

**Application for Recognition of Exemption
 Under Section 501(c)(3) of the Internal Revenue Code**

Read the instructions for each Part carefully.
A User Fee must be attached to this application.
 If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.
Complete the Procedural Checklist on page 8 of the instructions.

Part I Identification of Applicant

1a Full name of organization (as shown in organizing document) FIRE SAFE COUNCIL OF NEVADA COUNTY		2 Employer identification number (EIN) (If none, see page 3 of the Specific Instructions.) 9413317012
1b c/o Name (if applicable)		3 Name and telephone number of person to be contacted if additional information is needed ED MERTENS (530) 265 0621
1c Address (number and street) 10242 RIDGE ROAD	Room/Suite	4 Month the annual accounting period ends DEC
1d City, town, or post office, state, and ZIP + 4. If you have a foreign address, see Specific Instructions for Part I, page 3. P.O. BOX 1477 NEVADA City, CA 95959		5 Date incorporated or formed 1-14-99
1e Web site address http://www.firesafe-council.org/nevada		6 Check here if applying under section: <input type="checkbox"/> 501(e) <input type="checkbox"/> 501(f) <input type="checkbox"/> 501(k) <input type="checkbox"/> 501(n) <input checked="" type="checkbox"/> 501(c)(3)
7 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? If "Yes," attach an explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8 Is the organization required to file Form 990 (or Form 990-EZ)? If "No," attach an explanation (see page 3 of the Specific Instructions). <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
9 Has the organization filed Federal income tax returns or exempt organization information returns? If "Yes," state the form numbers, years filed, and Internal Revenue office where filed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

10 Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See Specific Instructions for Part I, Line 10, on page 3.) See also Pub. 557 for examples of organizational documents.)

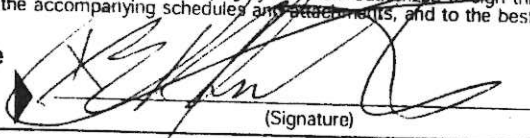
a Corporation—Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.

b Trust— Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.

c Association— Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here  (Signature) **ED MERTENS** (Type or print name and title or authority of signer) **10/20/99** (Date)

Part II Activities and Operational Information

- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. **Do not merely refer to or repeat the language in the organizational document.** List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

SEE ATTACHED PAGES

- 2 What are or will be the organization's sources of financial support? List in order of size.

GRANTS, LIKE 4 LIKE DONATIONS, MATERIALS DONATED FOR EDUCATION FROM PRIVATE BUSINESS'S

- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

WE HAVE BEEN DOING SELECTIVE MAILINGS, GOING INTO THE COMMUNITY FOR PRIVATE BUSINESS SUPPORT. WE ARE WORKING TOWARD LARGER UTILITIES COMPANIES FOR FINANCIAL SUPPORT, OR MATERIAL SUPPORT FOR EDUCATIONAL PRESENTATIONS.

Part II Activities and Operational Information (Continued)

4 Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.

SEE ATTACHED LISTING

b Annual compensation

NONE

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? Yes No
If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See Specific Instructions for Part II, Line 4d, on page 3.) Yes No
If "Yes," explain.

5 Does the organization control or is it controlled by any other organization? Yes No
Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? Yes No
If either of these questions is answered "Yes," explain.

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees? Yes No
If "Yes," explain fully and identify the other organizations involved.

WE COULD BE INVOLVED IN A GRANT FOR THE PURPOSE OF ESTABLISHING AN OFFICE. THIS GRANT WOULD NOT BE TO US BUT ADMINISTERED BY THE FIRE SERVICES FOR SUPPORT OF THE COUNCIL

7 Is the organization financially accountable to any other organization? Yes No
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

Part II Activities and Operational Information (Continued)

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If none, indicate "N/A."

N/A

9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? Yes No

10a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? Yes No

b Is the organization a party to any leases? Yes No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

11 Is the organization a membership organization? Yes No
If "Yes," complete the following:

a Describe the organization's membership requirements and attach a schedule of membership fees and dues.

WE COLLECT 0 DUES - folks sign up as members for the purpose of being on a newsletter list.

b Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

c What benefits do (or will) the members receive in exchange for their payment of dues?

