



OREGON

Theodore R. Kulongoski, Governor

Oregon State Police
Office of State Fire Marshal
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 www.oregon.gov/OSP/SFM/
Premier Public Safety Services for Oregon

The Invasion of the Smoke Alarms Door-to-Door Smoke Alarm Campaign Application

Allow three weeks processing time for application and receipt of smoke alarms and four weeks for receipt of \$250 award.

Fire Department Name		FDID#	
Person in charge of campaign		Title	
Date Workshop Attended		Workshop Location	
Date(s) of Campaign (Not later than 4/30/11)			
Mailing Address (for paperwork)			
City, State, Zip			
Physical Address (for smoke alarm delivery)			
City, State, Zip			
Phone Number		Fax Number	
Email Address			
Number of Smoke Alarm Requested (Limit 50)	Number of Smoke Alarm Brochures Requested (Limit 100)	Number of Home Escape Plan Flyers Requested (Limit 100)	
Funding Requested (Limit \$250) See page 3 of this application for additional information			

ACTION PLAN

Describe your action plan below. For ideas on how to complete the action plan, see *The Invasion of the Smoke Alarms* kit you received at the workshop. You may complete this information on additional sheets of paper.

Incomplete answers will delay approval of your application.

1. Analyze & Describe Your Fire Problem

- *How many residential fires did your community have last year?*
- *How many occurred in homes without working smoke alarms?*
- *Who were the victims? In what type of housing did the fires occur?*
- *Are there specific neighborhoods in which the majority of these fires occurred?*
- *Are there areas you think may have outdated smoke alarms or non-working smoke alarms in the homes?*

2. Identify Community Coalition Partners

- *Members of the at-risk community, non-profit agencies, community organizations, volunteer firefighters, business people, people who've organized door-to-door canvassing for political campaigns, property owners and landlords.*

3. Prepare and Plan

- *Detail how you will carry out your Door-to-Door campaign.*
- *List your target locations?*
- *List canvassing dates.*

4. Deliver the Campaign

- *What is your goal?*
- *What training will you provide on smoke alarms and installation to people assisting with the campaign?*

5. Evaluation

*You are required to complete a Door-to-Door **Smoke Alarm Action Form** for each smoke alarm installed. At the end of the campaign you must complete an **Evaluation and Closure Report**. Submit all forms and reports to OSFM at the completion of the campaign.*

FUNDING REQUEST

Fire departments can apply for a maximum of \$250 to assist with campaign. Funds will be approved based on need, how the funds will be used and with an approved Action Plan. *Acceptable use includes printing flyers and brochures, name tags/buttons, advertising, purchasing smoke alarms or purchasing any of the tools outlined in The Invasion of the Smoke Alarms Campaign materials, Step #3, Assemble Tools. Funding can not be used for food or beverages.*

1. Explain how the \$250 will be used.
2. Does your department have funding available for this campaign? Explain.

AGREEMENT

I, the undersigned, am authorized to enter in this agreement on behalf of the above fire department. I agree to complete the campaign, return all uninstalled smoke alarms and submit the *Evaluation and Closure Report* and *Door-to-Door Smoke Alarm Action Forms* to Office of State Fire Marshal no later than three weeks after the end of the campaign.

Authorized Person's Name: _____ Title: _____

Authorized Person's Signature: _____ Date: _____

Submit to:

**Department of State Police
Office of State Fire Marshal
Community Education Section
Office of State Fire Marshal
4760 Portland Rd. NE, Salem, OR 97305
Fax 503-373-1825 or e-mail nicole.lewis@state.or.us
For questions, contact Nicole at 503-934-8366**

Approval Signature
Community Education
Section Manager: _____ Date: _____

10/22/09 NL