



FEMA

2012 Assistance to Firefighters Grants Program Application

The electronic application period is from Monday, June 11, 2012, beginning at 8:00 am EDT to Friday, July, 6 ending at 5:00 pm EDT. It does not matter how early you submit your application, as long as it is prior to the deadline. All paper applications must be postmarked by **July 16, 2012, or otherwise received prior to the deadline.**

All paper applications **MUST** be mailed to:

Cabazon Group
ATTN: AFG Grant Program
11821 Parklawn Drive, Suite 230
Rockville, MD 20852

The Assistance to Firefighters Grant Program Office will not be responsible for applications mailed to any address other than shown above. Late, incomplete, or faxed applications will **NOT** be accepted.

The Assistance to Firefighters Grant Program Office and USFA has established a help desk to assist you during the application period. Technical assistance with completion of the application will be available by phone on our toll free hotline at (866) 274-0960 during the following hours:

- Monday - Friday from 8:00 a.m. to 5:00 p.m. EDT

In addition to the toll free hotline (866-274-0960) applicants can e-mail questions to firegrants@dhs.gov.

For more information about this program, visit <http://www.fema.gov/firegrants/>

AFG Program Office
(866) 274 – 0960

Overview

The Assistance to Firefighters Grants Program's objective is to provide funding directly to fire departments and non-affiliated EMS organizations 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 program guidance 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 DHS's regional fire program specialist?**

Yes, I have attended workshop

No, I have not attended workshop

***Was a workshop within two hours drive?**

Yes

No

Do Not Know

*** Are you a member, or are you currently involved in the management, of the fire department or non-affiliated EMS organization 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	
* Address 1	
Address 2	
* City	
* State	
* Zip	

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 Chief Officer or long time member of the organization who will see this grant through completion. 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	
Prefix (check one)	<input type="radio"/> N/A <input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.
* First Name	
Middle Initial	
* Last Name	
* Business Phone (e.g. 123-456-7890)	Ext.
* Home Phone (e.g. 123-456-7890)	Ext.
Mobile Phone/Pager (e.g. 123-456-7890)	
Fax (e.g. 123-456-7890)	
* Email (e.g. user@xyz.org)	

Alternate Contact Information

In addition to yourself, please provide two additional points of contact for this application. Between all of the contact information provided, one set of contact information should be for the Chief Officer of the applicant. Due to the complete grant cycle being as much as two years, please consider only listing permanent or long term members of the organization.

Note: Fields marked with an * are required.

Alternate Contact Information Number 1	
* Title	
Prefix (check one)	<input type="radio"/> N/A <input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.
* First Name	
Middle Initial	
* Last Name	
* Business Phone (e.g. 123-456-7890)	Ext.
* Home Phone (e.g. 123-456-7890)	Ext.
Mobile Phone/Pager (e.g. 123-456-7890)	
Fax (e.g. 123-456-7890)	
* Email (e.g. user@xyz.org)	

Alternate Contact Information Number 2	
* Title	
Prefix (check one)	<input type="radio"/> N/A <input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.
* First Name	
Middle Initial	
* Last Name	
* Business Phone (e.g. 123-456-7890)	Ext.
* Home Phone (e.g. 123-456-7890)	Ext.
Mobile Phone/Pager (e.g. 123-456-7890)	
Fax (e.g. 123-456-7890)	
* Email (e.g. user@xyz.org)	

Applicant Information

Please complete the following information regarding your department.

Note: Fields marked with an * are required.

* Organization Name	
* Type of Applicant	<input type="radio"/> Fire Department/Fire District <input type="radio"/> Non-Affiliated EMS Organization <input type="radio"/> Regional Request
* Type of Jurisdiction Served (list of eligible organizations on page 5)	<input type="radio"/> Airport/Port Authority <input type="radio"/> City <input type="radio"/> County <input type="radio"/> Indian Tribe <input type="radio"/> Parish <input type="radio"/> Private/for-profit Company <input type="radio"/> Town <input type="radio"/> Township <input type="radio"/> Unincorporated Community <input type="radio"/> Village <input type="radio"/> Other (explain)
If other, please enter the type of Jurisdiction	
* Employer Identification Number (e.g. 12-3456789)	
* What is your organization's DUNS number?	(call 1-866-705-5711 to get a DUNS number)
Headquarters or Main Station Physical Address	
* Physical Address 1	
Physical Address 2	
* City	
* State	
* Zip	
<input type="radio"/> Mailing Address is the same as the Physical Address	
* Mailing Address 1	
Mailing Address 2	
* City	
* State	
* Zip	
* Please describe all grants that you have received from DHS, for example, 2002 AFG grant for vehicle or 2010 HSGP grant for exercises. (Enter "N/A" if Not Applicable)	

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Account Information	
* Type of bank account	<input 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)
* Your account number	(numbers only, no dashes)
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 type="radio"/> No
* If awarded the AFG grant, will your organization expend more than \$500,000 in Federal funds during your organization's fiscal year in which this AFG grant was awarded?	<input type="radio"/> Yes <input type="radio"/> No
* Is the applicant delinquent on any Federal debt? (This question applies to the applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.)	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:	

Type of Organization

Eligible Organizations
<ul style="list-style-type: none">• Airport/Port Authority if they also have first-due area of responsibility off airport property• City• County• Fire District• Indian Tribe• Parish• Town• Township• Unincorporated community• Village• Volunteer Fire Company
Ineligible Organizations
<ul style="list-style-type: none">• Auxiliary organizations• Federal Fire Department• Fire Buff Group or Museum• Fire Chiefs, Fire Training, or Firefighters Association• Fire Marshal's Office not affiliated with an organized fire department• State Agency: Forest Service, Training, Fire Marshal, Correctional, University, Hospital, etc.• For-profit fire departments• EMS organizations affiliated with hospitals• For-profit EMS organizations

Budget Object Class Definitions

The following definitions will allow you to complete your budget items appropriately.

Personnel	The costs in this area will cover salaries or wages of personnel that will work on the activity for which you are applying.
Fringe Benefits	<p>Fringe benefits in the form of regular compensation paid to employees during periods of authorized absences from the job, such as vacation leave, sick leave, military leave, and the like, are allowable, provided such costs are absorbed by all organization activities in proportion to the relative amount of time or effort actually devoted to each.</p> <p>Fringe benefits in the form of employer contributions or expenses for social security, employee insurance, workmen's compensation insurance, pension plan costs and the like, are allowable, provided such benefits are granted in accordance with established written organization policies. Such benefits whether treated as indirect costs or as direct costs, shall be distributed to particular awards and other activities in a manner consistent with the pattern of benefits accruing to the individuals or group of employees whose salaries and wages are chargeable to such awards and other activities.</p>
Travel	The costs in this area are for any allowed travel, example airfare, mileage, lodging, etc. The rates must be in accordance with your written department policy and cannot exceed the government-authorized rates.
Equipment	"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year.
Supplies	Supplies are expendable items with a useful life of less than one year. The costs of materials and supplies necessary to carry out an award are allowable. Such costs should be charged at their actual prices after deducting all cash discounts, trade discounts, rebates, and allowances received by the organization. Incoming transportation charges may be a proper part of material cost. Materials and supplies charged as a direct cost should include only the materials and supplies actually used for the performance of the contract or grant, and due credit should be given for any excess materials or supplies retained, or returned to vendors.
Contractual	The costs in this area should cover any contracts that you issue that are not already covered under equipment or supplies. For example, the costs incurred if you hire a grant writer or contractor to handle your Fire Prevention Program.
Construction	Construction is the creation of a new structure or any modification to the footprint or profile of an existing structure. Changes or renovations to an existing structure that do not change the footprint or profile of the structure but exceeds either \$10,000 or 50 percent of the value of that structure, is also considered construction.
Other	This area is for a cost that will not fit into the other areas, (e.g., administrative costs). If you put a cost in this category you must describe it in your program.
Indirect Costs	Indirect costs are those incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. A cost may not be allocated to an award as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been assigned to an award as a direct cost. Typical examples of indirect costs may include depreciation or use allowances on buildings and equipment, the costs of operating and maintaining facilities, general administration, and other general expenses such as the salaries and expenses of executive officers, personnel administration, and accounting.
State Taxes	Please add state sales tax in this area if your state's sales tax is not reimbursed under another program.

