



FEMA

Assistance to
Firefighters Grants
Program

Grant Writing
Workshop



Presenter

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Region III Fire Program
Specialist**

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215-931-5586**

Today's Program

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



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AFG Program Overview & Understanding the Award Process,

- In an effort to provide applicants with more information on how to fill out the application we will briefly cover the AFG Program Overview and understanding the award process.

Application Development

- We will view an actual application and cover many of the questions within the application in details, concentrating on problem areas for the majority of unsuccessful applications.

Developing the Narrative

- We will cover the Narrative Sections and the Evaluation Tools used to Score Narratives

Top Ten Best Practices

- We will review the best practices for submitting a competitive AFG Application

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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Based on your audience's experience with the program. Briefly cover the aspects of the application process.

- **NOFO**
 - Contains all relevant information regarding Eligibility, Priorities, Process,, and Grant Management
- **Application Period**
 - Do not wait until the last minute to submit your application. There are not extensions to the application period.
- **Electronic Pre-Score**
 - Each Program Activity will receive an individual Electronic Score. We will discuss Program Activities in detail later. The questions in the "Request Details" section are the primary source of the score. Call volume and population protected and other department characteristics may also affect the score. Program Activities that score within the competitive range will proceed to Peer Review.
- **Peer Panel Review**

- Electronic Pre-Score and Peer Panel Review Score are combine to determine the Final Score. Peer Panel Review Scores are determined primarily by the application narrative for each Program Activity. We will discuss how the narrative is scored later in this workshop. Applications that fall in the fundable range proceed to Post Panel Reivew.
- **Post Panel Review**
 - The purpose of the Post Panel Review is to assess the request in respect to eligibility of applicant and equipment, excessiveness, and adherence to all federal laws and requirements.
- **Award Recommendation & Acceptance**

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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Planning and Preparation

- Conduct a RISK ASSESSMENT to determine the needs of your organization. (Equipment, PPE, Training, Vehicles, a Regional Project)
- Prioritize your needs to match the HIGH PRIORITIES of the AFG Program.

(The other sections we will go over individually.)

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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- Each of these application types have a slight variance of the questions asked. For example applications submitted by Fire Departments will not be asked questions that only apply to EMS organizations. Regional application have questions specific to regional request. Micro grants are limited to only high priority items.
- Each of these application types have Ops and Safety and Vehicle program areas with the exception of micro grants.

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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 Session Time out in 29 mins

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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/1431970163011-80ce3cd907072a91295b1627c5688f2/oppd_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:

Application period ends in	522 days	19 hrs	10 mins	44 secs
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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 type="text"/>
Address 1	<input type="text"/>

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

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)	<input type="text" value="Mr."/> ▼
* 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="text" value="cell"/> ▼
* Secondary Phone (e.g. 123-456-7890)	<input type="text" value="202-788-9822"/> 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="kevin.piatt@fema.dhs.gov"/>

Application period ends in: 523 days 9 hrs 45 mins 0 secs

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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	Captain		
Prefix (select one) (Select N/A if not applicable)	Mr. ▾		
* First Name	Bradford		
Middle Initial			
* Last Name	Puppy		
* Primary Phone (e.g. 123-456-7890)	703-573-6683	Ext.	Type home ▾
* Secondary Phone (e.g. 123-456-7890)	202-786-9214	Ext.	Type work ▾
Optional Phone (e.g. 123-456-7890)			Type Select ▾
Fax (e.g. 123-456-7890)			
* Email (e.g. user@xyz.org)	bcaptain@gmail.com		
Alternate Contact Information Number 2			
* Title	SGT		

Application period ends in: 523 days, 9 hrs, 44 mins, 53 secs

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Last Name	[* 0000]		
* Primary Phone (e.g. 123-456-7890)	703-573-6683	Ext. []	Type (home ▼)
* Secondary Phone (e.g. 123-456-7890)	202-786-9214	Ext. []	Type (work ▼)
Optional Phone (e.g. 123-456-7890)	[]		Type (Select ▼)
Fax (e.g. 123-456-7890)	[]		
* Email (e.g. user@xyz.org)	Bcaptain@gmail.com		

Alternate Contact Information Number 2			
* Title	SGT		
Prefix (select one) (Select NA if not applicable)	Mr. ▼		
* First Name	Captain		
Middle Initial	[]		
* Last Name	Dog		
* Primary Phone (e.g. 123-456-7890)	703-573-6987	Ext. []	Type (home ▼)
* Secondary Phone (e.g. 123-456-7890)	571-233-4791	Ext. []	Type (cell ▼)
Optional Phone (e.g. 123-456-7890)	[]		Type (Select ▼)
Fax (e.g. 123-456-7890)	[]		
* Email (e.g. user@xyz.org)	SGTдавг@gmail.com		

Application period ends in: 323 days 9 hrs 43 mins 56 secs

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Applicant Information

Application 63% complete

Please complete the following information regarding your department.
Note: Fields marked with an * are required.

