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## Assistance to Firefighters Grants Program

### Grant Writing Workshop



# Presenter

**XXXXX XXXXXXXX  
Region X Fire Program  
Specialist**

**XXXXX.XXXXXX@fema.dhs.gov**

**###-###-####**

# Today's Program

- AFG Program Overview
- Understanding the Award Process
- Application Development
- Developing the Narrative
- Top Ten Best Practices



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# FY15 Program Updates



Awards On-Going



Awards On-Going



Panel review held in May



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# FY 16 Appropriations



**\$ 310,500,000**



**\$ 345,000,000**



**\$ 34,500,000**



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# FY16 Program Updates



Application period late Summer



Application period - Winter



Application period - Winter



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# Funding Allocations

## Allocation Requirement (by % of available grant funds)

Not less than 25% to Career fire departments

Not less than 25% to Volunteer fire departments

Not less than 25% to Combination fire departments

Not less than 10% to open competition among Career, Volunteer, and Combination

Not less than 10% to FP&S Grants

# Understanding the Application Process

- Notice of Funding Opportunity (NOFO)
- Application Period (30 Days)
- Electronic Pre-Score
- Peer Panel Review
- Post Panel Review
- Awards



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# Hot Issues

- FY15 AFG Turndown notices
- SAM.gov registration
- Grant Monitoring
- MOU's

# Procurement Best Practices

- Know your local procurement policies
- Start early with product research and pricing estimates
  - Initial market research & pricing should be conducted prior to submitting your application
  - Prepare bid specifications before you receive an award if possible
- Be VERY mindful of vendor relationships that may encourage a conflict of interest

# The Process of Applying

1. Planning and Preparation
2. Application Content
3. Developing the Narrative
4. Review and Submittal
5. Scoring and Selection



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# FY 2016 Funding Priorities



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# Application Types

- Fire Department
  - Fire Department Regional
- Non-Affiliated EMS
  - Non-Affiliated EMS Regional
- State Fire Training Academies
- Regional Vehicle applications
- Micro grants



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# FY16 AFG Activities

- **Ops & Safety - Training**
  - Training evaluated using national or state standards.
  - Training that brings a department into compliance with recommended NFPA or other national standards.
- **Ops & Safety - Modifications to Facilities**
  - Departments requesting direct, source capture exhaust systems, sprinkler systems, or smoke/fire detectors
  - Occupancy considerations



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# FY16 AFG Activities

- **Ops & Safety - Wellness & Fitness**
  - Initial medical exams
  - Job-related immunization
  - Annual medical and fitness evaluation
  - Behavioral health
- **Vehicles**
  - Replace old / unsafe vehicles
  - See NOFO for list of vehicle priorities by community type



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# FY16 AFG Activities

- **Ops & Safety - Equipment**
  - First-time purchase (**never owned by applicant**)
  - Replace obsolete or damaged equipment
  - **Age of technology**
- **Ops & Safety – PPE**
  - Departments requesting new PPE for the first time
  - Departments replacing obsolete or damaged PPE
  - **2 gloves - 2 hoods = complete set**
  - **Urban/Rural/Suburban age considerations**



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# Application Basics



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## Applicant's Acknowledgements

Application 63% complete

- \*  I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.
- \*  As required per 2 CFR § 25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.
- \*  I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's one (1) year Period of Performance (POP).
- \*  I certify that the applicant organization is aware that this application period is open from 03/04/2015 to 01/01/2018 and will close at 5 PM EST; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.
- \*  I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: [http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/qpd\\_ehp\\_screening\\_form\\_51815.pdf](http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/qpd_ehp_screening_form_51815.pdf)
- \*  I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

**Note:** the Primary Point of Contact will be responsible for signing and submitting the application. Fields marked with an \* are required.

**By checking the box below and providing your password, you are providing your digital signature.**

\* Password:



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## Overview

Application 63% complete

The Assistance to Firefighters Grants Program's objective is to provide funding directly to fire departments and nonaffiliated EMS organizations or a State Fire Training Academy for the purpose of protecting the health and safety of the public and first responder personnel against fire and fire-related hazards. Please review the Notice of Funding Opportunity Announcement (NOFO) for information on available program areas and for more information on the evaluation process and conditions of award.

**\* Did you attend one of the workshops conducted by an AFG regional fire program specialist?**

Yes, I have attended workshop  
 No, I have not attended workshop

**\* Did you participate in a webinar that was conducted by AFG?**

Yes  
 No

**\* Are you a member, or are you currently involved in the management, of the fire department or nonaffiliated EMS organization or a State Fire Training Academy applying for this grant with this application?**

Yes, I am a member/officer of this applicant  
 No, I am a grant writer or otherwise not affiliated with this applicant

If you answered "No", please **complete** the information below. If you answered "Yes", please skip the Preparer Information section.  
**Fields marked with an \* are required.**

Preparer Information	
Preparer's Name	<input style="width: 90%;" type="text"/>
Address 1	<input style="width: 90%;" type="text"/>

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City	<input type="text"/>
State	Select a State <input type="button" value="v"/>
Zip (e.g. 12345-6789)	<input type="text"/> - <input type="text"/> <a href="#">Need help for ZIP+4?</a>

In the space below please list the person your organization has selected to be the primary point of contact for this grant. This should be a department officer or member of the organization who will see this grant through completion, including closeout. Reminder: if this person changes at any time during the period of performance please update this information. Please list only phone numbers where we can get in direct contact with the POC.