Critical Infrastructure

Critical infrastructure includes any system or asset that if attacked would result in catastrophic loss of life or catastrophic economic loss. Critical infrastructure also includes the following:

- Public water systems serving large population centers.
- Primary data storage and processing facilities, stock exchanges, or major banking centers.
- Chemical facilities located in close proximity to large population centers.
- Major power generation facilities that exceed 2,000 MW and support the regional electric grid.
- Hydroelectric facilities and dams that produce power in excess of 2,000 MW or could cause catastrophic loss of life if breached.
- Nuclear power plants.
- Electric substations 500 KV or larger, and substations 345 KV or larger, that are part of a critical system supporting populations in excess of one million.
- Rail and highway bridges over major waterways that, if destroyed, would cause catastrophic loss of life or catastrophic economic impact.
- Major natural gas transmission pipelines in excess of 3,000 bcf.
- Natural gas and liquid natural gas storage facilities.
- Major petroleum handling facilities such as pipelines, ports, refineries, and terminals.
- Telecommunications, Internet and cyber facilities.
- Facilities that support large public gatherings such as sporting events or concerts.

If your organization is applying as a Non-Affiliated EMS Organization, please skip ahead to page 52. If this is a Regional Request, please skip ahead to page 87.

Fire Department Characteristics (Part I)

If you are applying on behalf of a Non-Affiliated EMS Organization go directly to page 52.

If you are applying with a Regional Request go directly to page 87.

Please provide the following additional information regarding your organization.

Note: Fields marked with an * are required.

* Are you a member of a Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property?	<input type="radio"/> Yes <input type="radio"/> No
* What kind of organization do you represent? Career – An agency or organization in which all members receive financial compensation for their services. Combination – An agency or organization in which at least one member receives financial compensation for their services and/or at least one member does not receive financial compensation for their services, except as defined below. Volunteer – (Reserve) An agency or organization in which no member receives financial compensation for their services other than life/health insurance, workmen’s compensation insurance. Paid on Call/Stipend – An agency or organization in which members receive a nominal fee based on per event basis.	<input type="radio"/> All Paid/Career <input type="radio"/> Combination <input type="radio"/> All volunteer <input type="radio"/> Paid On Call/Stipend
If you answered combination, above, what is the percentage of career members in your organization? (number only)	%
If you answered volunteer or combination or paid on-call, how many of your volunteer firefighters are paid members from another career department? (number only)	
* What type of community does your organization serve?	<input type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural
* Is your Organization considered a Metro Department? (Over 400 paid career Firefighters)	<input type="radio"/> Yes <input type="radio"/> No
* What is the square mileage of your first-due response area? (number only)	
* What percentage of your response area is protected by hydrants? (number only)	%
* 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 of the state? (definitions on page 7)	<input type="radio"/> Yes <input type="radio"/> No
Percentages in three answers below must sum up to 100%:	
* How much of your jurisdiction’s land use is for agriculture, wildland, open space, or undeveloped properties?	%
* What percentage of your jurisdiction’s land use is for commercial and industrial purposes?	%
* What percentage of your jurisdiction’s land is used for residential purposes?	%

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* How many occupied structures (commercial, industrial, residential, or institutional) in your jurisdiction are more than three stories tall? Do not include structures which are not regularly occupied such as silos, towers, steeples, etc. (whole numbers only)	
* What is the permanent resident population of your Primary/First Due Response Area or jurisdiction served? (whole numbers only) Primary/First Due Response Area is a geographical area proximate to a fire or rescue facility and normally served by the personnel and apparatus from that facility in the event of a fire or other emergency and does not include daily or seasonal population surges. Population shall be based upon the most recent official census and shall include only those individuals who permanently reside within the jurisdiction served.	
* Do you have a seasonal increase in population?	<input type="radio"/> Yes <input type="radio"/> No
If "Yes" what is your seasonal increase in population?	
* How many active firefighters does your department have who perform firefighting duties? (whole numbers only) Active Firefighter – A member in good standing who is qualified to respond to and extinguish fires and has actively participated in firefighting in the past year.	
* How many ALS level trained members do you have in your department/organization? (whole numbers only)	
* How many stations are operated by your organization? (whole numbers only)	
* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?	<input type="radio"/> Yes <input type="radio"/> No
* Do you currently report to the National Fire Incident Reporting System (NFIRS)?	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes above, please enter your FDIN/FDID	
* What percent of your active firefighters are trained to the level of Firefighter I? (numbers only)	
* What percent of your active firefighters are trained to the level of Firefighter II? (numbers only)	
If you answered less than 100% to either question above, are you requesting for training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?	<input type="radio"/> Yes <input type="radio"/> 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 in this application, please describe in the box to the right your training program and your plans to bring your membership up to Firefighter II.	

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* What services does your organization provide?	
<input type="radio"/> Structural Fire Suppression <input type="radio"/> Emergency Medical Responder <input type="radio"/> Haz-Mat Operational Level	
<input type="radio"/> Wildland Fire Suppression <input type="radio"/> Basic Life Support <input type="radio"/> Haz-Mat Technical Level	
<input type="radio"/> Airport Rescue Firefighting (ARFF) <input type="radio"/> Advanced Life Support <input type="radio"/> Rescue Operational Level	
<input type="radio"/> Occasional Fire Prevention Program <input type="radio"/> Formal/Year-Round Fire Prevention Program <input type="radio"/> Rescue Technical Level	
<input type="radio"/> Maritime Operations/Firefighting	
* Please describe your organization and/or community that you serve. Use additional sheet if necessary.	

Fire Department Characteristics (Part II)

Please provide the following additional information regarding your organization.

Note: Fields marked with an * are required.

* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three years? (whole numbers only)	2011	2010	2009
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three years? (whole numbers only)	2011	2010	2009
* What is the total number of line of duty member fatalities in your jurisdiction over the last three years? (whole numbers only)	2011	2010	2009
* What is the total number of line of duty member injuries in your jurisdiction over the last three years? (whole numbers only)	2011	2010	2009
* Over the last three years, what was your organization's average operating budget? (number only)			
* What percentage of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	%		
* What percentage of your annual operating budget is derived from: (Enter numbers only; percentages must sum up to 100%)			
Taxes?	%		
EMS Billing? (Recoverable funds from billing the insurance agencies or the patient for emergency medical service and/or transport.)	%		
Grants?	%		
Donations?	%		
Fund drives?	%		
Fee for Service? If your department or agency is billing for services such as vehicle extrication or charging any other fees for your service please enter it here. If your department or agency is billing insurance companies for service other than EMS billing list them here.	%		
Other?	%		
If you entered a value into Other field (other than 0), please explain:			
* Please describe your organization's need for Federal financial assistance. Use additional sheet if necessary.			

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<p>*How many vehicles does your organization have in each of the types 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>			
Type or Class of Vehicle	Number of Front line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
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 Engine or Type II Engine Urban Interface			
Ambulances for transport and/or emergency response			
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):			
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint			
Brush/Quick Attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pick up w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine			
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit			
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			

Fire Department Call Volume

Please provide the total number of incidents that your department responded to for each of three year periods (Jan – Dec). Include only those alarms which your department was a primary responder and not second due on 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.)