12a If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them? N/A Yes No
If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? N/A Yes No
If "Yes," explain how the recipients or beneficiaries are or will be selected.

13 Does or will the organization attempt to influence legislation? Yes No
If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? Yes No
If "Yes," explain fully.

Part III Technical Requirements

- 1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed? Yes No
If you answer "Yes," do not answer questions on lines 2 through 6 below.

- 2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.

Exceptions—You are not required to file an exemption application within 15 months if the organization:

- a Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church. See **Specific Instructions**, Line 2a, on page 4;
- b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
- c Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

- 3 If the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed? Yes No

If "Yes," your organization qualifies under Regulation section 301.9100-2, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 6.

If "No," answer question 4.

- 4 If you answer "No" to question 3, does the organization wish to request an extension of time to apply under the "reasonable action and good faith" and the "no prejudice to the interest of the government" requirements of Regulations section 301.9100-3? Yes No

If "Yes," give the reasons for not filing this application within the 27-month period described in question 3. See **Specific Instructions**, Part III, Line 4, before completing this item. Do not answer questions 5 and 6.

If "No," answer questions 5 and 6.

- 5 If you answer "No" to question 4, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed? Yes No

- 6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here and attach a completed page 1 of Form 1024 to this application.

Part III Technical Requirements (Continued)

- 7 Is the organization a private foundation?
 Yes (Answer question 8.)
 No (Answer question 9 and proceed as instructed.)

- 8 If you answer "Yes" to question 7, does the organization claim to be a private operating foundation?
 Yes (Complete Schedule E.)
 No

After answering question 8 on this line, go to line 14 on page 7.

- 9 If you answer "No" to question 7, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:

- | | | |
|---|--|--|
| a | <input type="checkbox"/> As a church or a convention or association of churches (CHURCHES MUST COMPLETE SCHEDULE A.) | Sections 509(a)(1) and 170(b)(1)(A)(i) |
| b | <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B.) | Sections 509(a)(1) and 170(b)(1)(A)(ii) |
| c | <input type="checkbox"/> As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (These organizations, except for hospital service organizations, MUST COMPLETE SCHEDULE C.) | Sections 509(a)(1) and 170(b)(1)(A)(iii) |
| d | <input type="checkbox"/> As a governmental unit described in section 170(c)(1). | Sections 509(a)(1) and 170(b)(1)(A)(v) |
| e | <input type="checkbox"/> As being operated solely for the benefit of, or in connection with, one or more of the organizations described in a through d, g, h, or i (MUST COMPLETE SCHEDULE D.) | Section 509(a)(3) |
| f | <input type="checkbox"/> As being organized and operated exclusively for testing for public safety. | Section 509(a)(4) |
| g | <input type="checkbox"/> As being operated for the benefit of a college or university that is owned or operated by a governmental unit. | Sections 509(a)(1) and 170(b)(1)(A)(iv) |
| h | <input type="checkbox"/> As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. | Sections 509(a)(1) and 170(b)(1)(A)(vi) |
| i | <input type="checkbox"/> As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2) |
| j | <input checked="" type="checkbox"/> The organization is a publicly supported organization but is not sure whether it meets the public support test of h or i. The organization would like the IRS to decide the proper classification. | Sections 509(a)(1) and 170(b)(1)(A)(vi) or Section 509(a)(2) |

If you checked one of the boxes a through f in question 9, go to question 14. If you checked box g in question 9, go to questions 11 and 12. If you checked box h, i, or j, in question 9, go to question 10.

Part III Technical Requirements (Continued)

- 10** If you checked box **h**, **i**, or **j** in question 9, has the organization completed a tax year of at least 8 months?
 Yes—Indicate whether you are requesting:
 A definitive ruling. (Answer questions 11 through 14.)
 An advance ruling. (Answer questions 11 and 14 and attach two Forms 872-C completed and signed.)
 No—You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the Form 1023.
- 11** If the organization received any unusual grants during any of the tax years shown in Part IV-A, **Statement of Revenue and Expenses**, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

- 12** If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here and:
a Enter 2% of line 8, column (e), Total, of Part IV-A
b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line **12a** above.