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

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<ul style="list-style-type: none"> 1. Applicant's Acknowledgments 2. Overview 3. Contact Information 4. Applicant Information 5. Applicant Characteristics (I) 6. Applicant Characteristics (II) 7. Department Call Volume 8. Request Information 9. Request Details 10. Budget 11. Assurances and Certifications 12. Renew Application 13. Submit Application <p> Print Application Return to Status Logout Privacy Statement Disclaimers </p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">* Mailing Address 1</td> <td style="width: 50%; padding: 5px;"><input type="text" value="158 S. 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(e.g. 12-3456789)</small></td> <td style="padding: 5px;"><input type="text" value="12-8657891"/> Help</td> </tr> <tr> <td style="padding: 5px;">* Is your organization using the DUNS number of your Jurisdiction?</td> <td style="padding: 5px;"><input checked="" type="radio"/> Yes <input type="radio"/> No, we have our own DUNS number separate from our Jurisdiction.</td> </tr> <tr> <td style="padding: 5px;">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)</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> Yes</td> </tr> <tr> <td style="padding: 5px;">* What is your 9 digit DUNS number? <small>(call 1-866-705-5711 to get a DUNS number)</small></td> <td style="padding: 5px;"><input type="text" value="124587365"/> Help</td> </tr> <tr> <td style="padding: 5px;">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. <small>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 DUNS number and bank account separate from your Jurisdiction.</small></td> <td style="padding: 5px;"><input type="text" value="2385"/> Help</td> </tr> <tr> <td style="padding: 5px;">* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?</td> <td style="padding: 5px;"><input checked="" type="radio"/> Yes <input type="radio"/> No Help</td> </tr> <tr> <td style="padding: 5px;">* I certify that my organization/entity is registered and active at SAM.gov 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 SAM.gov record.</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> Yes</td> </tr> </table>	* Mailing Address 1	<input type="text" value="158 S. 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<table border="1" style="font-size: small; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application period ends in</td> <td style="padding: 2px;">523</td> <td style="padding: 2px;">8</td> <td style="padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">days</td> <td style="padding: 2px;">hrs</td> <td style="padding: 2px;">mins</td> </tr> </table>	Application period ends in	523	8	17		days	hrs	mins	USFA Home FEMA Frequently Asked Questions Glossary Privacy Help																
Application period ends in	523	8	17																						
	days	hrs	mins																						

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Enter your organization's name or SAM.gov profile:

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Headquarters or Main Station Physical Address

* Physical Address 1

Physical Address 2

* City

* State

* Zip (e.g. 12345-6789) -
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Mailing address is the same as the physical address
Note: This information must match your SAM.gov profile. [help](#)

* Mailing Address 1

Mailing Address 2

* City

* State

* Zip (e.g. 12345-6789) -
[Need help for ZIP+4?](#)

Bank Account Information

* The bank account being used is: (Please select one from right)

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.

Maintained by my Jurisdiction

Note: The following banking information must match your SAM.gov profile.

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<ul style="list-style-type: none"> 1. Applicant's Acknowledgments 2. Overview 3. Contact Information 4. Applicant Information 5. Applicant Characteristics (i) 6. Applicant Characteristics (ii) 7. Department Call Volume 8. Request Information 9. Request Details 10. Budget 11. Assurances and Certifications 12. Review Application 13. Submit Application <p> Post Application Return to Status Logout Privacy Statement Disclaimers </p>	<p>Note: The following banking information must match your SAM.gov profile.</p> <table border="1"> <tr> <td>* Type of bank account</td> <td><input checked="" type="radio"/> Checking <input type="radio"/> Savings</td> </tr> <tr> <td>* Bank routing number - 9 digit number on the bottom left hand corner of your check (numbers only, no dashes)</td> <td><input type="text" value="256074974"/> Help</td> </tr> <tr> <td>* Re-enter Bank routing number</td> <td><input type="text" value="256074974"/></td> </tr> <tr> <td>* Your account number (numbers only, no dashes)</td> <td><input type="text" value="3233436495"/></td> </tr> <tr> <td>* Re-enter your account number</td> <td><input type="text" value="3233436495"/></td> </tr> </table> <p>Additional Information</p> <table border="1"> <tr> <td>* 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?</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td>* 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.</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>* Is the applicant delinquent on any Federal debt?</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No Help</td> </tr> </table> <p>If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:</p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 40px;"> <p>XXXXXXXXXX</p> </div> <p>3990 characters left</p> <p> <input type="button" value="Go Back"/> <input type="button" value="Save and Continue"/> </p>	* Type of bank account	<input checked="" type="radio"/> Checking <input type="radio"/> Savings	* Bank routing number - 9 digit number on the bottom left hand corner of your check (numbers only, no dashes)	<input type="text" value="256074974"/> Help	* Re-enter Bank routing number	<input type="text" value="256074974"/>	* Your account number (numbers only, no dashes)	<input type="text" value="3233436495"/>	* Re-enter your account number	<input type="text" value="3233436495"/>	* 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 delinquent on any Federal debt?	<input type="radio"/> Yes <input checked="" type="radio"/> No Help
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<p> Application period ends in 023 days 7 hrs 33 mins 27 secs </p> <p> USFA Home FEMA Frequently Asked Questions Glossary Privacy Help </p>																	