How many responses per year by category? (Enter whole numbers only: If you have no calls for any of the categories, enter 0)			
Working Structural Fires - includes cooking fires, chimney fires, smoke odor calls, unauthorized burning calls, and trash and rubbish fires that spread to a structure(s).	2011	2010	2009
False Alarms/Good Intent Calls Good Intent Calls - includes canceled enroute, authorized burning calls, prescribed fire calls, smoke scares. False Alarms: making a false report of a fire or other emergency via telephone to 911 or other emergency number, the false activation of a manual or automatic fire alarm system, and/or the transmission of a malicious false alarm via a dedicated public alarm system (telephone, telegraph, or radio call box).	2011	2010	2009
Vehicle Fires - includes all vehicle fires except those that were inside a structure.	2011	2010	2009
Vegetation Fires - includes wildland fires, brush fires, and grass fires.	2011	2010	2009
EMS-BLS Response Calls - includes medical assists, EMS calls, vehicle accident EMS calls, sickness/injuries, vehicle/pedestrian EMS calls, etc.	2011	2010	2009
EMS-ALS Response Calls - calls that require an advanced level of treatment typically provided by an Advanced Life Support Provider (EMT-I or EMT-P). Examples: cardiac/respiratory arrest/distress, traumatic injury, I.V. treatment, trouble breathing, chest pains, unconscious/unresponsive, cardiac monitoring, intubation.	2011	2010	2009
EMS-BLS Scheduled Transports - non-critical patient transports, ALS/critical transports, transports from one medical facility to another, etc.	2011	2010	2009
EMS-ALS Scheduled Transports - pre-scheduled transports of patients to or from a medical facility that requires monitoring or treatment typically administered by an Advanced Life Support Provider (EMT-P or EMT-I). Examples: cardiac/respiratory distress, traumatic injury, I.V. treatment, trouble breathing, chest pains, unconscious/unresponsive, cardiac monitoring, intubation.	2011	2010	2009
Vehicle Accidents w/o Extrication - response to incidents involving any motorized vehicle (automobiles, motorcycles, trucks, etc...) with or without injury, where there is no entrapment of the occupants.	2011	2010	2009
Vehicle Extrications - vehicle extrication is the process of removing a person(s) from a vehicle that has been involved in an accident which has resulted in making ordinary means of exit impractical. Vehicle extrication is typically accomplished by utilizing hydraulic cutting, spreading, and stabilization tools.	2011	2010	2009

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Other Rescue- includes lock-outs, lock-ins, searches, rescues and extrications	2011	2010	2009
Hazardous Condition/Materials Calls- includes spills and leaks, chemical releases, electrical transmission and service lines down.	2011	2010	2009
Service Calls- includes persons in distress calls, water problem calls, smoke odor calls, animal rescue calls, public service assist calls, and unauthorized burning calls.	2011	2010	2009
Other Calls and Incidents- anything that doesn't fit in another category.	2011	2010	2009
Total	2011	2010	2009
How many responses per year by category? (Enter whole numbers only: If you have no calls for any of the categories, enter 0)			
What is the total acreage of all vegetation fires?	2011	2010	2009
How many responses per year by category? (Enter whole numbers only: If you have no calls for any of the categories, enter 0)			
In a particular year, how many times does your organization receive mutual/automatic aid?	2011	2010	2009
In a particular year, how many times does your organization provide mutual/automatic aid? (Please indicate the number of times your department provides or receives mutual aid. Do not include first-due responses claimed above.)	2011	2010	2009
Total Mutual / Automatic Aid (please total the responses from the previous two blocks)	2011	2010	2009
Out of the mutual/automatic aid responses, how many were structure fires?	2011	2010	2009

Request Information

Program Selection

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

<p>* 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.</p>	
Program Name	Activities Available
<input type="radio"/> Operations and Firefighter Safety (page 16)	[Equipment] [Modify Facilities] [Personal Protective Equipment] [Training] [Wellness and Fitness Programs]
<input type="radio"/> Vehicle Acquisition (page 45)	[Vehicle Acquisition]
<p>* 2. Will this grant benefit more than one organization?</p>	
<input type="radio"/> Yes <input type="radio"/> No	
<p>If you answered Yes to Question 2 above, please explain. (attach additional sheet if necessary)</p>	
Empty space for explanation	
<p>* 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)</p>	
<p>\$ _____ (whole dollar amounts only)</p>	
<p>*From the requested activities, what is the total dollar amount requested for EMS equipment, supplies, training, etc in the Request Details of this application? If none of the items requested are for fire-based EMS, then enter \$0.</p>	<p>\$ _____</p>

Operations and Firefighter Safety – Equipment

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

Note: For each piece of equipment, attach an additional sheet.

Note: Fields marked with an * are required.

Equipment Details	
* 1. What equipment will your organization purchase with this grant? (select one from Equipment List on pages 17-18)	
*Please provide further description of the item selected.	
* 2. Number of units: (whole number only)	
* 3. Cost per unit: (whole dollar amounts only)	
* 4. Generally the equipment purchased under this grant program will: (select one)	
<input type="radio"/> Be bought for the first time <input type="radio"/> Replace or upgrade old, obsolete, tattered, torn, or substandard equipment currently owned by your organization <input type="radio"/> Replace contaminated equipment <input type="radio"/> Address a new risk <input type="radio"/> Expand the capabilities of your organization into a new mission area <input type="radio"/> Replace worn but usable equipment <input type="radio"/> Replace used equipment <input type="radio"/> Replace new equipment <input type="radio"/> Increase your organization's available supply of this equipment to meet basic mission	
If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.	<input type="radio"/> 1 year <input type="radio"/> 6 years <input type="radio"/> 2 years <input type="radio"/> 7 years <input type="radio"/> 3 years <input type="radio"/> 8 years <input type="radio"/> 4 years <input type="radio"/> 9 years <input type="radio"/> 5 years <input type="radio"/> 10 or more years <input type="radio"/> N/A

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* 5. Generally the equipment purchased under this grant program: (select one)	
<input type="radio"/>	Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.
<input type="radio"/>	Will bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc. Please explain how this equipment will bring the organization into voluntary compliance in the space provided to the right.
* 6. Will the item requested benefit other organizations or otherwise be available for use by other organizations?	
<input type="radio"/> Yes <input type="radio"/> No	
If you answered Yes in the question above, please explain:	
* 7. Will this equipment be used for wildland firefighting purposes?	
<input type="radio"/> Yes <input type="radio"/> No	
* 8. Is your department trained in the proper use of the equipment being requested?	
<input type="radio"/> Yes <input type="radio"/> No	
*9. Are you requesting funding for training? (Funding for requested training should be requested in the Equipment Additional Funding section).	
Yes <input type="radio"/> No	
10. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	
<input type="radio"/> Yes <input type="radio"/> No	

Equipment List (select one to answer Equipment Details Q1)

Basic Equipment	
Adapters, Wyes & Siamese	Portable Deluge Sets
Basic Hand Tools	Electric/Gas Powered Saws/Tools
Foam Eductors and foam concentrate	Ropes, Harnesses, Carabiners, Pulleys, etc.
Hose- (3½ inches or less)	RIT Pack
Hose- Large Diameter (LDH 4 inches or larger)	Wildland
Hydrant and Spanner Wrenches	Complete air-fill system
Ladders	Generator - Mobile
Nozzles	Thermal Imaging Camera
Compressor/Cascade/Fill Station (Fixed)	

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Communications	
Base Station	Mobile Data Terminal (MDT)
Computer Aided Dispatch (CAD)	Pagers
Computers	Equipment to support dispatch
Headsets	Portable Radios (must be P-25 Compliant)
Mobile Radios (must be P-25 Compliant)	Repeaters
EMS/Rescue	
ALS Airway Equipment	ANSI Traffic Vest
BLS Airway Equipment	Vest Extrication Devices
Power lift cots/stretchers	EMS/Rescue Equipment
Automated External Defibrillators (AEDs)	Cutter
Pulse Oximeters	Spreader
Blood Pressure Cuffs	Combo-Tool
Stethoscopes	Power Unit
Rehab Equipment	Vehicle stabilization/air bags, RAMS, etc.
Stretchers, Backboards, Splint, etc.	
Haz-Mat	
Decon, Clean-Up, Containment and Packaging Equipment	Spark Proof Tools
Monitoring and Sampling Devices	Suppression
Reference Library	Haz-Mat
Investigation	
Cameras	Lights, Portable
Hand Tools	Monitoring and Sampling Devices
Investigation Tools	
Specialized	
Compressors/Cascade/Fill Station (Mobile)	Skid Unit
Portable/Mobile Generator	Washer/Extractor
Portable Pump	Cascade/Oxygen
Class A Boats	Oxygen refill systems
Class One Boats (20 feet or less)	Specialized Equipment
CBRNE Equipment	
Biological Detection	CBRNE-related Pharmaceuticals
Auto-injectors	CBRNE-related Equipment

Firefighting Equipment - Additional Funding (optional unless you're applying for Training funds)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
j. State Taxes	\$
Explanation (Attach an additional sheet if necessary)	

Firefighter Equipment Narrative Statement

The program narratives should provide all the information necessary for you to justify your needs and for the program office to make an award decision. In the program narrative sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire grant application.