- 13** If you are requesting a definitive ruling under section 509(a)(2), check here and:
a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see **Specific Instructions**, Part II, Line 4d, on page 3.)
b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

14 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. **Do not submit blank schedules.**)

	Yes	No	If "Yes," complete Schedule:
Is the organization a church?		X	A
Is the organization, or any part of it, a school?		X	B
Is the organization, or any part of it, a hospital or medical research organization?		X	C
Is the organization a section 509(a)(3) supporting organization?		X	D
Is the organization a private operating foundation?		X	E
Is the organization, or any part of it, a home for the aged or handicapped?		X	F
Is the organization, or any part of it, a child care organization?		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.?		X	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution?		X	I

Part IV Financial Data

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

A. Statement of Revenue and Expenses

	Current tax year	3 prior tax years or proposed budget for 2 years			(e) TOTAL
		(a) From _____ to	(b) _____	(c) _____	
Revenue	1 Gifts, grants, and contributions received (not including unusual grants—see page 6 of the instructions).				
	2 Membership fees received				
	3 Gross investment income (see instructions for definition)				
	4 Net income from organization's unrelated business activities not included on line 3				
	5 Tax revenues levied for and either paid to or spent on behalf of the organization				
	6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)				
	7 Other income (not including gain or loss from sale of capital assets) (attach schedule)				
	8 Total (add lines 1 through 7)				
	9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Include related cost of sales on line 22				
	10 Total (add lines 8 and 9)				
	11 Gain or loss from sale of capital assets (attach schedule)				
	12 Unusual grants				
	13 Total revenue (add lines 10 through 12)				
Expenses	14 Fundraising expenses				
	15 Contributions, gifts, grants, and similar amounts paid (attach schedule)				
	16 Disbursements to or for benefit of members (attach schedule)				
	17 Compensation of officers, directors, and trustees (attach schedule)				
	18 Other salaries and wages				
	19 Interest				
	20 Occupancy (rent, utilities, etc.)				
	21 Depreciation and depletion				
	22 Other (attach schedule)				
	23 Total expenses (add lines 14 through 22)				
	24 Excess of revenue over expenses (line 13 minus line 23)				

See attached Budget

Part IV Financial Data (Continued)

B. Balance Sheet (at the end of the period shown)

Current tax year
Date _____

Assets

1	Cash	1
2	Accounts receivable, net	2
3	Inventories	3
4	Bonds and notes receivable (attach schedule)	4
5	Corporate stocks (attach schedule)	5
6	Mortgage loans (attach schedule)	6
7	Other investments (attach schedule)	7
8	Depreciable and depletable assets (attach schedule)	8
9	Land	9
10	Other assets (attach schedule)	10
11	Total assets (add lines 1 through 10)	11

See attached Budget

Liabilities

12	Accounts payable	12
13	Contributions, gifts, grants, etc., payable	13
14	Mortgages and notes payable (attach schedule)	14
15	Other liabilities (attach schedule)	15
16	Total liabilities (add lines 12 through 15)	16

Fund Balances or Net Assets

17	Total fund balances or net assets	17
18	Total liabilities and fund balances or net assets (add line 16 and line 17)	18

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation

Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

(Rev. September 1998)

Department of the Treasury
Internal Revenue Service

(See instructions on reverse side.)

To be used with
Form 1023. Submit
in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

FIRE SAFE COUNCIL OF NEVADA County INC
(Exact legal name of organization as shown in organizing document)

10242 RIDGE RD. NEVADA City, CA
(Number, street, city or town, state, and ZIP code)

P.O. BOX 1477
NEVADA City, CA 95959

and the
District Director of
Internal Revenue, or
Assistant
Commissioner
(Employee Plans and
Exempt Organizations)

consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year 12-31-99
(Month, day, and year)

Name of organization (as shown in organizing document)

Date

FIRE SAFE COUNCIL OF NEVADA County INC

12/20/99

Officer or trustee having authority to sign

Type or print name and title

Signature [Handwritten Signature]

ED MERTENS

For IRS use only

District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)

Date

By ▶

Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

(Rev. September 1998)

Department of the Treasury
Internal Revenue Service

(See instructions on reverse side.)