Primary Point of Contact	
* Title	<input type="text" value="Deputy Chief"/>
Prefix (select one) (Select N/A if not applicable)	Mr. <input type="button" value="v"/>
* First Name	<input type="text" value="Kevin"/>
Middle Initial	<input type="text" value="B."/>
* Last Name	<input type="text" value="Piatt"/>
* Primary Phone (e.g. 123-456-7890)	<input type="text" value="310-990-8996"/> Ext. <input type="text"/> Type <input type="button" value="cell"/> <input type="button" value="v"/>
* Secondary Phone (e.g. 123-456-7890)	<input type="text" value="202-786-9822"/> Ext. <input type="text"/> Type <input type="button" value="work"/> <input type="button" value="v"/>
Optional Phone (e.g. 123-456-7890)	<input type="text"/> Type <input type="button" value="Select"/> <input type="button" value="v"/>
Fax (e.g. 123-456-7890)	<input type="text"/>
* Email (e.g. user@xyz.org)	<input type="text" value="kevin.piatt@fema.dhs.gov"/>



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## Alternate Contact Information

Application 63% complete

In addition to yourself, please provide two additional points of contact for this application. Due to the complete grant cycle being as many as two years, please consider only listing permanent or long term members of the organization who will be involved or familiar with this application.

**Note:** Fields marked with an \* are required.

Alternate Contact Information Number 1			
* Title	<input type="text" value="Captain"/>		
Prefix (select one) (Select N/A if not applicable)	<input type="text" value="Mr."/> ▼		
* First Name	<input type="text" value="Bradford"/>		
Middle Initial	<input type="text"/>		
* Last Name	<input type="text" value="Puppy"/>		
* Primary Phone (e.g. 123-456-7890)	<input type="text" value="703-573-6693"/>	Ext. <input type="text"/>	Type <input type="text" value="home"/> ▼
* Secondary Phone (e.g. 123-456-7890)	<input type="text" value="202-786-9214"/>	Ext. <input type="text"/>	Type <input type="text" value="work"/> ▼
Optional Phone (e.g. 123-456-7890)	<input type="text"/>		Type <input type="text" value="Select"/> ▼
Fax (e.g. 123-456-7890)	<input type="text"/>		
* Email (e.g. user@xyz.org)	<input type="text" value="Bcaptain@gmail.com"/>		

Alternate Contact Information Number 2	
* Title	<input type="text" value="SGT"/>



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* Last Name	Puppy		
* Primary Phone (e.g. 123-456-7890)	703-573-6693	Ext. <input type="text"/>	Type <input type="text" value="home"/>
* Secondary Phone (e.g. 123-456-7890)	202-786-9214	Ext. <input type="text"/>	Type <input type="text" value="work"/>
Optional Phone (e.g. 123-456-7890)	<input type="text"/>		Type <input type="text" value="Select"/>
Fax (e.g. 123-456-7890)	<input type="text"/>		
* Email (e.g. user@xyz.org)	Bcaptain@gmail.com		

Alternate Contact Information Number 2			
* Title	SGT		
Prefix (select one) (Select N/A if not applicable)	Mr. <input type="text"/>		
* First Name	Captain		
Middle Initial	<input type="text"/>		
* Last Name	Dog		
* Primary Phone (e.g. 123-456-7890)	703-573-9987	Ext. <input type="text"/>	Type <input type="text" value="home"/>
* Secondary Phone (e.g. 123-456-7890)	571-233-4791	Ext. <input type="text"/>	Type <input type="text" value="cell"/>
Optional Phone (e.g. 123-456-7890)	<input type="text"/>		Type <input type="text" value="Select"/>
Fax (e.g. 123-456-7890)	<input type="text"/>		
* Email (e.g. user@xyz.org)	SGTdawg@gmail.com		



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## Applicant Information

Application 63% complete

Please complete the following information regarding your department.

**Note:** Fields marked with an \* are required.

<b>* Organization Name</b>	<input type="text" value="Big Dog Fire &amp; Rescue"/>
<b>* Type of Applicant</b>	<input checked="" type="radio"/> Fire Department/Fire District <input type="radio"/> Fire Department/Fire District (Regional) <input type="radio"/> Nonaffiliated EMS Organization <input type="radio"/> Nonaffiliated EMS Organization (Regional) <input type="radio"/> State Fire Training Academy <input type="radio"/> Regional Vehicle
<b>* Fire Department/District, nonaffiliated EMS, and Regional applicants, select type of Jurisdiction Served :</b>	<input type="text" value="County"/> <input type="button" value="v"/> <input type="text"/>
<p>If "Other", please enter the type of Jurisdiction</p>	
<p><b><a href="#">SAM.gov</a> (System For Award Management)</b></p>	
<b>* What is the legal name of your Entity as it appears in <a href="#">SAM.gov</a>?</b> Note: This information must match your <a href="#">SAM.gov</a> profile if your organization is using the DUNS number of your Jurisdiction.	<input type="text" value="Big Dog Fire &amp; Rescue"/>
<b>* What is the legal business address of your Entity as it appears in <a href="#">SAM.gov</a>?</b> Note: This information must match your <a href="#">SAM.gov</a> profile if your organization is using the DUNS number of your Jurisdiction.	
<b>* Mailing Address 1</b>	<input type="text" value="158 S. Westgate ave"/>



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* Mailing Address 1	<input type="text" value="158 S. Westgate ave"/>
Mailing Address 2	<input type="text"/>
* City	<input type="text" value="los angeles"/>
* State	<input style="border: none; background-color: #f0f0f0; width: 100%;" type="text" value="California"/>
* Zip (e.g. 12345-6789)	<input type="text" value="90049"/> - <input type="text" value="4223"/> <a href="#">Need help for ZIP+4?</a>
* <a href="#">Employer Identification Number</a> (e.g. 12-3456789) Note: This information must match your <a href="#">SAM.gov</a> profile. (e.g. 12-3456789)	<input type="text" value="12-6657891"/> <a href="#">Help</a>
* Is your organization using the DUNS number of your Jurisdiction?	<input checked="" type="radio"/> Yes <input type="radio"/> No, we have our own DUNS number separate from our Jurisdiction.
I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you selected Yes above)	<input checked="" type="checkbox"/> Yes
* What is your 9 digit <a href="#">DUNS number</a> ?  (call 1-866-705-5711 to get a DUNS number)	<input type="text" value="124587365"/> <a href="#">Help</a>
If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here. Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own <a href="#">DUNS number</a> and bank account separate from your Jurisdiction.	<input type="text" value="2365"/> <a href="#">Help</a>
* Is your <a href="#">DUNS Number</a> registered in <a href="#">SAM.gov</a> (System for Award Management previously CCR.gov)?	<input checked="" type="radio"/> Yes <input type="radio"/> No <a href="#">Help</a>
* I certify that my organization/entity is registered and active at <a href="#">SAM.gov</a> and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's <a href="#">SAM.gov</a> record	<input checked="" type="checkbox"/> Yes



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consistent with my organization's entity's [SAM.gov](#) record.