Please ensure that your narrative clearly addresses each of the following areas to the best of your ability. Follow the sequence and specifically address each of the following topics:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** Statement of Effect: How would this award affect the daily operations of your department and how would this award affect your department's ability to protect lives and property in your community?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

Note: Fields marked with an * are required.

Project Description

* **Section #1** Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

Operations and Firefighter Safety - Modify Facilities

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

Note: When requesting one or more multiple projects for one station (e.g. sprinklers & exhaust system) the total request cannot exceed \$100,000 per station. **For FY 2012, all projects must be entered as separate line-items regardless if the projects are in the same station.** If you wish to enter an additional project, please fill out another set of Operations and Firefighter Safety – Modify Facilities questions.

Note: Fields marked with an * are required.

Reminder: You may be required to provide documentation about the nature of the facility, historical review, EPA review, flood plains, etc. prior to being considered for award.

Modifications are intended to mean changes within the existing structure or to existing props. Funding may not be used to change the existing exterior footprint of the building or add additional stories to the building. The original profile of the facility will remain essentially unchanged.

Modify Facilities Details	
<p>* 1. On what type of modification will the funds be spent? (Add one line-item request per station being modified)</p>	<p> <input type="radio"/> Source Capture Exhaust System(s) <input type="radio"/> Sprinkler System(s) <input type="radio"/> Smoke/Alarm System(s) <input type="radio"/> Emergency generator(s) <input type="radio"/> Air Quality System(s) </p>
<p>* Please provide further description of the item selected above.</p>	
<p>2. If you are installing an exhaust system, how many vehicles do you plan on attaching to the system (only include currently owned vehicles or vehicles on order – do not include equipment for future capacity)?</p>	
<p>* 3. Does the facility you wish to modify have a drive through bay?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

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<p>* 4. Number of units: (whole number only)</p>	
<p>* 5. Cost per unit: (whole dollar amounts only)</p>	
<p>* 6. What is the age of the facility (in years) that is being modified?</p>	<p> <input type="radio"/> less than 5 <input type="radio"/> 5-10 <input type="radio"/> 11-15 <input type="radio"/> 16-20 <input type="radio"/> 21-25 <input type="radio"/> 26-30 <input type="radio"/> greater than 30 </p>
<p>* 7. What type of facility will be modified?</p>	<p> <input type="radio"/> Station(s) with sleeping quarters (to include marine fire facilities) <input type="radio"/> Station(s) w/o sleeping quarters <input type="radio"/> Training Facilities <input type="radio"/> Dispatch/Administrative Offices/Maintenance Facilities/Storage Buildings </p>
<p>* 8. What is the level of occupancy for the facility you wish to modify? Note: The occupancy is defined by the number of hours the facility is used within a single 24 hour time period.</p>	<p> <input type="radio"/> Full-Time (24/7) <input type="radio"/> Part-Time (Daily, but not 24/7) <input type="radio"/> Occasional </p>

Modify Facilities - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
j. State Taxes	\$
Explanation (Attach an additional sheet if necessary)	

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

Operations and Firefighter Safety - Personal Protective Equipment

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

Note: For each piece of equipment, attach an additional sheet.

Note: Fields marked with an * are required.

Personal Protective Equipment Details	
<p>* 1. Select the PPE that you propose to acquire (select one from PPE list on page 29)</p>	
<p>* Please provide further description of the item selected above or if you selected Other above, please specify.</p>	
<p>* 2. Number of units: (whole number only)</p>	
<p>* 3. Cost per unit: (whole dollar amounts only)</p>	\$
<p>* 4. Please provide your percentage for the appropriate question below:</p> <ul style="list-style-type: none"> • For turnout requests, what percentage of your on-duty active members will have PPE that meets applicable NFPA and OSHA standards if this grant is awarded? • If you are requesting new SCBA, what percentage of your seated riding positions will have compliant SCBA assigned to it if this grant is awarded? • If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members will have specialized PPE that meets established standards if this grant is awarded? For example, if your 100-member department has a 10-member Haz-Mat team and you are requesting 10 Haz-Mat suits, you are requesting 100% of the applicable members. 	%
<p>* 5. What is the purpose of this request? (select one)</p>	<ul style="list-style-type: none"> <input type="radio"/> to buy equipment for the first time (never owned before) <input type="radio"/> to replace or upgrade old/obsolete equipment (it must be a minimum of 10 years or older) <input type="radio"/> to replace torn/tattered/damaged equipment <input type="radio"/> to replace contaminated equipment <input type="radio"/> to meet new risk <input type="radio"/> to replace worn, but usable equipment <input type="radio"/> to replace used equipment <input type="radio"/> to replace new equipment <input type="radio"/> to equip first responders to handle a new mission <input type="radio"/> to increase the department's available supply of this equipment

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<p>If you have indicated you are requesting PPE (any PPE other than SCBA) in the Question 1, what are the specific ages of your equipment in years? If requesting SCBA, please select "N/A", do not provide PPE ages here but continue on to the next question. Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace.</p>	<input type="radio"/> N/A	
	Age (in years)	Number of Items
	Less than 1	
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
15		
16 or more		
Number of members without gear _____		
<p>If you have indicated you are requesting SCBA in the Question 1, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please select "N/A" and continue on to the next question. Please account for ALL SCBA currently in your department's inventory - not just the equipment you wish to replace .</p>	<input type="radio"/> N/A	
	Year	Number of NFPA Compliant SCBA
	2007 Standard	
	2002 Standard	
Older Standards		
* 6. Is this PPE:		
<input type="radio"/> For protection use against fire <input type="radio"/> For use in Haz-mat incidents	<input type="radio"/> For use in Rescue incidents, vehicle extrication <input type="radio"/> For some other use	
If you selected For some other use above, please specify _____		
* 7. Will this equipment be used for wildland firefighting purposes?	<input type="radio"/> Yes	<input type="radio"/> No
* 8. Is your department trained in the proper use of this equipment being requested?	<input type="radio"/> Yes	<input type="radio"/> No
*9. Are you requesting funding for training for this equipment? (Funding for requested training should be requested in the PPE Additional Funding section on page 30).	<input type="radio"/> Yes	<input type="radio"/> No
If you are not asking for training funds through this application, will you obtain training for this equipment through other sources?	<input type="radio"/> Yes	<input type="radio"/> No

Personal Protective Equipment List (select one to answer Q1)

Structural	
Boots	Goggles
Coats	Helmets
Complete Set of Turnout Gear	Hoods
Flashlights	Pants
Gloves	PASS Devices
Respiratory	
Accountability Systems	SCBA-45 minutes with face piece-With extra bottle
Air-Line Units	SCBA-60 minutes with face piece-With extra bottle
Face Pieces	Spare Cylinders-30 minutes
Respirators	Spare Cylinders-45 minutes
SCBA-30 minutes with face piece-With extra bottle	Spare Cylinders-60 minutes
Wildland	
Jumpsuits/Coveralls	Shelters
Web Gear/Backpacks/Canteens	
Other PPE	
ANSI Traffic Vests	Infection Control
EMS Turnout	Proximity and Entry Suits
Encapsulated Suits	Splash Suits
Extrication Clothing/Rescue Clothing	Wet and Dry Suits
Chemical/Biological Suits (Must conform to NFPA 1994, 2001 edition)	

PPE - Additional Funding (optional unless you're applying for Training funds)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
j. State Taxes	\$
Explanation (Attach an additional sheet if necessary)	

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

Operations and Firefighter Safety - Training

Please provide the following information about the training you want funded.

Note: For each program, attach an additional sheet.

Note: Fields marked with an * are required.