To be used with
Form 1023. Submit
in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

FIRE SAFE COUNCIL OF NEVADA COUNTY, INC.
(Exact legal name of organization as shown in organizing document)

10242 RIDGE RD. NEVADA CITY, CA
(Number, street, city or town, state, and ZIP code)

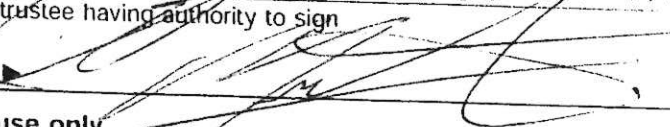
P.O. BOX 1477
NEVADA CITY, CA 95959

and the
District Director of
Internal Revenue, or
Assistant
Commissioner
(Employee Plans and
Exempt Organizations)

consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year 12-31-99
(Month, day, and year)

Name of organization (as shown in organizing document)		Date
<u>FIRE SAFE COUNCIL OF NEVADA COUNTY, INC.</u>		<u>10/20/99</u>
Officer or trustee having authority to sign		Type or print name and title
Signature 		<u>ED MERTENS</u>
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)		Date

By ▶

To Whom it May Concern:

Attached you will find the following papers:

1. **Mission Statement for FSCNC**
2. **Programs and Activities Planned for FSCNC**
3. **Proposed Methods of Funding for FSCNC**

Regarding the Mission Statement:

This statement was created to keep all volunteers on task. We are here for the public and are directed to work in the best interest of our public. Through team effort our goal is to bring together private and governmental agencies so they work together , protecting all parties interest.

Regarding the Programs and Activities Planned for FSCNC:

Our Education Committee is working throughout the community bring together interested parties and creating cooperative projects. The Master Gardeners and the local Nurseries are working together to create a list of fire safe plants so come the next spring these plants will be highlighted for the consumer. They are also working on a flyer for the Building Permits office to be handed out to all new permit retainers explaining the need for fire awareness and safety in construction and remodeling. They have recently contacted the local Contractors Association to see if we can work with them to help educate the local consumer in fire safety. All members of this group are volunteers and spend hours working on these projects. Each project promotes safety in our community, not only for the homeowner but everyone!

As for programs, we have the Fire Side Chats set up already. This group of volunteers have funded this completely and have produced a booklet for Homeowners Associations to teach and promote fire safety. The FSCNC will do the presentation or teach the Homeowner Rep. how to put on the presentation, but the ultimate goal is to promote reduction of ladder fuel, removal of tree limbs from roof tops, and all over fire awareness. We just don't want to wait for the fire storm, we want to prepare for it Nature has her way of always doing what is right, we just need to learn how to live cooperatively. As with the education committee this group have spend many hours and plenty of their own money in support of this cause!

Regarding the **Roads Committee**:

This group of volunteers have spent hundreds of hours remapping our county roads. There is such a need for accurate maps and our county is very poor in this area. We identified a need and have volunteers who love their job making sure all the emergency services as well as the public have accurate records! The goal is to have all the roads traveled and remapped by the end of the year. The Board of Supervisors in our County are very pleased with this help, they support our efforts especially since they have -0- funds to perform this task themselves!

Regarding the **Funding for FSCNC**:

This committee is probably the hardest job to work on. We have been requesting funds from the local insurance agents and businesses that have a vested interest in protection of property. We have also requested funds from Homeowners Associations that are very interested in this Council. There has never been a neutral party that could bring together the public with governmental agencies. We are working to get projects in place, such as chipping programs, so to have the project run a little smoother and have a comfortable place for everyone to meet! Money is also being requested from companies such as PGE, to help produce flyers. This process is slow and we need to have the non-profit status in place before very many folks will even consider helping the cause.

Time factors are great for all parties involved in this Council, to measure the time is difficult but all effort is for the betterment of our Community. We all are in this for the long haul, working towards a safer environment for everyone here in Nevada County.