**Headquarters or Main Station Physical Address**

* Physical Address 1	<input type="text" value="11111 sun"/>
Physical Address 2	<input type="text"/>
* City	<input type="text" value="reston"/>
* State	<input type="text" value="Virginia"/> ▾
* Zip (e.g. 12345-6789)	<input type="text" value="20191"/> - <input type="text" value="0223"/> <a href="#">Need help for ZIP+4?</a>

**Mailing address is the same as the physical address**  
 Note: This information must match your [SAM.gov](#) profile. [Help](#)

* Mailing Address 1	<input type="text" value="11111 sun"/>
Mailing Address 2	<input type="text"/>
* City	<input type="text" value="reston"/>
* State	<input type="text" value="Virginia"/> ▾
* Zip (e.g. 12345-6789)	<input type="text" value="20191"/> - <input type="text" value="0223"/> <a href="#">Need help for ZIP+4?</a>

**Bank Account Information**

* The bank account being used is: (Please select one from right)	<p><input checked="" type="radio"/> Maintained by my Organization separately from my Jurisdiction          Note: If this is selected, a 4 digit DUNS plus 4 is required if you answered "YES" to using the DUNS number of your Jurisdiction.</p> <p><input type="radio"/> Maintained by my Jurisdiction</p>
--	---

Note: The following banking information must match your [SAM.gov](#) profile



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Note: The following banking information must match your [SAM.gov](#) profile.

* Type of bank account	<input checked="" type="radio"/> Checking <input type="radio"/> Savings	
* Bank routing number - <u>9 digit</u> number on the bottom left hand corner of your check (numbers only, no dashes)	<input type="text" value="256074974"/>	<a href="#">Help</a>
* Re-enter Bank routing number	<input type="text" value="256074974"/>	
* <b>Your account number</b> (numbers only, no dashes)	<input type="text" value="3233436495"/>	
* Re-enter your account number	<input type="text" value="3233436495"/>	

**Additional Information**

* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?	<input type="radio"/> Yes <input checked="" type="radio"/> No
---	---

* If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application.	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	---

* Is the applicant <a href="#">delinquent on any Federal debt</a> ?	<input type="radio"/> Yes <input checked="" type="radio"/> No <a href="#">Help</a>
---	--

If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:

xxxxxxxxxx

⬆  
⬇

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## Fire Department/Fire District Department Characteristics (Part I)

Application 63% complete

Please provide the following additional information regarding your organization.

**Note:** Fields marked with an \* are required.

* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* What kind of organization do you represent?	All Paid/Career <input type="button" value="v"/> <a href="#">Help</a>
If you answered "Combination", above, how many career members in your organization? (whole numbers only)	<input type="text"/>
If you answered "Volunteer" or "Combination" or "Paid on-call", how many of your volunteer Firefighters are paid members from another career department? (whole numbers only)	<input type="text"/>
* What type of community does your organization serve?	<input checked="" type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural
* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)	<input checked="" type="radio"/> Yes <input type="radio"/> No
* What is the square mileage of your first-due response area? (whole number only)	<input type="text" value="4000"/>
* What percentage of your response area is protected by hydrants? (whole number only)	<input type="text" value="50"/> %
* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?	<input type="text" value="Dog Patch"/>



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\* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?

\* Does your organization protect critical infrastructure?

 Yes  No [Help](#)

If "Yes", please describe the critical infrastructure protected below:

2969 characters left

(Percentages in three answers below must sum up to 100%)

\* What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties? (whole number only)

 %

\* What percentage of your primary response area is for commercial and industrial purposes? (whole number only)

 %

\* What percentage of your primary response area is used for residential purposes? (whole number only)

 %

\* What is the permanent resident population of your [Primary/First-Due Response Area or jurisdiction served?](#) (whole numbers only)

 [Help](#)

\* Do you have a seasonal increase in population?

 Yes  No

If "Yes" what is your seasonal increase in population? (whole number only)

\* How many active firefighters does your department have who perform firefighting duties? (whole numbers only)

 [Help](#)

\* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only)

Does your department have a [Community Paramedic](#) program?

 Yes  No



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\* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only)

\* How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I)

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

 Yes  No

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the Firefighter II level in this application, please describe in the box below your training program and your plans to bring your membership up to Firefighter II.

The other 100 are currently in training.

3960 characters left

\* What services does your organization provide?

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Advanced Life Support               | <input checked="" type="checkbox"/> Emergency Medical Responder      | <input checked="" type="checkbox"/> Rescue Operational Level    |
| <input checked="" type="checkbox"/> Airport Rescue Firefighting (ARFF)  | <input checked="" type="checkbox"/> Haz-Mat Operational Level        | <input checked="" type="checkbox"/> Rescue Technical Level      |
| <input checked="" type="checkbox"/> Basic Life Support                  | <input checked="" type="checkbox"/> Haz-Mat Technical Level          | <input checked="" type="checkbox"/> Structural Fire Suppression |
| <input checked="" type="checkbox"/> <a href="#">Community Paramedic</a> | <input checked="" type="checkbox"/> Maritime Operations/Firefighting | <input checked="" type="checkbox"/> Wildland Fire Suppression   |

\* Please describe your organization and/or community that you serve.