Training Details
* 1. Which title most closely describes your requested program? (select one)
---General Training---
Operations (NFPA 472)
Firefighter I, Firefighter II (NFPA 1001)
Instructor Training (NFPA 1041)
Driver/Operator (NFPA 1002)
Officer Training (NFPA 1021)
Basic Wildland Firefighting (NFPA 1051/NWCG)
Wildland Firefighter Certification (NFPA 1051/NWCG)
Wildland Officer (NFPA 1051/1143/NWCG)
Airport Rescue Firefighting (ARFF) (NFPA 1003)
RIT Training (NFPA 1407/29 CFR 1910.134g(4))
Confined Space Rescue – Awareness level (NFPA 1670/29 CFR 1910.146)
Vehicle Rescue (NFPA 1670)
Technical Rescue/Urban Search and Rescue – Awareness level (NFPA 1670/1006)
Technical Rescue/Urban Search and Rescue – Operations level (NFPA 1670/1006)
Technical Rescue/Urban Search and Rescue – Technician level (NFPA 1670/1006)
Haz-Mat – Technician/Specialist level (NFPA 472)
Infection Control (NFPA 1581)
Medical First Responder Training (First Responder)
Emergency Medical Technician – Basic (EMT B)
Emergency Medical Technician – Intermediate (EMT I)
Emergency Scene Rehab (NFPA 1500/1584)
Paramedic Training (EMT-P)
Mass Casualty Incident Training (MCI)
NIMS (NFA/EMI/NWFCG)
Incident Management Course (NFA/EMI/NWFCG)
Integrated Emergency Management Course (NFPA 1561/IEMC)
Fire Inspector (NFPA 1031)
Fire Investigator (NFPA 1033)
Fire Educator (NFPA 1035)
Telecommunications/Dispatcher (NFPA 1601)

Safety Officer (NFPA 1521)
Physical Agility Program Training (NFPA 1583)
Firefighter Safety and Survival Training (NFPA 1407/29 CRF 1910.146)
Fire Officer I,II, III, and/or IV (NFPA 1021)
Fire Prevention (NFPA 1)
Maritime (NFPA 1405/1005)
Environmental (EPA Train/Learning Center)
Exercises/Preparedness (NFA/EMI)
---CBRNE Training---
Operations-level Training (National Law Enforcement Training Agency)
Technician-level Training (National Law Enforcement Training Agency)
Other CBRNE Training (National Law Enforcement Training Agency)
Weapons of Mass Destruction – Awareness level (CBRNE)
Weapons of Mass Destruction – Operations level (NFPA 472)
Weapons of Mass Destruction – Technician Level for Rural (NFPA 472)
Weapons of Mass Destruction Training – Technician Level for Urban/Suburban (NFPA 472)
Other/Specialized Weapons of Mass Destruction Training (NFPA 472)
---Specialized CBRNE Training---
Specialist (National Law Enforcement Training Agency)
EMS for Incidents Involving CBRNE (National Law Enforcement Training Agency)
ICS for Terrorism (National Law Enforcement Training Agency)
Mass Decontamination (National Law Enforcement Training Agency)
Live Agent (National Domestic Preparedness Consortium)
Explosives and Secondary Device Awareness (National Domestic Preparedness Consortium)

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<p>* Please provide further description of the Training Program you selected.</p>	
<p>* 2. Generally, this program can best be categorized as: (select one)</p>	
<p><input type="radio"/> Training that is evaluated/tested using a national or state standard <input type="radio"/> Non-certification training</p>	
<p>* 3. What percentage of applicable personnel will be trained by this program?</p>	%
<p>* 4. Generally, the training program provided under this grant: (select one)</p>	
<p><input type="radio"/> Will bring your department into compliance with recommended applicable NFPA or other standards, please specify:</p>	
<p><input type="radio"/> Will bring your department into compliance with mandated training requirements, please specify:</p>	
<p><input type="radio"/> Will address an identified risk for your department or community, please specify:</p>	
<p>* 5. Will this training enhance your ability to perform mutual aid?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>If you answered Yes to the question above, please explain</p>	
<p>* 6. Will this training include members from other fire departments and/or non-affiliated EMS organizations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>* 7. Will this training be:</p>	<p><input type="radio"/> Instructor-led <input type="radio"/> Self/directed/test-validated <input type="radio"/> None of the above</p>

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

Operations and Firefighter Safety – Wellness and Fitness

Please provide the following information about the program you want funded.

Note: For each program, attach an additional sheet.

Note: Fields marked with an * are required.

Program Area	Does your organization currently offer this activity?	Are you requesting funding for this activity in this application?	Will this activity be mandatory?	Will this activity be offered to all members?
* Initial Physical Exam	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Job Related Immunization Program	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Periodic Medical Exam/Health Screening	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Behavioral Health NFPA 1500 or equivalent Behavioral health programs are described in NFPA 1500 chapter 11. If you have any questions call the AFG help desk at 866-274-0960.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional Wellness and Fitness (if you are requesting Wellness and Fitness activities outside of Initial Physical Exam, Job Related Immunization, Periodic Medical Exam/Health Screening and/or Behavioral Health):

* 1. What will your program offer during the grant year? (select one)	<input type="radio"/> Formal fitness and injury prevention program <input type="radio"/> CISM Program <input type="radio"/> Employee assistance program <input type="radio"/> Injury/illness rehabilitation program
If you answered Other above, please specify.	
* 2. Does your organization currently offer this activity?	<input type="radio"/> Yes <input type="radio"/> No
* 3. Are you requesting funding with this application?	<input type="radio"/> Yes <input type="radio"/> No
* 4. Will this program be mandatory?	<input type="radio"/> Yes <input type="radio"/> No
* 5. Will this program be offered to all?	<input type="radio"/> Yes <input type="radio"/> No

Add Budget Item (answer for each of the Wellness Activities you are requesting funding for, use additional sheets if necessary)

* Item	<p style="text-align: center;">-- Physicals/Medical Examinations --</p> <ul style="list-style-type: none"> <input type="radio"/> Job Related Immunization Program <input type="radio"/> Initial Physical Exam <input type="radio"/> Behavioral Health NFPA 1500 or equivalent <input type="radio"/> Periodic Physical Exam/Health Screening <input type="radio"/> Rehab and Therapy <p style="text-align: center;">-- Wellness --</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="radio"/> Exercise Equipment <input type="radio"/> Nutrition <input type="radio"/> Smoking Cessation <input type="radio"/> Fitness Assessments and Counseling </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="radio"/> Aerobic Instructors <input type="radio"/> Physical Trainers <input type="radio"/> CISD Programs <input type="radio"/> EAP Programs </td> </tr> </table>	<ul style="list-style-type: none"> <input type="radio"/> Exercise Equipment <input type="radio"/> Nutrition <input type="radio"/> Smoking Cessation <input type="radio"/> Fitness Assessments and Counseling 	<ul style="list-style-type: none"> <input type="radio"/> Aerobic Instructors <input type="radio"/> Physical Trainers <input type="radio"/> CISD Programs <input type="radio"/> EAP Programs
<ul style="list-style-type: none"> <input type="radio"/> Exercise Equipment <input type="radio"/> Nutrition <input type="radio"/> Smoking Cessation <input type="radio"/> Fitness Assessments and Counseling 	<ul style="list-style-type: none"> <input type="radio"/> Aerobic Instructors <input type="radio"/> Physical Trainers <input type="radio"/> CISD Programs <input type="radio"/> EAP Programs 		
* Please provide further description of the item selected above.			
* Select Object Class:	<ul style="list-style-type: none"> <input type="radio"/> Personnel <input type="radio"/> Fringe Benefits <input type="radio"/> Travel <input type="radio"/> Equipment <input type="radio"/> Supplies <input type="radio"/> Contractual <input type="radio"/> Construction <input type="radio"/> Indirect Charges <input type="radio"/> Other <input type="radio"/> State Taxes 		
If you selected Other above, please specify			
* Number of units: (whole number only)			
* Cost per unit: (whole dollar amounts only)			

Firefighter Wellness and Fitness Narrative Statement

The program narratives should provide all the information necessary for you to justify your needs and for the program office to make an award decision. In the program narrative sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire grant application.

Please ensure that your narrative clearly addresses each of the following areas to the best of your ability. Follow the sequence and specifically address each of the following topics:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** Statement of Effect: How would this award affect the daily operations of your department and how would this award affect your department's ability to protect lives and property in your community?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

Note: Fields marked with an * are required.

Project Description

* **Section #1** Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

Please go directly to page 112 and Budget.

Firefighting Vehicle Program

Please provide the following information about the vehicle you want funded. **If your organization is applying for equipment and a vehicle, you must fill out a separate application for the equipment. If your organization is requesting multiple vehicles, then you must complete separate sheets for the Vehicle Details, Additional Funding, and Narrative of each vehicle you are requesting.**

Note: Fields marked with an * are required.

