



Arkansas Fire Prevention Commission

AR State Fire Marshal • #1 State Police Plaza – Little Rock, AR 72209 • 501-618-8624
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Chairman
 Marc Lowery

Vice Chairman
 Travis Hollis

Secretary
 Ronnie Rogers

PERFORMANCE REVIEW FORM

Name of Organization			
Organization's Mailing Address		_____ _____ _____ ZIP _____	
Fire Department Identification Number	# _____	Grant Cycle Period	From: _____ To: _____
Current Date:	Month _____ Day _____ Year _____		
Did This Grant enable you to receive additional funds or Grants and if so how much? _____ _____			
Does Fire Dept. report to NFIRS?	Yes _____	No _____	
Report of Outcome: _____ _____ _____			
Achievements Accomplished: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____			
_____ if additional space is required please attach separate sheet			

