



Calaveras Foothills Fire Safe Council

P.O. Box 812
Murphys, CA 95247

Senior and Disabled Persons Defensible Space Program 2017 Instructions

The Calaveras Foothills Fire Safe Council has received grant funds from PG&E to provide no cost fuel reduction and removal for defensible space for neighborhoods willing to work together to be fire safe. To be eligible for this program, applicants must meet the criteria as a senior or disabled person. Your applications will be accepted on a first come first serve basis. Due to the popularity of this project funds traditionally run out very quickly.

All you need to do is complete the items below.

1. We require participants to have a residence on the property.
2. Due to the popularity of this project, the Fire Safe Council will work a maximum of two days on your property in a six month period.
3. The Fire Safe Council requires an Application Form (FSC-1) and Disability Self Certification Form (FSC-2) to be submitted before an inspection will be completed on your property. **Persons who meet the age requirement of 60 or above but are not disabled will not have to fill out (FSC-2).** Please complete and mail the attached forms.
4. The Fire Safe Council requires a Hold Harmless Agreement be signed before any work will be started on your property. This form will be provided to you upon approval of your application.
5. No material will be removed from your property, material will be chipped and either broadcast or piled. Pine needles will be piled but not removed.

Once you have met the necessary requirements listed above and completed the attachments, please mail forms to:

Calaveras Foothills Fire Safe Council
P.O. Box 812
Murphys, CA 95247



Once your application has been received you will be contacted and scheduled. Call
(209) 728-8785 if you have any questions.

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Senior and Disabled Persons Assistance Program Application Form (FSC-1)

Name: _____ Phone: _____

Street: _____ Town: _____

Personal Information:

How large is your property? _____ (acres) Number of Occupants: _____

Age: _____

Relate your concern regarding wildfire _____ (scale of 1-10, 10 being the highest)

How did you hear about this program? _____

Describe the work that needs to be done:

_____ I have heavy brush growing around my home and need assistance clearing brush 100 feet around my home.

_____ I have small trees around my home and need assistance thinning them.

_____ I have tall grasses growing around my home and need assistance cutting them.

_____ I have large accumulations of leaves/needles that need to be removed from the 100 feet around my home.

Other: _____

I certify that this information is true and correct, that I am over 60 or disabled, cannot physically do brush clearing or do not have the financial means to hire a contractor to create the required defensible space around my home.

Signature: _____

Date: _____

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**Senior and Disabled Persons Assistance Program
Disability Self Certification Form (FSC-2)**

Funding for this Senior and Disabled Persons Assistance Program has been obtained through grant programs awarded to the Fire Safe Council by PG&E. Applicants must meet the criteria for seniors or disabled persons. **(All information will be held confidential.)**

Name: _____

Phone: _____

Street Address: _____

Age: _____

Are you physically unable to hire a contractor or
clear a defensible space independently?

Yes ____ No ____

If you are a disabled person please attach a doctor's letter stating that you are unable to physically perform the work required to clear defensible space or certify that you have a DMV Blue "Disabled Person Parking Placard".

DMV Placard No. _____

I certify the above information is correct and that I understand that the information is subject to verification.

Signature: _____

Date: _____



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Hold Harmless Agreement for the 2017 Seniors and Disabled Persons and Defensible Space Program

To Whom It May Concern:

I give my commitment to participate with the Calaveras Foothills Fire Safe Council (CFFSC) in the 2017 Seniors and Disabled Persons Defensible Space Program. I will participate freely in the project. I consent to fuel reduction work being undertaken on my land.

Landowner will hold harmless the CFFSC and any other entity involved in this project in connection with any loss or liability or injury to persons or property that arise from performance of work under this agreement. CFFSC will hold harmless the Landowner (and any contracting entity in this project) in connection with any loss or liability or injury to persons or property that arise from performance of work under this agreement. Work crews will have liability insurance (provided by CFFSC or contracting entity) for work on Landowner's property.

The term of this agreement shall be for _____ (dates). Within the dates specified, the CFFSC shall give the landowner reasonable actual notice of at least two weeks in advance and any necessary arrangements will be made prior to each requested access. Reasonable and actual notice may be given by mail, in person, or by telephone. This agreement can be amended only by prior written notification of either party executing this agreement.

Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

I will participate in this project in the following ways:

I will allow fuel reduction activities to take place on my property. I will assist in educational efforts to teach my neighbors and other community members about the benefits of fuels reduction work on our properties.

NAME (Landowner)

DATE

On behalf of the Calaveras Foothills Fire Safe Council, we thank you for your participation in the 2017 Seniors, Disabled Persons Defensible Space Program.

NAME (CCFSC Representative)

DATE

Revised: 05/02/2017