Vehicle Details						
* 1. What type or class of vehicle will you use the grant funds to purchase? (select one from list of Firefighting Vehicle Types on page 47)						
Please provide further description of the item selected above:						
* 2. Cost (whole dollar amounts only)		\$				
* 3. Is the vehicle you propose to buy a refurbished, used or new response vehicle to meet current standards?		<input type="radio"/> New (never owned before) <input type="radio"/> Refurbished (compliant to current standards) <input type="radio"/> Refurbished (compliant to the year of manufacturing) <input type="radio"/> Used (compliant to the year of manufacturing)				
* 4. What is the age of the vehicle being replaced?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years	
* 5. What is the newest (age) vehicle you currently own in the class you are purchasing?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years	
* 6. How old is the oldest (age) vehicle you own in the class you are purchasing?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years	
* 7. What is the average age of all vehicles in your fleet?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years	

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*8. Do you have a driver-training program equivalent to national or NFPA standards?	<input type="radio"/> Yes <input type="radio"/> No
If you answered No, will you develop one prior to receipt of the vehicle per the program guidance?	<input type="radio"/> Yes <input type="radio"/> No
*Are you requesting funding for training specific to the vehicle acquisition? (Funding for requested training should be requested in the Firefighting Vehicle Additional Funding section on page 49).	<input type="radio"/> Yes <input type="radio"/> No
If you are not requesting funding, will you obtain the appropriate training through other sources?	<input type="radio"/> Yes <input type="radio"/> No
*9. Is the vehicle you propose to buy:	<input type="radio"/> First time purchase for increased risk (do not currently own in this class) <input type="radio"/> Replacement of an existing apparatus <input type="radio"/> Addition to the fleet
*10. Is the vehicle you are replacing a converted vehicle not originally designed for its current use?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - First Time Purchase
*11. Does the vehicle you are replacing have an open cab configuration?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - First Time Purchase
*12. If awarded, will you permanently remove this substandard vehicle from service?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - First Time Purchase
If you are removing a vehicle from service, describe the vehicle you plan to remove in the space provided. Please enter the type, year, model.	
Please enter the VIN (Vehicle Identification Number) for the vehicle you are requesting to replace:	
*13. How long have you owned the vehicle you are replacing?	_____ Years (whole number only) <input type="radio"/> N/A
*14. If you are removing a vehicle from service, what is the number of calls that vehicle responded to during 2011 (documented through vehicle or dispatch logs)? (whole number only)	_____ <input type="radio"/> N/A
*15. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations.	<input type="radio"/> Yes <input type="radio"/> No
*16. Will this vehicle be used for automatic and/or mutual aid?	<input type="radio"/> Automatic Aid <input type="radio"/> Mutual Aid <input type="radio"/> Both <input type="radio"/> None
*17. What percentage of your annual budget goes to vehicle replacement?	(0-100%)

Firefighting Vehicle Types (select one for Vehicle Details Q1)

Engine	
Pumper/Engine (750 gpm or more and holds a minimum of 300 gallons or more)	
Pumper with CAFS	
Type I Engine Urban Interface	
Ambulance	
Ambulance	
Tanker	
Tanker/Tender (750 gpm or less and holds a minimum of 1000 gallons or more)	
Brush/Attack	
Brush Truck	
Patrol Unit (Pick up w/Skid Unit)	
Mini-Pumper	
Type II Engine	
Type III Engine	
Type IV Engine	
Type V Engine	
Type VI Engine	
Aerial	
Aerial Ladder Truck	
Telescoping	
Articulating	
Ladder Towers	
Platforms	
Tiller Ladder Truck	
Quint	
Rescue (non-transport)	
Rescue (Light, Medium, Heavy)	Technical Rescue Vehicle
Other/Specialized Vehicles	
ARFF (Aircraft Rescue Firefighting)	Hazardous Materials Unit
Command/Mobile Communications Vehicle	Rehab Unit
Air/Light Unit	Fire Rescue/Boat
Foam truck	Highway Safety Unit

Firefighting Vehicle Inventory

Please provide the following information.

If you have 15 emergency response vehicles or less, list all of your Engines/Pumpers, Tankers, Aerials, Brush and Rescue Vehicles. List all vehicles providing the type, the age, the pump capacity (GPM) if applicable, the carrying capacity (gallons) if applicable.

Vehicle Type (possible terms: Engine or Pumper, Ambulance, Tanker, Aerial Apparatus, Brush/Quick Attack, Rescue Vehicles, or Additional Vehicles)	Age	GPM	Gallons
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

If you have more than 15 emergency response vehicles - other than those categorized as "Other", please provide the oldest, newest, and average age for each type of vehicle.

Type or Class	Quantity	Oldest (age)	Newest (age)	Average age
Engines (or Pumpers)				
Ambulance				
Tankers				
Aerial Apparatus				
Brush/Quick Attack				
Rescue Vehicles				
Additional Vehicles				

Firefighting Vehicle - Additional Funding (optional unless you're applying for Training funds)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
j. State Taxes	\$
Explanation (Attach an additional sheet if necessary)	

Firefighting Vehicle Narrative Statement

The program narratives should provide all the information necessary for you to justify your needs and for the program office to make an award decision. In the program narrative sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire grant application.

Please ensure that your narrative clearly addresses each of the following areas to the best of your ability. Follow the sequence and specifically address each of the following topics:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** Statement of Effect: How would this award affect the daily operations of your department and how would this award affect your department's ability to protect lives and property in your community?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

Note: Fields marked with an * are required.

Project Description

* **Section #1** Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

Please continue to page 112 and Total Budget.

EMS Department Characteristics (Part I)

This section is for nonaffiliated EMS organizations only. If you are not applying on behalf of a non-affiliated EMS organization, DO NOT FILL OUT THIS SECTION. Fire department/districts should go directly to page 112, regional applicants go to page 87.

Please provide the following information regarding your organization.

Note: Fields marked with an * are required.

<p>* What kind of organization do you represent?</p> <p>Career – An agency or organization in which all members receive financial compensation for their services.</p> <p>Combination – An agency or organization in which at least one member receives financial compensation for their services and/or at least one member does not receive financial compensation for their services, except as defined below.</p> <p>Volunteer – (Reserve) An agency or organization in which no member receives financial compensation for their services other than life/health insurance, workmen’s compensation insurance.</p> <p>Paid on Call/Stipend – An agency or organization in which member receive a nominal fee based on per event basis.</p>	<p><input type="radio"/> All Paid/Career</p> <p><input type="radio"/> Combination</p> <p><input type="radio"/> All volunteer</p> <p><input type="radio"/> Paid On Call/Stipend</p>
<p>If you answered combination above, what is the percentage of career members in your organization? (number only)</p>	%
<p>* What type of community does your organization serve?</p>	<p><input type="radio"/> Urban</p> <p><input type="radio"/> Suburban</p> <p><input type="radio"/> Rural</p>
<p>* Does your department transport?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>* What is the square mileage of your first-due response area? (number only)</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>* Does your organization protect critical infrastructure of the state? (definitions on page 7)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Percentages in three answers below must sum up to 100%:</p>	
<p>* How much of your jurisdiction’s land use is for agriculture, wildland, open space, or undeveloped properties?</p>	%
<p>* What percentage of your jurisdiction’s land use is for commercial and industrial purposes?</p>	%
<p>* What percentage of your jurisdiction’s land is used for residential purposes?</p>	%

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<p>* What is the permanent resident population of your Primary/First Due Response Area or jurisdiction served? (whole number only)</p> <p>Primary/First Due Response Area is a geographical area proximate to a fire or rescue facility and normally served by the personnel and apparatus from that facility in the event of a fire or other emergency and does not include daily or seasonal population surges.</p> <p>Population shall be based upon the most recent official census and shall include only those individuals who permanently reside within the jurisdiction served.</p>	
<p>* How many active members does your EMS organization have that meet the minimum EMS certification standards as dictated by your jurisdiction or state? (whole number only)</p>	
<p>* How many stations are operated by your organization? (whole number only)</p>	
<p>* How many personnel are trained to First Responder/Emergency Medical Responder? (whole number only)</p>	
<p>* How many untrained members perform other duties, such as only drive? (whole numbers only)</p>	
<p>* How many personnel are trained to EMT-B level? (whole numbers only)</p>	
<p>* How many personnel are trained to EMT-I level? (whole numbers only)</p>	
<p>* How many personnel are trained to EMT-P level? (whole numbers only)</p>	
<p>* What services does your organization provide?</p>	
<p> <input type="radio"/> Medical First Response <input type="radio"/> Advanced Life Support Transport <input type="radio"/> Rescue Operational Level <input type="radio"/> Basic Life Support Transport <input type="radio"/> Advanced Life Support Non-Transport <input type="radio"/> Vehicle Extrication <input type="radio"/> Basic Life Support Non-Transport <input type="radio"/> Haz-Mat Operational Level <input type="radio"/> Swift Water Rescue <input type="radio"/> BLS/ALS Schedule Transport <input type="radio"/> Rescue Technical Level <input type="radio"/> Fire Suppression <input type="radio"/> Maritime Operations </p>	
<p>* Please describe your organization and/or community that you serve. Use additional sheet if necessary.</p>	

EMS Department Characteristics (Part II)

Please provide the following additional information regarding your organization.