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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"/> Help
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"/>

Application period ends in 523 days 9 hrs 43 mins 53 secs

 		FY 2016 Assistance to Firefighters Grant Program Session Time out in 29 mins	
		Mail Center Edit Profile Change Password	
<ul style="list-style-type: none"> 1. Applicant's Acknowledgements 2. Overview 3. Contact Information 4. Applicant Information 5. Applicant Characteristics (I) 6. Applicant Characteristics (II) 7. Department Call Volume 8. Request Information 9. Request Details 10. Budget 11. Assurances and Certifications 12. Review Application 13. Submit Application <p> Print Application Return to Status Logout </p> <p> Privacy Statement Disclaimers </p>	<p>* 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?</p> <p>Dog Patch</p> <p>* Does your organization protect critical infrastructure?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No Help</p> <p>If "Yes", please describe the critical infrastructure protected below:</p> <p>Airport, dams, power companies</p> <p>2969 characters left (Percentages in three answers below must sum up to 100%)</p> <p>* What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties? (whole number only)</p> <p>35 %</p> <p>* What percentage of your primary response area is for commercial and industrial purposes? (whole number only)</p> <p>15 %</p> <p>* What percentage of your primary response area is used for residential purposes? (whole number only)</p> <p>50 %</p> <p>* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only)</p> <p>10000000 Help</p> <p>* Do you have a seasonal increase in population?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If "Yes" what is your seasonal increase in population? (whole number only)</p> <p></p> <p>* How many active firefighters does your department have who perform firefighting duties? (whole numbers only)</p> <p>3500 Help</p> <p>* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only)</p> <p>3500</p> <p>Does your department have a Community Paramedic program?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>		
Application period ends in: 523 days 9 hrs 41 mins 12 secs		USFA Home FEMA Frequently Asked Questions Glossary Privacy Help	



FY 2016 Assistance to Firefighters Grant Program

Session Time out in 26 mins

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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.

390 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"/> Community Paramedic	<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.

390 characters left

Application period ends in 323 days 9 hrs 33 mins 40 secs

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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 <small>(whole numbers only)</small>	2014 <small>(whole numbers only)</small>	2013 <small>(whole numbers only)</small>
* 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?	<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?	<input type="text" value="92000000"/> <small>(whole number only)</small>		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	<input type="text" value="87000000"/> <small>(number only)</small>		
Does your department have any rainy day reserves, emergency funds, or capital outlay?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Application period ends in: 523 days 9 hrs 17 mins 50 secs