Big city with urban interface.

3969 characters left



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## Fire Department Characteristics (Part II)

Application **63%** complete

Please provide the following additional information regarding your organization.  
**Note:** Fields marked with an \* are required.

	2015 (whole numbers only)	2014 (whole numbers only)	2013 (whole numbers only)
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	<input type="text" value="9"/>	<input type="text" value="6"/>	<input type="text" value="3"/>
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
* What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
* What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years? <a href="#">Help</a>	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="6"/>
*Over the last three years, what was your organization's operating budget? <a href="#">Help</a>	<input type="text" value="92000000"/> (whole number only) <a href="#">Help</a>		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	<input type="text" value="87000000"/> (number only)		
Does your department have any rainy day reserves, emergency funds, or capital outlay?	<input type="radio"/> Yes <input checked="" type="radio"/> No		



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If yes, what is the total amount currently set aside? (whole number only)	<input style="width: 60px;" type="text" value="0"/>		
* What percentage of your annual operating budget is derived from: <b>Enter numbers only, percentages must sum up to 100%</b>	2015 <small>(numbers only)</small>	2014 <small>(numbers only)</small>	2013 <small>(numbers only)</small>
<a href="#">Taxes?</a>	<input style="width: 60px;" type="text" value="100"/> %	<input style="width: 60px;" type="text" value="100"/> %	<input style="width: 60px;" type="text" value="100"/> %
Bond Issues?	<input style="width: 60px;" type="text" value="0"/> %	<input style="width: 60px;" type="text" value="0"/> %	<input style="width: 60px;" type="text" value="0"/> %
<a href="#">EMS Billing?</a>	<input style="width: 60px;" type="text" value="0"/> %	<input style="width: 60px;" type="text" value="0"/> %	<input style="width: 60px;" type="text" value="0"/> %
Grants?	<input style="width: 60px;" type="text" value="0"/> %	<input style="width: 60px;" type="text" value="0"/> %	<input style="width: 60px;" type="text" value="0"/> %
Donations?	<input style="width: 60px;" type="text" value="0"/> %	<input style="width: 60px;" type="text" value="0"/> %	<input style="width: 60px;" type="text" value="0"/> %
Fund drives?	<input style="width: 60px;" type="text" value="0"/> %	<input style="width: 60px;" type="text" value="0"/> %	<input style="width: 60px;" type="text" value="0"/> %
<a href="#">Fee for Service?</a>	<input style="width: 60px;" type="text" value="0"/> %	<input style="width: 60px;" type="text" value="0"/> %	<input style="width: 60px;" type="text" value="0"/> %
* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.			
<div style="border: 1px solid gray; padding: 5px;">         California is broke no property taxes available.       </div>			
3951 characters left			
* How many vehicles does your organization have in each type or class of vehicle listed below? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession. ( <b>Enter numbers only and enter 0 if you do not have any of the vehicles below.</b> )			
<b>Type or Class of Vehicle</b>	<b>Number of Front Line Apparatus</b>	<b>Number of Reserve Apparatus</b>	<b>Number of Seated Riding Positions</b> <a href="#">Help</a>
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or			

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\* How many vehicles does your organization have in each type or class of vehicle listed below? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession. ( Enter numbers only and enter 0 if you do not have any of the vehicles below. )

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions <a href="#">Help</a>
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	<input type="text" value="225"/>	<input type="text" value="15"/>	<input type="text" value="675"/>
Ambulances for transport and/or emergency response:	<input type="text" value="200"/>	<input type="text" value="20"/>	<input type="text" value="400"/>
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	<input type="text" value="20"/>	<input type="text" value="1"/>	<input type="text" value="21"/>
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	<input type="text" value="150"/>	<input type="text" value="15"/>	<input type="text" value="600"/>
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pickup w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	<input type="text" value="50"/>	<input type="text" value="10"/>	<input type="text" value="60"/>
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	<input type="text" value="30"/>	<input type="text" value="5"/>	<input type="text" value="180"/>
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle	<input type="text" value="100"/>	<input type="text" value="50"/>	<input type="text" value="150"/>

Required, Additional Vehicles/Other: Reserve Apparatus, whole number only



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## Fire Department Call Volume

Application 63% complete

Please provide the total number of incidents that your department responded to for each of three year period (Jan - Dec). Include only those alarms which your department was a primary responder and not second due or giving Mutual Aid.  
**Note:** Each incident must be counted only once regardless of the number of units or agencies that responded to that incident. (e.g. a vehicle fire with entrapment and injuries may be counted as a vehicle fire or a rescue call or an EMS call, but not all three.)

	2015	2014	2013
<b>* Summary of responses per year by category</b> (Enter whole number only. If you have no calls for any of the categories, Enter 0)			
Fire - NFIRS Series 100	358	302	425
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	21	32	44
Rescue & Emergency Medical Service Incident - NFIRS Series 300	11000	14000	15000
Hazardous Condition (No Fire) - NFIRS Series 400	21003	18005	16002
Service Call - NFIRS Series 500	4700	4500	6582
Good Intent Call - NFIRS Series 600	21005	16002	14568
False Alarm & False Call - NFIRS Series 700	22001	26005	24000
Severe Weather & Natural Disaster - NFIRS Series 800	125	147	134
Special Incident Type - NFIRS Series 900	0	0	0

<b>FIRES</b>			
<b>* How many responses per year by category?</b> (Enter whole number only. If you have no calls for any of the categories, Enter 0)			



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## Request Information

Application 63% complete

### Program Selection

Please use this section to select the program(s) for which you want to apply and provide the additional information requested.

\*1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application you will need to submit separate applications..