Note: Fields marked with an * are required.

* What is the total number of line of duty member fatalities in your jurisdiction over the last three years? (whole numbers only)	2011	2010	2009
* What is the total number of line of duty member injuries in your jurisdiction over the last three years? (whole numbers only)	2011	2010	2009
* Over the last three years, what was your organization's average TOTAL operating budget?			
* What percentage of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	%		
* What percentage of your annual operating budget is derived from: (Enter numbers only; percentages must sum up to 100%)			
Taxes?	%		
EMS Billing?	%		
Grants?	%		
Donations?	%		
Fund drives?	%		
Fee for Service?	%		
Other?	%		
If you entered a value into Other field (other than 0), please explain:			
* Please describe your organization's need for Federal financial assistance. Use additional sheet if necessary.			
*What was the total mileage that your organization drove the vehicles in your fleet last year?	(number only)		
*How many vehicles does your organization have in each of the types or classes 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 don't 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
Ambulances: Ambulance, EMS Transport Unit			
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle			

EMS Department Call Volume

Please provide the total number of incidents that your department responded to for each of the three year periods (Jan - Dec). Include only those alarms which your department was a primary responder and not second due on giving mutual aid.

Note: Each incident must be counted only once regardless of the number of units 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.)

How many responses per year by category? (Enter whole numbers only: If you have no calls for any of the categories, enter 0)			
Working Structural Fires - Includes cooking fires, chimney fires, smoke odor calls, unauthorized burning calls, and trash and rubbish fires that spread to a structure(s).	2011	2010	2009
EMS-BLS Response Calls - Includes medical assists, EMS calls, vehicle accident EMS calls, sickness/injuries, vehicle/pedestrian EMS calls, etc.	2011	2010	2009
EMS-ALS Response Calls - Calls that require an advanced level of treatment typically provided by an Advanced Life Support Provider (EMT-I or EMT-P). Examples: cardiac/respiratory arrest/distress, traumatic injury, I.V. treatment, trouble breathing, chest pains, unconscious/unresponsive, cardiac monitoring, intubation.	2011	2010	2009
EMS-BLS Scheduled Transports - Non-critical patient transports, ALS/critical transports, transports from one medical facility to another, etc.	2011	2010	2009
EMS-ALS Scheduled Transports - Pre-scheduled transports of patients to or from a medical facility that requires monitoring or treatment typically administered by an Advanced Life Support Provider (EMT-P or EMT-I). Examples: cardiac/respiratory distress, traumatic injury, I.V. treatment, trouble breathing, chest pains, unconscious/unresponsive, cardiac monitoring, intubation.	2011	2010	2009
Vehicle Extractions - Vehicle extrication is the process of removing a person(s) from a vehicle that has been involved in an accident which has resulted in making ordinary means of exit impractical. Vehicle extrication is typically accomplished by utilizing hydraulic cutting, spreading, and stabilization tools.	2011	2010	2009
Other Rescue - Includes lock-outs, lock-ins, searches and rescues.	2011	2010	2009
Hazardous Condition/Materials Calls - Includes spills and leaks, chemical releases, electrical transmission and service lines down.	2011	2010	2009
Total	2011	2010	2009
How many responses per year by category? (Enter whole numbers only: If you have no calls for any of the categories, enter 0)			
Total calls requiring transport, exclusive of scheduled transport declared above - Includes persons in distress calls, water problem calls, animal rescue calls, public service assist calls, and unauthorized burning calls.	2011	2010	2009
All Other Calls and Incidents not declared above, including fire, good-intent, etc. - anything that doesn't fit in another category.	2011	2010	2009

EMS Request Information

Program Selection

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

<p>* 1. Select a program for which you are applying. You can apply for as many activities within a program as you need. If you are interested in applying under both Vehicle Acquisition and EMS Operations and Safety, and/or regional application you will need to submit separate applications.</p>	
Program Name	Activities Available
<input type="radio"/> EMS Operations and Safety (page 57)	[Training] [Modify Facilities] [Personal Protective Equipment] [Wellness and Fitness Programs] [Equipment]
<input type="radio"/> Vehicle Acquisition (page 81)	[Vehicle Acquisition]
<p>* 2. Will this grant benefit more than one organization?</p>	
<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>If you answered Yes to Question 2 above, please explain. (attach additional sheet if necessary)</p>	
<p>* 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)</p>	
<p> </p>	

Operations and Safety – EMS Equipment

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

Note: For each piece of equipment, attach an additional sheet.

Note: Fields marked with an * are required.

Equipment Details	
<p>* 1. What equipment will be purchased with grant funds? (select one)</p>	<p style="text-align: center;">---Communications---</p> <ul style="list-style-type: none"> <input type="radio"/> Mobile Radios (Must be P-25 Compliant) <input type="radio"/> Portable Radios (Must be P-25 Compliant) <input type="radio"/> Pagers <input type="radio"/> Base stations <input type="radio"/> Computers/MDT <p style="text-align: center;">---EMS---</p> <ul style="list-style-type: none"> <input type="radio"/> Defibrillators <input type="radio"/> Pulse Oximeters <input type="radio"/> ALS/BLS equipment <input type="radio"/> Power lift cots/stretchers <input type="radio"/> ALS Airway Equipment <input type="radio"/> BLS Airway Equipment <input type="radio"/> Suction <input type="radio"/> Stretchers, Backboards, Splints, etc. <input type="radio"/> EMS/Rescue (explain) <p style="text-align: center;">---Basic Equipment---</p> <ul style="list-style-type: none"> <input type="radio"/> Powered/Mechanical Extrication Tools/Equipment <p style="text-align: center;">---Haz-Mat---</p> <ul style="list-style-type: none"> <input type="radio"/> Decon, Clean-Up, Containment and Packaging Equipment <input type="radio"/> Reference Library <input type="radio"/> Haz-Mat <p style="text-align: center;">---Technical Rescue---</p> <ul style="list-style-type: none"> <input type="radio"/> Technical Rescue Equipment <p style="text-align: center;">---CBRNE---</p> <ul style="list-style-type: none"> <input type="radio"/> Monitoring and Sampling Devices
<p>* Please provide further description of the item selected above.</p>	
<p>* 2. Number of units: (whole number only)</p>	
<p>* 3. Cost per unit: (whole dollar amounts only)</p>	<p>\$</p>

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<p>* 4. Generally the equipment purchased under this grant program will: (select one)</p>	
<p> <input type="radio"/> Be bought for the first time (has never been owned before) <input type="radio"/> Replace or upgrade old, obsolete, tattered, torn, or substandard equipment currently owned by your organization <input type="radio"/> Replace contaminated equipment <input type="radio"/> Address a new risk <input type="radio"/> Replace used or obsolete equipment <input type="radio"/> Expand the capabilities of your organization into a new mission area <input type="radio"/> Replace worn but usable equipment <input type="radio"/> Replace used equipment <input type="radio"/> Replace new equipment <input type="radio"/> Increase your organization's available supply of this equipment to meet basic mission </p>	
<p>* 5. Will this equipment bring you into compliance with state or federal or local protocols, standards/regulations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>
<p>*6. At what level of service will this equipment be used if awarded this grant?</p>	<p> <input type="radio"/> ALS (EMT-I and EMT-P) <input type="radio"/> BLS (EMT-B) <input type="radio"/> ALS/EMR (First Responder) <input type="radio"/> Haz-Mat Ops/Tech <input type="radio"/> Rescue Ops/Tech </p>
<p>*7. Is your department trained in the proper use of the equipment being purchased with grant funds?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>*8. Is your department trained in the proper use of this equipment being requested?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>*9. Are you requesting funding for training? (Funding for requested training should be requested in the Equipment Additional Funding section on page 59).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>10. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

EMS Equipment - Additional Funding (optional unless you're applying for Training funds)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
j. State Taxes	\$
Explanation (Attach an additional sheet if necessary)	

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

EMS Modification to Facilities - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
j. State Taxes	\$
Explanation (Attach an additional sheet if necessary)	

EMS Modify Facilities Narrative Statement

The program narratives should provide all the information necessary for you to justify your needs and for the program office to make an award decision. In the program narrative sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire grant application.