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(whole number only) <input style="width: 100px;" type="text" value="0"/></p> <p>*What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">2015 <small>(numbers only)</small></th> <th style="text-align: center;">2014 <small>(numbers only)</small></th> <th style="text-align: center;">2013 <small>(numbers only)</small></th> </tr> </thead> <tbody> <tr> <td>Taxes?</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="100"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="100"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="100"/> %</td> </tr> <tr> <td>Bond Issues?</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> </tr> <tr> <td>FMS Billing?</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> </tr> <tr> <td>Grants?</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> </tr> <tr> <td>Donations?</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> </tr> <tr> <td>Fund drives?</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> </tr> <tr> <td>Fee for Service?</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> <td style="text-align: center;"><input style="width: 50px;" type="text" value="0"/> %</td> </tr> </tbody> </table> <p>* 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.</p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 100px;"> <p>California is broke no property taxes available.</p> </div> <p style="font-size: small;">3651 characters left</p> <p>* 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.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Type or Class of Vehicle</th> <th style="width: 15%;">Number of Front Line Apparatus</th> <th style="width: 15%;">Number of Reserve Apparatus</th> <th style="width: 10%;">Number of Seated Riding Positions Help</th> </tr> </thead> <tbody> <tr> <td style="font-size: x-small;">Engines or Pumpers (umping capacity of 750 gpm or greater and water capacity of 300 gallons or</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		2015 <small>(numbers only)</small>	2014 <small>(numbers only)</small>	2013 <small>(numbers only)</small>	Taxes?	<input style="width: 50px;" type="text" value="100"/> %	<input style="width: 50px;" type="text" value="100"/> %	<input style="width: 50px;" type="text" value="100"/> %	Bond Issues?	<input style="width: 50px;" type="text" value="0"/> %	<input style="width: 50px;" type="text" value="0"/> %	<input style="width: 50px;" type="text" value="0"/> %	FMS Billing?	<input style="width: 50px;" type="text" value="0"/> %	<input style="width: 50px;" type="text" value="0"/> %	<input style="width: 50px;" type="text" value="0"/> %	Grants?	<input style="width: 50px;" type="text" value="0"/> %	<input style="width: 50px;" type="text" value="0"/> %	<input style="width: 50px;" type="text" value="0"/> %	Donations?	<input style="width: 50px;" type="text" value="0"/> %	<input style="width: 50px;" type="text" value="0"/> %	<input style="width: 50px;" type="text" value="0"/> %	Fund drives?	<input style="width: 50px;" type="text" value="0"/> %	<input style="width: 50px;" type="text" value="0"/> %	<input style="width: 50px;" type="text" value="0"/> %	Fee for Service?	<input style="width: 50px;" type="text" value="0"/> %	<input style="width: 50px;" type="text" value="0"/> %	<input style="width: 50px;" type="text" value="0"/> %	Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions Help	Engines or Pumpers (umping capacity of 750 gpm or greater and water capacity of 300 gallons or			
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Application period ends in: 23 days 9 hrs 30 mins 17 secs

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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. (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 Help
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more) Pumper, Pumper/Tanker, RescuePumper, 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="1000"/>

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
* Summary of responses per year by category (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	28005	24000
Severe Weather & Natural Disaster - NFIRS Series 800	125	147	134
Special Incident Type - NFIRS Series 900	0	0	0

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

Application period ends in 33 days 9 hrs 34 mins 25 secs



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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"/>	Operations and Safety	[Equipment] [Modify Facilities] [Personal Protective Equipment] [Training] [Wellness and Fitness Programs]
<input type="radio"/>	Vehicle Acquisition	[Vehicle Acquisition]

*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

Application
period ends in
023
Days
9
hrs
33
mins
43
secs



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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	View Details Update Additional Funding Narratives
Modify Facilities	2	\$ 113,000	\$ 28,000	View Details Update Additional Funding Narratives
Personal Protective Equipment	1	\$ 2,275,000	\$ 7,500	View Details Update Additional Funding Narratives
Training	1	\$ 635,000	\$ 0	View Details Update Additional Funding Narratives
Wellness and Fitness Programs	2	\$ 6,750	\$ 0	View Details Update Additional Funding Narratives

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Application: 223 9 31 48
0000 0000 0000 0000



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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	Update Delete

Application period ends in: 03 / 08 / 09 9 hrs 29 mins 0 secs

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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?	<input type="text" value="Select Equipment"/> Help
* Please provide a detailed description of the item selected above.	<input type="text"/> 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 Help
*6. Is your department trained in the proper use of the equipment being requested?	<input type="radio"/> Yes <input type="radio"/> No

Application period ends in 323 days 9 hrs 20 mins 5 secs

FY 2016 Assistance to Firefighters Grant PRO
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Equipment Details

*1. What equipment will your organization purchase with this grant?

* Please provide a detailed description of the item selected above.

--- Basic Equipment ---

Air Compressor/Cascade/Fill Station (Fixed or Mobile) for filling SCBA

Appliance(s)/Nozzle(s)

Basic Hand Tools (Structural/Wildland)

Computers used in support of Training

Electric/Gas Powered Saws/Tools

FIT Tester

Flashlights

Foam Eductors

Generator - Portable

Hose (Attack/Supply)

IDLH Monitoring Equipment

Ladders

Mobile computing devices intended to be used on scene (Tablets)

PPE Washer/Extractor/Dryer

Personal Accountability Systems

Props

RIT Pack/Cylinder

Ropes, Harnesses, Carabiners, Pulleys, etc.