Select	Program Name	Activities Available
<input checked="" type="radio"/>	<b>Operations and Safety</b>	[ <a href="#">Equipment</a> ] [ <a href="#">Modify Facilities</a> ] [ <a href="#">Personal Protective Equipment</a> ] [ <a href="#">Training</a> ] [ <a href="#">Wellness and Fitness Programs</a> ]
<input type="radio"/>	<b>Vehicle Acquisition</b>	[ <a href="#">Vehicle Acquisition</a> ]

\*2. Will this grant benefit more than one organization?

Yes  No

If you answered "Yes" to Question 2, please explain how this request benefits other organizations below:

mutual aid

990 characters left

\* 3. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.

(This amount will be included under Other Budget Object Class section of Budget page)(whole dollar amounts only)

\$0



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## Fire Operations and Firefighter Safety Request Details

Application 63% complete

The activities for program **Fire Operations and Firefighter Safety** are listed in the table below. If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item. The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point **before** you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction.

Click View Details link below to build your program budget. Once you have entered a line-item for an activity below, the link to the activity's narrative will appear. Click on the Narratives link for further instructions. Once you have completed this section, press the *Save and Continue* button below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	1	\$ 1,250,000	\$ 6,500	<a href="#">View Details</a> <a href="#">Update Additional Funding</a> <a href="#">Narratives</a>
Modify Facilities	2	\$ 113,000	\$ 28,000	<a href="#">View Details</a> <a href="#">Update Additional Funding</a> <a href="#">Narratives</a>
Personal Protective Equipment	1	\$ 2,275,000	\$ 7,500	<a href="#">View Details</a> <a href="#">Update Additional Funding</a> <a href="#">Narratives</a>
Training	1	\$ 635,000	\$ 0	<a href="#">View Details</a> <a href="#">Update Additional Funding</a> <a href="#">Narratives</a>
Wellness and Fitness Programs	2	\$ 6,750	\$ 0	<a href="#">View Details</a> <a href="#">Update Additional Funding</a> <a href="#">Narratives</a>

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## Fire Operations and Firefighter Safety Request Details

Below is a list of items included in your application. Click the *Add Fire Department/Fire District Equipment* button to add an item to be funded. You may update or delete the list by clicking the appropriate link under the *Action* column. Once you are done, press the *Return to Summary* button below.

### Fire Department/Fire District Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Air Compressor/Cascade/Fill Station (Fixed or Mobile) for filling SCBA	25	\$ 50,000	\$ 1,250,000	<a href="#">Update</a> <a href="#">Delete</a>

[Return to Summary](#)

[Add Fire Department/Fire District Equipment](#)



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## Add Operations and Firefighter Safety - Equipment

Please provide the following information about the equipment you want funded. **Only whole dollar amounts are acceptable.**

**Note:** Fields marked with an \* are required.

Equipment Details	
*1. What equipment will your organization purchase with this grant?	Select Equipment <input type="button" value="v"/> <a href="#">Help</a>
* Please provide a detailed description of the item selected above.	<div style="border: 1px solid gray; height: 60px; width: 100%;"></div> 500 characters left
*2. Number of units: (whole number only)	<input type="text"/>
*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$ <input type="text"/>
*4. Generally the equipment purchased under this grant program will: (select one)	
<input type="radio"/> Buy equipment for the first time (never owned before) <input type="radio"/> Replace obsolete or damaged equipment that can no longer meet the applicable standards <input type="radio"/> Increase the organization's available supply of the requested item(s)	
If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.	<input type="text"/>
*5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.	<input type="radio"/> Yes <input type="radio"/> No <a href="#">Help</a>
*6. Is your department trained in the proper use of the equipment being requested?	<input type="radio"/> Yes <input type="radio"/> No



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Equipment Details	
<p>*1. What equipment will your organization purchase with this grant?</p> <p>* Please provide a detailed description of the item selected above.</p>	<div style="background-color: #00bcd4; color: white; padding: 2px;">Select Equipment</div> <div style="background-color: #ffff00; padding: 2px;">---- Basic Equipment ----</div> <div style="background-color: #f0f0f0; padding: 2px;">Air Compressor/Cascade/Fill Station (Fixed or Mobile) for filling SCBA</div> <div style="background-color: #f0f0f0; padding: 2px;">Appliance(s)/Nozzle(s)</div> <div style="background-color: #f0f0f0; padding: 2px;">Basic Hand Tools (Structural/Wildland)</div> <div style="background-color: #f0f0f0; padding: 2px;">Computers used in support of Training</div> <div style="background-color: #f0f0f0; padding: 2px;">Electric/Gas Powered Saws/Tools</div> <div style="background-color: #f0f0f0; padding: 2px;">FIT Tester</div> <div style="background-color: #f0f0f0; padding: 2px;">Flashlights</div> <div style="background-color: #f0f0f0; padding: 2px;">Foam Eductors</div> <div style="background-color: #f0f0f0; padding: 2px;">Generator - Portable</div> <div style="background-color: #f0f0f0; padding: 2px;">Hose (Attack/Supply)</div> <div style="background-color: #f0f0f0; padding: 2px;">IDLH Monitoring Equipment</div> <div style="background-color: #f0f0f0; padding: 2px;">Ladders</div> <div style="background-color: #f0f0f0; padding: 2px;">Mobile computing devices intended to be used on scene (Tablets)</div> <div style="background-color: #f0f0f0; padding: 2px;">PPE Washer/Extractor/Dryer</div> <div style="background-color: #f0f0f0; padding: 2px;">Personal Accountability Systems</div> <div style="background-color: #f0f0f0; padding: 2px;">Props</div> <div style="background-color: #f0f0f0; padding: 2px;">RIT Pack/Cylinder</div> <div style="background-color: #f0f0f0; padding: 2px;">Ropes, Harnesses, Carabiners, Pulleys, etc.</div> <div style="background-color: #f0f0f0; padding: 2px;">Simulators</div> <div style="background-color: #f0f0f0; padding: 2px;">Thermal Imaging Camera (Must be NFPA 1801 Compliant)</div> <div style="background-color: #ffff00; padding: 2px;">---- Communications ----</div> <div style="background-color: #f0f0f0; padding: 2px;">Base Station (must be P-25 Compliant)</div> <div style="background-color: #f0f0f0; padding: 2px;">Headsets</div> <div style="background-color: #f0f0f0; padding: 2px;">Mobile Data Terminal (MDT)</div> <div style="background-color: #f0f0f0; padding: 2px;">Mobile Radios (must be P-25 Compliant)</div> <div style="background-color: #f0f0f0; padding: 2px;">Mobile Repeaters (must be P-25 Compliant)</div> <div style="background-color: #f0f0f0; padding: 2px;">Pagers (limited to number of active members)</div> <div style="background-color: #f0f0f0; padding: 2px;">Portable Radios (must be P-25 Compliant, limited to number of AFG approved seated positions)</div>
<p>*2. Number of units: (whole number only)</p>	
<p>*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)</p>	
<p>*4. Generally the equipment purchased under this grant program will: (select one)</p> <p><input type="radio"/> Buy equipment for the first time (never owned before)</p> <p><input type="radio"/> Replace obsolete or damaged equipment that can no longer meet the organization's needs</p> <p><input type="radio"/> Increase the organization's available supply of the requested item(s)</p>	
<p>If you selected "Replace obsolete or damaged equipment" (from Q4) above, please explain how this equipment will bring your organization into compliance in years.</p>	
<p>*5. Will the equipment being requested bring the organization into voluntary compliance with applicable standards, e.g. compliance with NFPA, OSHA, etc? In your Narrative Statement, please explain how this equipment will bring your organization into compliance.</p>	
<p>*6. Is your department trained in the proper use of the equipment being requested?</p>	
<p>*7. Are you requesting funding to be trained for these item(s)? (Funding for training should be requested in the Equipment Additional Funding section).(Under the Action Plan section)</p>	
<p>8. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?</p>	<input type="radio"/> Yes <input type="radio"/> No

The equipment purchased with this grant will be used for:

# Technical Assistance Documents



# Application Tools

- Self Evaluations Sheets
- Check Sheet
- Get Ready Guides
- NOFO
- <http://www.fema.gov/assistance-firefighters-grants-documents>



FEMA

# Self Evaluation Sheets

The Self Evaluation Sheet is designed to help you understand the criteria that you must address in your Narrative Statement when applying for the Assistance to Firefighters Grants (AFG) Program. The Panel Reviewers will review all the criteria in the Narrative Statement to assess your agency's financial need, the degree to which your proposal best describes your community risks, the requirements you have listed that will reduce those risks, and how your project(s) align with the AFG Program priorities.



FEMA

# Project Description and Budget

## 1. Project Description and Budget

This statement should clearly explain the applicant's project objectives and its relationship to the applicant's budget and risk analysis. The applicant should describe the various activities applied for with respect to any program priority or facility modifications, making sure they are consistent with project objectives, applicant's mission and national, state, and/or local requirements. Applicants should link the proposed expenses to operations and safety, as well as the completion of the project goals.

- Does the applicant demonstrate they understand the stated program priorities?
- Does the applicant produce evidence to support its requested needs?
- Does the applicant show evidence the project is based on risk analysis?
- Does the applicant clearly associate the completion of project goals to proposed expenses?
- Does the applicant show evidence that they have conducted good market research, e.g., bids and specs ready to go?



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# Financial Need

## 2. Financial Need

Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the trouble is out of their control.

- Applicants should provide a comprehensive overview of their organization's budget, including but not limited to describing sources of revenue/funding and expenses
- Does the applicant clearly describe their financial distress?
- Does the applicant explain why they don't have the means to fund their project?
- Does the applicant include evidence of sacrifice due to budget constraints?

Below are the same scoring dimensions that the Panel Reviewers will use to rate your application. Using the criteria below, rate your own application and assess how the Peer Reviewers might rate your application.



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# Cost Benefit

## 3. Operations and Safety/Cost Benefit

Applicants should describe how they plan to address the operations and personal safety needs of their organization, including cost effectiveness and sharing assets. This statement should also include details about gaining the maximum benefits from grant funding by citing reasonable or required costs, like specific overhead and administrative costs. The applicant's request should also be consistent with their mission and identify how funding will benefit their organization and affected personnel.

- Does the applicant fully explain all aspects of the request?
- Does the applicant give evidence that funds are directly tied to operations and safety?
- Does the applicant include information on sharing some or all of the assets with neighboring jurisdictions?
- Does the applicant show evidence that they have conducted good market research so as not to request more funds than they need?



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# Statement of Effect

## 4. Statement of Effect/Impact on Daily Operations

This statement should explain how this funding request will enhance an organization's overall effectiveness. It should address how this request will improve daily operations and reduce an organization's common risk(s). Applicants should include how frequently the requested item(s) will be used and in what capacity. Applicants should also indicate how the requested item(s) will help the community and increase an organization's ability to save additional lives and property.

- Does the applicant demonstrate a high benefit for the cost incurred and maximize the level of funding going directly into the delivery of the project?
- Are the costs reasonable for the target population that will be reached?
- Does the applicant provide justification for the budget items relating to the cost of the project?
- Does the applicant include sufficient details to understand their organization's most common risk?
- Does the applicant explain how the project is directly tied to protecting life and property?
- Does the applicant include daily benefits?



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# Rating Your Application

- **Excellent:** The applicant clearly identifies and fully articulates the proposed achievements, which are consistent with the applicant's mission. The project's goals benefit the organization and affected personnel, and are very advantageous when compared to the costs.
- **Very Good:** An analysis of the cost benefit is given, but the applicant excludes in-depth details. The affected personnel and operational needs are somewhat identified, but some of the cost of the project is excessive. Most of the funding is geared toward the applicant's mission, but more details are needed.



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# Rating Your Application

- **Good:** The applicant identifies the request, but includes little detail to fully understand. The affected personnel and operational needs are somewhat identified, but lack details. The applicant's operational needs and/or how costs will address those needs are not clear.
- **Fair:** The applicant fails to define the relationship between the request and their mission and/or affected personnel. The applicant provides little to no detail to understand the benefits of the project. The costs requested are underdeveloped, excessive, and/or superfluous.



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# Rating Your Application

- **Poor:** The applicant does not identify, nor articulate, the benefits of the request. The applicant does not adequately address the benefits to the organization or affected personal, and does not adequately explain how they are cost efficient.



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# AFG Application Checklist

## Are you planning to apply to the Assistance to Firefighters Grant program?

Completing this checklist will help you prepare your AFG grant application. Collecting this information beforehand will reduce the time and energy needed to complete your application when the next grant cycle opens.

### SAM.gov registration status

Is your System for Award Management (SAM) registration current?  Yes  No

What is the expiration date for your SAM registration?

Dun & Bradstreet Number

Search the SAM.gov website to confirm this DUNS Number matches your SAM.gov registration. You will also find your expiration date through this search.

### Department Characteristics I

Square mileage of first-due response area? sq mi

Percentage of first-due response area that is residential? %

## Department Characteristics I

- Square mileage of first-due response area? \_\_\_\_\_ sq mi
- Percentage of first-due area covered by hydrants? \_\_\_\_\_ %
- Critical Infrastructure protected?  Yes  No
- Percentage of land used for:
- a. Agriculture, wild land, open \_\_\_\_\_ %
- a. Commercial/Industrial \_\_\_\_\_ %
- a. Residential \_\_\_\_\_ %
- Permanent resident population of first-due response area? \_\_\_\_\_ #
- Seasonal increase in population?  Yes  No
- a. If so, what is the increase? \_\_\_\_\_ %
- Are you compliant with the National Incident Management System?  Yes  No
- What is your FDIN/FDID number? \_\_\_\_\_ #
- Is your department currently reporting to NFIRS?  Yes  No
- Number of active firefighters who perform firefighter duties? \_\_\_\_\_ #
- How many of your active firefighters are trained to FF1? \_\_\_\_\_ #
- How many of your active firefighters are trained to FF2? \_\_\_\_\_ #
- If less than 100% to either question above, are you requesting funds to bring 100% of your firefighters in compliance to NFPA 1001?  Yes  No

□ What services does your organization provide?

- Structural Fire Suppression
- Haz-Mat Operational Level
- Basic Life Support
- Airport Rescue Firefighting (ARFF)
- Rescue Operational Level
- Maritime Operations/Firefighting
- Emergency Medical Responder
- Wildland Fire Suppression
- Haz-Mat Technical Level
- Advanced Life Support
- Occasional Fire Prevention
- Rescue Technical Level Program
- Community Paramedic

## Department Characteristics II

	2015	2014	2013
<input type="checkbox"/> Number of fire-related civilian fatalities in your first-due jurisdiction for each of the past three years?			
<input type="checkbox"/> Number of fire-related civilian injuries in your first-due jurisdiction for each of the past three years?			
<input type="checkbox"/> Number of on-duty member fatalities in your jurisdiction for each of the past three years?			
<input type="checkbox"/> Number of on-duty member injuries in your jurisdiction for each of the past three years?			
<input type="checkbox"/> Your average operating budget for the past three years? (whole dollars)			
<input type="checkbox"/> The percentage of your budget dedicated to personnel costs? (whole percentages)	_____ %	_____ %	_____ %
<input type="checkbox"/> Does your organization intend to provide a cost share greater than the required amount?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> If yes, how much additional funding in excess of the required cost share is your organization willing to contribute?			
<input type="checkbox"/> The percentage of your budget derived from:			
a. Taxes	_____ %	_____ %	_____ %
a. EMS billing	_____ %	_____ %	_____ %
a. Grants	_____ %	_____ %	_____ %

- a. Donations \_\_\_\_\_%
- a. Fee for service \_\_\_\_\_%
- a. Other \_\_\_\_\_%

**Total percentage must equal 100%**  
*Use the information above in your financial narrative. It is important that your application remain consistent throughout. When breaking down the budget, be sure to account for all funding received. (Budget breakdown should account for 100% of budget)*

	<b>Front Line</b>	<b>Reserve</b>	<b>Seated Positions</b>
<input type="checkbox"/> <b>Vehicle Inventory</b> <i>List the number of:</i>			
a. Engines or Pumpers	_____	_____	_____
a. Ambulances	_____	_____	_____
a. Tankers or Tenders	_____	_____	_____
a. Aerial Apparatus	_____	_____	_____
a. Brush/Quick Attack	_____	_____	_____
a. Rescue Vehicles	_____	_____	_____
a. Additional Vehicles	_____	_____	_____

**Total:** \_\_\_\_\_

- a. Fires - NFIRS Series 100 \_\_\_\_\_
- a. Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200 \_\_\_\_\_
- a. Rescue & Emergency Medical Service Incident - NFIRS Series 300 \_\_\_\_\_
- a. Hazardous Condition (No Fire) - NFIRS Series 400 \_\_\_\_\_
- a. Service Call - NFIRS Series 500 \_\_\_\_\_
- a. Good Intent Call - NFIRS Series 600 \_\_\_\_\_
- a. False Alarm & False Call - NFIRS Series 700 \_\_\_\_\_
- a. Severe Weather & Natural Disaster - NFIRS Series 800 \_\_\_\_\_
- a. Special Incident Type - NFIRS Series 900 \_\_\_\_\_

