur. Firewise Communities/USA participants are given credit for work completed during the calendar year. If your state has no Firewise State Liaison, contact FirewiseUSA@aol.com for mailing instructions.

The community of Grand Haven, a Community Development District within the City of Palm Coast, state of Florida, hereby applies to be officially recognized and designated as a qualified participant in the Firewise Communities/USA recognition program for the year 2009. Members of the community have adopted the following Firewise Communities/USA recognition program standards:

FORMED A FIREWISE BOARD

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

Date Established: 3/31/2009

Meeting Dates

3/31/09,4/8/09,4/9/09,4/13/09,
4/22/09,4/30/09,5/5/09,5/7/09,
5/23/09,

Board Members

Dr. Stephen Davidson,
Supervisor, GH CDD
Kenny O'Connor,President GH
Master (Homeowners) Assoc.
Barry Kloptosky, Field
Operations Manager, GH CDD
Chip & Sue Howden, GH CERT
Murray Salkovitz, Head, GH
Neighborhood Watch
Vic Natiello, GH Village Forum

Board President: Dr.Stephen Davidson
Address: 71 River Trail Drive
City, State, Zip: Palm Coast, FL, 32137
Phone #: 386-447-9169
Email: steve4cdd@cfl.rr.com

INVESTED AT LEAST \$2/CAPITA IN FIREWISE PROJECTS

Total Firewise expenditures, including equipment and volunteer hours \$ 6500+ :
Professional Hrs: T Weller,DOF, 3 PC Firefighters, T. HarperFCEOC, Flagler County Engineer, Captain Carman,FCSO,
GH CDD Brd of Supervisors, GH CDD FOM B.Kloptosky
Volunteer Hrs: O'Connor, Howdens, Salkovitz, Natiello, Trautwein, Rice, Pearson, Woika, Smith,
Number of residents in community 3150

COMPLETED A COMMUNITY ASSESSMENT

Date of assessment: 4/13/2009
Name and agency/company conducting assessment Florida Division of Forestry
Provided a hard copy of assessment to state Firewise representative.

CREATED A PLAN

Date plan completed 4/22/2009
Provided a hard copy of the plan to state Firewise representative.

HELD A FIREWISE DAY

Date of Firewise Day: 5/23/2009
Describe the activity including date, time, number of people attending and location: Community Memorial Day Event, Informational and Recruitment Table, DOF and Firewise USA Handouts and Brochures Distributed, 500 residents and 50 guests in attendance.
Local News Channel 13 Firewise Community Interview.
Provided hard copies of any publicity, programs, news coverage and/or other supporting information to the state Firewise representative.

Submitted by: Dr. Stephen Davidson 71 River Trail Drive, Palm Coast, FL, 32137
E-mail address steve4cdd@cfl.rr.com
Date 5/8/2009

Please provide the following contact information:

State Forestry Contact

Name: Timber Weller
Agency: Florida Division of Forestry
Address: 5002 N. US Hwy.1
City, State, Zip: Bunnell, FL 32110
Telephone: 386-447-1533
Fax: 386-447-1535
Email: weller@doacs.state.fl.us

Community Fire Chief

Name: Chief Mike Beadle
Department: City of Palm Coast Fire Dept.
Address: 1250 Belle Terre Parkway
City, State, Zip: Palm Coast, FL 32164
Telephone: 186-986-2300
Fax:
Email:

TO BE COMPLETED BY FIREWISE COMMUNITIES/USA STATE LIAISON OR REPRESENTATIVE:

Complete this form and mail it along with the community's application form (COVER SHEET ONLY) to:
Firewise Communities/USA Recognition Program
One Batterymarch Park
Quincy, MA 02169

To notify program staff of the pending application or to discuss the application with staff, please send an email to firewiseusa@aol.com.

CERTIFICATION

(To be completed by State Forester or designated representative)

The state forestry 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/USA participant for the current calendar year.

Signed _____ Date _____

Person who should receive recognition materials:

Name:

Title:

Agency/Organization:

Address:

City, State, Zip:

Phone #:

Fax #:

Email: