



**Homeland Security
and Emergency Services**

Volunteer Firefighter Stipend Program

August 9, 2024

GML 200-aa

- Regulation 9 NYCRR Part 215 – Purpose:
 - Implementation of payment of a training stipend to volunteer firefighters for the completion of certain training
 - OFPC authorized to administer stipends to volunteer firefighters with state funding
 - Authorizes volunteer fire departments to pay a local stipend, subject to available local funding, for certain courses identified by OFPC.
 - NYS Register Regulation can be found starting on page 4:
<https://dos.ny.gov/system/files/documents/2024/03/030624.pdf>



State Funded Stipend Program



Firefighter Eligibility

- Firefighter:
 - Must be volunteer firefighter
 - Must be a “Member of Good Standing” per the Authority Having Jurisdiction (AHJ)
 - “Member in Good Standing” shall mean a firefighter that is responding to emergency incidents, attends meetings and training sessions, and meets the minimum qualifications, as determined by the Authority Having Jurisdiction over the Fire Department.



Fire Department Eligibility

- Must have submitted incident data through the Fire Reporting System, per GML 204-d, for the prior reporting year
- Submit Fire Department Demographics to OFPC annually on the OFPC Form, which includes
 - Fire station addresses (including substations)
 - Number of interior firefighters
 - Number of exterior firefighters
 - Name and contact information of Fire Chief and their assistants/deputies

Annual Fire Department Demographics Form

ANNUAL REPORT OF FIRE DEPARTMENT DEMOGRAPHICS

The Full Legal Name of the Fire Department (FD)		Date (mm/dd/yyyy)	FD Identification #			
FD Phone		FD Email				
FD Physical Address						
City		State	Zip			
FD Mailing Address <small>(if different from physical address)</small>						
City		State	Zip			

Does the department have any additional stations (sub stations)? Yes No If yes, how many: _____
Please provide the name and physical addresses and phone numbers of these other fire stations (sub stations):

Name	Name
Address	Address
Phone	Phone
Name	Name
Address	Address
Phone	Phone

Chief Officer Contact Information

Please provide the name and contact information of the Fire chief and any assistant/deputy chiefs your department currently has in its ranks.

Name	Rank	Cell Phone	Email Address	Term Dates

Department Information

Please provide the number of active members your department has on the roster	
* Total Active Members	What type of organization is your FD? <input type="checkbox"/> Fire District <input type="checkbox"/> Fire Company <input type="checkbox"/> Fire Corporation <input type="checkbox"/> Municipality <input type="checkbox"/> Other: _____
* Total Active Interior Firefighters	
* Total Active Exterior Firefighters	

* The accuracy of this information is vital for OFPC to determine the stipend program efficacy on recruitment and retention efforts across the state.

This form only needs to be completed once annually.

Stipend Conditions and Requirements

- Stipend may only be awarded to individuals for a first-time completion a qualifying course
- Student will not qualify for the State Stipend if they repeat a course or take a course equivalent to a course for which they already received a State Stipend
- Any firefighter that receives a Local Training Stipend cannot receive a State Stipend for the same or equivalent course
- **The qualifying course must have been completed on or after August 31, 2023.**

Stipend Conditions and Requirements Cont.

- State Stipends will be prioritized based on the date OFPC receives a **COMPLETE** application
- All course equivalents must be reviewed through OFPC's process **PRIOR** to submission of a stipend application (OFPC-Standards@dhses.ny.gov)
- Awards of the State Stipend is subject to the available allocated funds.



Qualifying Courses and Stipend Amounts

- **\$750.00**
 - 2021 BASIC EXTERIOR FIREFIGHTING OPERATIONS W/HMFRO (01-05-0101) **OR**
 - 2021 BEFO W/HMFRO (BLENDED LEARNING) (01-05-0103)
- **\$1250.00**
 - 2021 SCBA/INTERIOR FIREFIGHTING OPERATIONS-FF1 (01-05-0102)



Qualifying Courses and Stipend Amounts

- **\$1000.00**
 - FIRE OFFICER I (NFPA 1021-2020 ED.) w/FSTFAC (01-11-0176) **OR**
 - FIRE OFFICER I – SUPERVISING FIRE OFFICER MODULE SERIES (01-11-0154)
- **\$2000.00**
 - 2021 BEFO-SCBA/IFO-FF1 (BLENDED LEARNING) (01-05-0104)



Process to Submit Application

Applications for a State Fire Training Stipend must be submitted by the Volunteer Firefighter's Fire Department to OFPC and must include, but are not limited to, the following components:

- Signed statement (OFPC Endorsement Form) from the Fire Chief of the Fire Department, or his or her designee, that:
 - the Volunteer Firefighter is an active firefighter and Member in Good Standing;
 - the Volunteer Firefighter was authorized by the Fire Department to take the course; **and**
 - the Volunteer Firefighter successfully completed the course;
- a Substitute W-9 form, if not already submitted during course registration.





FIRE DEPARTMENT ENDORSEMENT OF MEMBERSHIP FOR NEW YORK STATE FIRE TRAINING STIPEND

As the Fire Chief/Chief Officer of the _____ Fire Department/Company, I submit the volunteer firefighter(s) listed below have completed one or more of the specific fire training programs eligible for payment of a State Fire training stipend, administered or obtained equivalency by the New York State Office of Fire Prevention and Control (OFPC).

By signing below, I, _____, am endorsing to the following:

- I am currently the Fire Chief/Chief Officer of the _____ Fire Department/ Company.

The firefighter(s) listed on the attached sheet have successfully completed one (or more) of the following courses on or after August 31, 2023.

- 2021 BASIC EXTERIOR FIREFIGHTING OPERATIONS W/HMFRO (01-05-0101)
- 2021 SCBA/INTERIOR FIREFIGHTING OPERATIONS-FF1 (01-05-0102),
- 2021 BEFO W/HMFRO (BLENDED LEARNING) (01-05-0103)
- 2021 BEFO-SCBA/FO-FF1 (BLENDED LEARNING) (01-05-0104),
- FIRE OFFICER I (NFPA 1021-2020 ED.) w/FSTFAC (01-11-0176)
- FIRE OFFICER I - SUPERVISING FIRE OFFICER MODULE SERIES (01-11-0154)

- The firefighter(s) have not previously completed the same or equivalent training at an earlier date and location with the fire department or another entity.
- The firefighter(s) are not being paid a stipend or other compensation by another Fire Department for the same or equivalent training being submitted on this form.
- The firefighter(s) listed below respond to emergency calls, attend required departmental training drills and exercises, including annual OSHA training, and comply with all fire department criteria for active membership in good standing per the department's rules and by-laws.

Additionally, I confirm that the _____ Fire Department/Company did participate in the National Fire Incident Reporting System (NFIRS) for the previous calendar year and has or will submit annually the Fire Department Demographics form.

Print Name: _____ Title/Rank: _____

Signature: _____ Date: _____

Please submit this form and required documentation to OFPC-Stipend@dhses.ny.gov

Student Completions:

The full legal name of student - last name, first name, middle initial		Student ID #									
		N Y									
<input type="checkbox"/> Students Signed W-9 Form Included	Sponsoring Agency of course:										
Course Completed:	<input type="checkbox"/> (01-05-0101)	Date of Completion: _____									
	<input type="checkbox"/> (01-05-0102)	Date of Completion: _____									
	<input type="checkbox"/> (01-05-0103)	Date of Completion: _____									
	<input type="checkbox"/> (01-05-0104)	Date of Completion: _____									
	<input type="checkbox"/> (01-11-0176)	Date of Completion: _____									
	<input type="checkbox"/> (01-11-0154)	Date of Completion: _____									
	<input type="checkbox"/> Equivalency: (above reference course number)										


The full legal name of student - last name, first name, middle initial		Student ID #									
		N Y									
<input type="checkbox"/> Students Signed W-9 Form Included	Sponsoring Agency of course:										
Course Completed:	<input type="checkbox"/> (01-05-0101)	Date of Completion: _____									
	<input type="checkbox"/> (01-05-0102)	Date of Completion: _____									
	<input type="checkbox"/> (01-05-0103)	Date of Completion: _____									
	<input type="checkbox"/> (01-05-0104)	Date of Completion: _____									
	<input type="checkbox"/> (01-11-0176)	Date of Completion: _____									
	<input type="checkbox"/> (01-11-0154)	Date of Completion: _____									
	<input type="checkbox"/> Equivalency: (above reference course number)										

The full legal name of student - last name, first name, middle initial		Student ID #									
		N Y									
<input type="checkbox"/> Students Signed W-9 Form Included	Sponsoring Agency of course:										
Course Completed:	<input type="checkbox"/> (01-05-0101)	Date of Completion: _____									
	<input type="checkbox"/> (01-05-0102)	Date of Completion: _____									
	<input type="checkbox"/> (01-05-0103)	Date of Completion: _____									
	<input type="checkbox"/> (01-05-0104)	Date of Completion: _____									
	<input type="checkbox"/> (01-11-0176)	Date of Completion: _____									
	<input type="checkbox"/> (01-11-0154)	Date of Completion: _____									
	<input type="checkbox"/> Equivalency: (above reference course number)										

The full legal name of student - last name, first name, middle initial		Student ID #									
		N Y									
<input type="checkbox"/> Students Signed W-9 Form Included	Sponsoring Agency of course:										
Course Completed:	<input type="checkbox"/> (01-05-0101)	Date of Completion: _____									
	<input type="checkbox"/> (01-05-0102)	Date of Completion: _____									
	<input type="checkbox"/> (01-05-0103)	Date of Completion: _____									
	<input type="checkbox"/> (01-05-0104)	Date of Completion: _____									
	<input type="checkbox"/> (01-11-0176)	Date of Completion: _____									
	<input type="checkbox"/> (01-11-0154)	Date of Completion: _____									
	<input type="checkbox"/> Equivalency: (above reference course number)										

Substitute W-9

- W-9 Forms will be on Acadis upon registration of the qualifying courses
- Students can submit with registration
- Those that already have completed or registered for the courses can find the W-9 on our website

 NEW YORK STATE OFFICE OF THE STATE COMPTROLLER SUBSTITUTE FORM W-9: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION											
<small>TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.</small>											
Part I: Vendor Information											
1. Legal Business Name:	2. Business name/disregarded entity name, if different from Legal Business Name:										
3. Entity Type (Check one only): <input type="checkbox"/> Individual Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Corporation <input type="checkbox"/> Not For Profit <input type="checkbox"/> Trusts/Estates <input type="checkbox"/> Federal, State or Local Government <input type="checkbox"/> Public Authority <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Exempt Payee <input type="checkbox"/> Other _____											
Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type											
1. Enter your TIN here: (DO NOT USE DASHES) See instructions. <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
2. Taxpayer Identification Type (check appropriate box): <input type="checkbox"/> Employer ID No. (EIN) <input type="checkbox"/> Social Security No. (SSN) <input type="checkbox"/> Individual Taxpayer ID No. (ITIN) <input type="checkbox"/> N/A (Non-United States Business Entity)											
Part III: Address											
1. Remittance Address: Number, Street, and Apartment or Suite Number	2. Ordering Address: Number, Street, and Apartment or Suite Number										
City, State, and Nine Digit Zip Code or Country	City, State, and Nine Digit Zip Code or Country										
	Email Address										
Part IV: Vendor Primary Contact Information – Executive Authorized to Represent the Vendor											
Primary Contact Name: _____	Title: _____										
Email Address: _____	Phone Number: _____										
Part V: Certification and Exemption from Backup Withholding											
Under penalties of perjury, I certify that:											
1. The number shown on this form is my correct taxpayer identification number (TIN), and											
2. I am a U.S. citizen or other U.S. person, and											
3. (Check one only): <input type="checkbox"/> I am not subject to backup withholding. I am (a) exempt from back up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, or <input type="checkbox"/> I am subject to backup withholding. I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.											
Sign Here:											
_____ Signature	_____ Title										
_____ Date											
_____ Print Preparer's Name	_____ Phone Number										
	_____ Email Address										
<small>DO NOT SUBMIT FORM TO IRS — SUBMIT FORM TO NYS ONLY AS DIRECTED</small>											

Process Cont.

- Applications must be submitted on OFPC Forms
- Application paperwork must be submitted to OFPC via email: OFPC-Stipend@dhses.ny.gov
- Upon process of the application, the volunteer firefighter student will receive the funds directly from the state



Process Cont.

- In the event the Fire Chief does not submit the application within one year of completion of the qualifying training, the Authority Having Jurisdiction may submit on behalf of the student.
 - This section does not have to be exercised if both the chief and the AHJ agree and want to use the stipend program as a retention program and prefer to wait to submit for the stipend after more than one year to ensure the member is a “member in good standing”.



Fire Department Responsibility

- It is not up to the SFI to ensure that the firefighter is eligible for the stipend.
- The fire department must meet the eligibility requirements for the program.
- Once the student successfully completes one of the applicable courses, it is up to the local FD to determine when the chief endorses the firefighter's application for the stipend.
- The firefighter must be a member of good standing per their agency policies.
 - OFPC and the SFI is not responsible to make that determination.



Stipend Information

- Website (to go live March 6th):
 - <https://www.dhSES.ny.gov/new-york-state-volunteer-firefighter-stipend-program>

- Any questions can be sent to:
 - OFPC-Stipend@DHSES.NY.GOV



Questions