**Total:** \_\_\_\_\_

**Call Volume for Fires:** **2015**      **2014**      **2013**  
*\* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)*

- a. Of the NFIRS Series 100 calls, how many are "Structure Fires" (NFIRS Codes 111-120) \_\_\_\_\_
- a. Of the NFIRS Series 100 calls, how many are "Vehicle Fires" (NFIRS Codes 130-138) \_\_\_\_\_
- a. Of the NFIRS Series 100 calls, how many are "Vegetation Fires" (NFIRS Codes 140-143) \_\_\_\_\_
- a. What is the total acreage of all vegetation fires? \_\_\_\_\_



**Call Volume for Rescue and Emergency Medical Service Incidents:**

**2015**

**2014**

**2013**

*\* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)*

a. Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324) \_\_\_\_\_

a. Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352) \_\_\_\_\_

a. Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381) \_\_\_\_\_

a. How many EMS-BLS Response Calls \_\_\_\_\_

a. How many EMS-ALS Response Calls \_\_\_\_\_

a. How many EMS-BLS Scheduled Transports \_\_\_\_\_

a. How many EMS-ALS Scheduled Transports \_\_\_\_\_

a. How many Community Paramedic Response Calls \_\_\_\_\_

**Total:** \_\_\_\_\_

°

**Call Volume for Mutual and Automatic Aid:**

**2015**

**2014**

**2013**

*\* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)*

a. How many times did your organization receive Mutual Aid?

a. How many times did your organization receive Automatic Aid?

a. How many times did your organization provide Mutual Aid?

a. How many times did your organization provide Automatic Aid?

a. Of the Mutual and Automatic Aid responses, how many were structure fires?

**Total:** \_\_\_\_\_

**Equipment Inventory**

If you are requesting PPE (any PPE other than SCBA), what is the ages of your PPE in years?

**Years Old**

**# of Items**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

**10**

**11**

**12**

**13**

**14**

**15**

**16 or more**

**Number of Members Without PPE**

*Combined total should equal total PPE in your inventory.*



### Equipment Inventory

If you are requesting PPE (any PPE other than SCBA), what is the ages of your PPE in years?

Years Old # of Items

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16 or more

### Number of Members Without PPE

*Combined total should equal total PPE in your inventory.*

If you are requesting SCBA, to which edition(s) of the NFPA standard are you SCBA compliant?

Year	Current Inventory			Edition Being Replaced		
	SCBA	Cylinder	Face Pipes	SCBA	Cylinder	Face Piece
2013 Edition						
2007 Edition						
2002 Edition and older						

# Call Volume

	2014	2013	2012
<b>Summary of responses per year by category (Enter whole numbers only; if you have no calls for any of the categories, enter 0)</b>			
Fires – NFIRS Series 100			
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200			
Rescue & Emergency Medical Service Incident - NFIRS Series 300			
Hazardous Condition (No Fire) - NFIRS Series 400			
Service Call - NFIRS Series 500			
Good Intent Call - NFIRS Series 600			
False Alarm & False Call - NFIRS Series 700			
Severe Weather & Natural Disaster - NFIRS Series 800			
Special Incident Type - NFIRS Series 900			
<b>FIRES</b>			
<b>* How many responses per year by category? (Enter whole numbers only; if you have no calls for any of the categories, Enter 0)</b>			
Of the NFIRS Series 100 calls, how many are "Structure Fires" (NFIRS Codes 111-120)			
Of the NFIRS Series 100 calls, how many are "Vehicle Fires" (NFIRS Codes 130-138)			
Of the NFIRS Series 100 calls, how many are "Vegetation Fires" (NFIRS Codes 140-143)			
What is the total acreage of all vegetation fires?			
<b>RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS</b>			
<b>* How many responses per year by category? (Enter whole numbers only; if you have no calls for any of the categories, Enter 0)</b>			
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)			
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)			
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)			
How many EMS-BLS Response Calls			
How many EMS-ALS Response Calls			
How many EMS-BLS Scheduled Transports			
How many EMS-ALS Scheduled Transports			
How many Community Paramedic Response Calls			
<b>MUTUAL AND AUTOMATIC AID</b>			
<b>* How many responses per year by category? (Enter whole numbers only; if you have no calls for any of the categories, Enter 0)</b>			
How many times did your organization receive Mutual Aid?			
How many times did your organization receive Automatic Aid?			
How many times did your organization provide Mutual Aid?			
How many times did your organization provide Automatic Aid?			
Of the Mutual and Automatic Aid responses, how many were structure fires?			

# Top 10 Best Practices

1. Start preparing NOW and read the NOFO / Program Guidance
2. Attend an AFG Workshop / Webinar
3. Gather as much information as possible in advance.
4. Align your department's *Risk Assessment* with the 2016 AFG funding priorities
5. Tell *your* department's story – avoid vendor / template narratives



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# Top 10 Best Practices

6. Read each question carefully, *then* answer
7. Have your entire application / narrative reviewed by someone else before submitting
8. Make sure you gather and include *all* eligible costs as part of your application
  - Training
  - Service / Extended warranties
  - Vehicle performance bonds
9. Make sure your project can be completed within your grant's 1 year period of performance
10. Ensure you have support from your local government leaders



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# Applicant Support

- Help Desk Phone #: 1-866-274-0960
- Help Desk E-Mail: [firegrants@dhs.gov](mailto:firegrants@dhs.gov)
- Website: [www.fema.gov/firegrants](http://www.fema.gov/firegrants)
- Regional Fire Program Specialists
  - [www.fema.gov/fire-grant-contact-information](http://www.fema.gov/fire-grant-contact-information)



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# Questions

- What are the applicant obstacles to one application with multiple activities (i.e. combining SAFER/AFG and FP&S)
- What are the biggest challenges in applying for a grant?
- What are the biggest challenges in managing an award?



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