Simulators

Thermal Imaging Camera (Must be NFPA 1801 Compliant)

--- Communications ---

Base Station (must be P-25 Compliant)

Headsets

Mobile Data Terminal (MDT)

Mobile Radios (must be P-25 Compliant)

Mobile Repeaters (must be P-25 Compliant)

Pagers (limited to number of active members)

Portable Radios (must be P-25 Compliant, limited to number of AFG approved seated positions)

The equipment purchased with

*2. Number of units: (whole number only)

*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

*4. Generally the equipment purchased under this grant program will: (select one)

Buy equipment for the first time (never owned before)

Replace obsolete or damaged equipment that can no longer meet the needs of the organization

Increase the organization's available supply of the requested item(s)

If you selected "Replace obsolete or damaged equipment" (from Q4) above, please explain how this equipment will be replaced in years.

*5. Will the equipment being requested bring the organization into voluntary compliance with NFPA, OSHA, etc? (If not, please explain how this equipment will bring the organization into compliance.)

*6. Is your department trained in the proper use of the equipment being requested?

*7. Are you requesting funding to be trained for these item(s)? (Funding requested in the Equipment Additional Funding section). (Under the Action Plan)

*8. If you are not requesting training funds through this application, will you request training for this equipment through other sources? Yes No

Application period ends in: 023 days 9 hrs 26 mins 58 secs

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Technical Assistance Documents



Application Tools

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



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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.



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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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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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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	
<input type="checkbox"/> Is your System for Award Management (SAM) registration current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What is the expiration date for your SAM registration?	
<input type="checkbox"/> 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	
<input type="checkbox"/> Square mileage of first-due response area?	sq mi
<input type="checkbox"/> ...	%

Department Characteristics I	
<input type="checkbox"/> Square mileage of first-due response area?	_____ sq mi
<input type="checkbox"/> Percentage of first-due area covered by hydrants?	_____ %
<input type="checkbox"/> Critical Infrastructure protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Percentage of land used for:	
a. Agriculture, wild land, open	_____ %
a. Commercial/Industrial	_____ %
a. Residential	_____ %
<input type="checkbox"/> Permanent resident population of first-due response area?	_____ #
<input type="checkbox"/> Seasonal increase in population?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If so, what is the increase?	_____ %
<input type="checkbox"/> Are you compliant with the National Incident Management System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What is your FDIN/FDID number?	_____ #
<input type="checkbox"/> Is your department currently reporting to NFIRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Number of active firefighters who perform firefighter duties?	_____ #
<input type="checkbox"/> How many of your active firefighters are trained to FF1?	_____ #
<input type="checkbox"/> How many of your active firefighters are trained to FF2?	_____ #
<input type="checkbox"/> If less than 100% to either question above, are you requesting funds to bring 100% of your firefighters in compliance to NFPA 1001?	<input type="checkbox"/> Yes <input type="checkbox"/> 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% <i>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)</i>			
<input type="checkbox"/> Vehicle Inventory <i>List the number of:</i>	Front Line	Reserve	Seated Positions
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:	_____	_____	_____
<input type="checkbox"/> Call Volume for Fires: <i>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</i>	2015	2014	2013
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?	_____	_____	_____

<input type="checkbox"/> Call Volume for Rescue and Emergency Medical Service Incidents: <i>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</i>	2015	2014	2013
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:	_____	_____	_____

<input type="checkbox"/> Call Volume for Mutual and Automatic Aid: <i>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</i>	2015	2014	2013
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	Years Old	# of Items
<input type="checkbox"/> If you are requesting PPE (any PPE other than SCBA), what is the ages of your PPE in years?	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16 or more	
Number of Members Without PPE <i>Combined total should equal total PPE in your inventory.</i>		

<p>Equipment Inventory</p> <p><input type="checkbox"/> If you are requesting PPE (any PPE other than SCBA), what is the age of your PPE in years?</p>	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 of all "Years Old" 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 Piece	SCBA	Cylinder	Face Piece
2014 Edition						
2007 Edition						
2002 Edition and older						

Call Volume

	2014	2013	2012
Summary of responses per year by category (Enter whole numbers only; if you have no calls for any of the categories, enter 0)			
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			
FIRES			
* How many responses per year by category? (Enter whole numbers only; if you have no calls for any of the categories, enter 0)			
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?			
RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS			
* How many responses per year by category? (Enter whole numbers only; if you have no calls for any of the categories, enter 0)			
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 "Extractions 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			
MUTUAL AND AUTOMATIC AID			
* How many responses per year by category? (Enter whole numbers only; if you have no calls for any of the categories, enter 0)			
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?			

Applicant Support

- Help Desk Phone #: 1-866-274-0960
- Help Desk E-Mail: firegrants@dhs.gov
- Website: www.fema.gov/firegrants
- Regional Fire Program Specialists
 - 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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