The support we receive from the local fire services often allow us to be successful. At this time there is a grant being processed by the California Dept of Forestry that will allow us to have office supplies, phone and a local office for the public to use. This grant is managed by CDF and we are merely the benefactors! We do not manage the funds and all is processed through the County office. CDF is strongly aware of the financial strain an organization has getting started and has stepped up to help. This will be a major help in getting the Council on its feet, the rest is in the hands of the members.

FIRE SAFE COUNCIL OF NEVADA COUNTY

FIRE SAFE COUNCIL MISSION STATEMENT

The mission of the Fire Safe Council of Nevada County is to protect the citizens, property and natural resources of the County from the effects of catastrophic wildland fires, improve forest health, and to improve air and water quality. This mission will be accomplished through interagency and neighborhood coordination along with a strong public and private partnership focusing on public education, wildland fuel reduction, fire hazard reduction and risk reduction.

PROGRAMS AND ACTIVITIES PLANNED FOR FIRE SAFE COUNCIL OF NEVADA COUNTY

1. We have formed a Education Committee that works on flyers, materials for business.merchants in our community and materials for the schools. They are working with various groups in our community such as the Master Gardeners to create list of fire safe plants/materials for our homes. In time we hope to have this committee involving all walks of live in our community so to keep everyone safe from fire loss!
2. We have already created the Fire Side Chats. This is material, speakers if requested, for groups of homeowners to help educate the homeowner. Various forms of material are handed out with the encouragement for the homeowners to clear their land of ladder fuels, clear the roof of tree limbs, etc. Being fire safe does not mean stripping the land, it simple means be fire smart and understand the nature of fire.
3. We have a Roads Committee that is manned by volunteers who are driving every road in our county correcting the County Maps! These folks are providing a service so badly needed by not only the emergency services but the public, they are unbelievable! At this time even the County Board of Supervisors are taking notice and thanking these fantastic folks for all their work. By the end of this year we hope to have most of the roads properly mapped and in place for future maps.

PROPOSED METHODS OF FUNDING FOR THE FIRE SAFE COUNCIL OF NEVADA COUNTY

1. Letters to the insurance agents/members in our community asking for financial support. Insurance carriers have a heavy burden when fire takes its toll, hence, they have a vested interest in the education process.
2. Letters to Developers/Contractors in Nevada County asking for their support. They have a vested interest not only for building but for the protection of their projects.
3. General Utilities Services will be approached to help with funding of support material for the Fire Side Chats, given to HomeOwners Associations and various public member groups.
4. CDF will be approached for a grant to help with office supplies, office space, computer, postage, etc. to make an office available for public use. Having a location that all parties needing help can centrally meet helps to bring parties together to accomplish fire safe goals.
5. In the future we are looking at perhaps having a Fire Safety Fair for the public. This would have merchants for all fire safe products on the fair groups demonstrating their products.

The following budget is a projected budget if we are to stand on our own. There are some costs that we have found through fund raising, are not applicable. We are finding that business's are willing to donated product in lieu of money and this works just as well for us.

At this time we have raised enough money for insurance, filing fees, postage and some printing costs. Our volunteers are the backbone of this group, they invest their time and money for each project. Of course we would like to see funds come in at a greater level but for now this is not the case. We have been working since Jan. 99 to get to here we are today, it is a slow process.

If you have any questions please ask, I am always available for the call.

Sincerely,



ED MERTENS

Treasurer

530 265-0621

**FIRE SAFE COUNCIL OF NEVADA COUNTY
BUDGET FOR 1999/2000/2001**

	MONTHLY	ANNUAL
TELEPHONE	50.00	600.00
POST OFFICE BOX	5.00	60.00
COMPUTER	DONATED	DONATED
COPIES	DONATED	DONATED
FAX MACHINE	DONATED	DONATED
POSTAGE	50.00	600.00
LIABILITY INSURANCE	45.00	500.00
OFFICE SPACE	DONATED	DONATED
OFFICE SUPPLIES	DONATED	DONATED
STATIONARY	DONATED	DONATED
MISCELLANEOUS	50.00	600.00
TOTAL	\$200.00	\$2400.00

The Fire Safe Council of Nevada County exists with the support of the community, this being from both the Fire Services and the Private Business Community.