Please ensure that your narrative clearly addresses each of the following areas to the best of your ability. Follow the sequence and specifically address each of the following topics:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** Statement of Effect: How would this award affect the daily operations of your department and how would this award affect your department's ability to protect lives and property in your community?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

Note: Fields marked with an * are required.

Project Description

* **Section #1** Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

EMS Operations and Safety - Personal Protective Equipment

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

Note: For each piece of equipment, attach an additional sheet.

Note: Fields marked with an * are required.

Personal Protective Equipment Details	
<p>* 1. Select the PPE that you propose to acquire:</p>	<p style="text-align: center;">---PPE---</p> <ul style="list-style-type: none"> <input type="radio"/> ANSI Traffic Vests <input type="radio"/> Respirators <input type="radio"/> Helmets <input type="radio"/> Boots <input type="radio"/> Goggles <input type="radio"/> Gloves <input type="radio"/> Face Pieces <input type="radio"/> Hearing Protection <input type="radio"/> EMS Turnout Coats <input type="radio"/> EMS Turnout Pants <p style="text-align: center;">---SCBA---</p> <ul style="list-style-type: none"> <input type="radio"/> SCBA-30 minutes with face piece-With extra bottle <input type="radio"/> SCBA-45 minutes with face piece-With extra bottle <input type="radio"/> SCBA-60 minutes with face piece-With extra bottle <input type="radio"/> Spare Cylinders-30 minutes <input type="radio"/> Spare Cylinders-45 minutes <input type="radio"/> Spare Cylinders-60 minutes <input type="radio"/> Air-Line Units <p style="text-align: center;">---Specialized---</p> <ul style="list-style-type: none"> <input type="radio"/> Respirators <input type="radio"/> Extrication Jumpsuits <input type="radio"/> Level-B De-con Suits
<p>* Please provide further description of the item selected above.</p>	
<p>* 2. Number of units: (whole number only)</p>	
<p>* 3. Cost per unit: (whole dollar amounts only)</p>	\$
<p>* 4. Please provide your percentage for the appropriate question below:</p> <ul style="list-style-type: none"> • For turnout requests, what percentage of your on-duty active members will have PPE that meets applicable NFPA and OSHA standards if this grant is awarded? • If you are requesting new SCBA, what percentage of your seated riding positions will have compliant PPE that meets established standards if this grant is awarded? • If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members will have specialized PPE that meets applicable NFPA and OSHA standards if this grant is awarded? 	%

<p>* 5. What is the purpose of this request? (select one)</p>	<ul style="list-style-type: none"> <input type="radio"/> to buy equipment for the first time (never owned before) <input type="radio"/> to replace or upgrade old/obsolete equipment (it must be a minimum of 10 years or older) <input type="radio"/> to replace torn/tattered/damaged equipment <input type="radio"/> to replace contaminated equipment <input type="radio"/> to meet new risk <input type="radio"/> to replace worn, but usable equipment <input type="radio"/> to replace used equipment <input type="radio"/> to replace new equipment <input type="radio"/> to equip first responders to handle a new mission <input type="radio"/> to increase the department's available supply of this equipment
--	---

<p>If you have indicated you are requesting PPE (any PPE other than SCBA) in the Question 1, what are the specific ages of your equipment in years? If requesting SCBA, please select "N/A", do not provide PPE ages here but continue on to the next question. Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics – not just the gear you wish to replace.</p>	<input type="radio"/> N/A		
		Age (in years)	Number of Items
		Less than 1 year	
		1	
		2	
		3	
		4	
		5	
		6	
		7	
		8	
		9	
		10	
		11	
		12	
		13	
	14		
	15		
	16 or more		
	Number of members without gear _____		

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If you have indicated you are requesting SCBA in the Question 1, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please select "N/A" and continue to next question. Please account for ALL SCBA currently in your department's inventory – not just the equipment you wish to replace.	Year	Number of NFPA Compliant SCBA
	○ N/A	
	2007 Standard	
	2002 Standard	
	Older Standards	
* 6. Is this PPE:	<input type="radio"/> For daily use (station wear) <input type="radio"/> Against Blood borne pathogens or other contaminants <input type="radio"/> For use in Rescue incidents <input type="radio"/> For use in Haz-Mat incidents <input type="radio"/> For some other use	
If you selected For some other use above, please specify:		
* 7. Is your department trained in the proper use of the equipment being requested?	<input type="radio"/> Yes <input type="radio"/> No	
* 8. Are you requesting funding for training for this equipment? (Funding for requested training should be requested in the EMS PPE Additional Funding section on page 69).	<input type="radio"/> Yes <input type="radio"/> No	
If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	<input type="radio"/> Yes <input type="radio"/> No	

EMS PPE - Additional Funding (optional unless you're applying for Training funds)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
j. State Taxes	\$
Explanation (Attach an additional sheet if necessary)	

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

EMS Training Program

Please provide the following information about the training you want funded.

Note: For each program, attach an additional sheet.

Note: Fields marked with an * are required.

Training Details	
* 1. What type of training will this be?	<input type="radio"/> ALS <input type="radio"/> BLS
* 2. If awarded these funds, to what level will you be training your personnel?	<input type="radio"/> EMT-I or EMT-P <input type="radio"/> EMT-B <input type="radio"/> First Responder/EMR <input type="radio"/> Haz-Mat Ops/Tech <input type="radio"/> Rescue Ops/Tech
* 3. Are you asking for the funds for equipment to go with the level of your training?	<input type="radio"/> Yes <input type="radio"/> No

Note: Eligible expenses include: instructional costs for EMS training, books and materials, training equipment and supplies, exam and course fees, certification and re-certification expenses and continuing education.

Medications and communications centers constitute ineligible expenses.

Training Program – Add Budget Item	
* Item: (select one)	<p style="text-align: center;">--- Equipment ---</p> <input type="radio"/> Audio-Visual <input type="radio"/> Library <input type="radio"/> Classroom <input type="radio"/> Reference Texts <input type="radio"/> Media <input type="radio"/> Supplies <p style="text-align: center;">--- Programs & Contract Instruction ---</p> <input type="radio"/> Driver/Operator <input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> Haz-Mat <p style="text-align: center;">--- Props: Non-Construction ---</p> <input type="radio"/> Simulators <input type="radio"/> CPR Manikins
* Please provide further description of the item selected above.	
* Select Object Class:	<input type="radio"/> Personnel <input type="radio"/> Fringe Benefits <input type="radio"/> Travel <input type="radio"/> Equipment <input type="radio"/> Supplies <input type="radio"/> Contractual <input type="radio"/> Construction <input type="radio"/> Indirect Charges <input type="radio"/> Other
If you selected other above, please specify:	
* Number of units: (whole number only)	
* Cost per unit: (whole dollar amounts only)	\$

EMS Training - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
j. State Taxes	\$
Explanation (Attach an additional sheet if necessary)	

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

EMS Wellness and Fitness

Please provide the following information about the program you want funded.

Note: For each program, attach an additional sheet.

Note: Fields marked with an * are required.

Program Area	Does your organization currently offer this activity?	Are you requesting funding for this activity in this application?	Will this activity be mandatory?	Will this activity be offered to all members?
* Initial Physical Exam	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Job Related Immunization Program	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Periodic Medical Exam/Health Screening	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Behavioral Health NFPA 1500 or equivalent Behavioral health programs are described in NFPA 1500 chapter 11. If you have any questions call the AFG help desk at 866-274-0960.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional Wellness and Fitness (if you are requesting Wellness and Fitness activities outside of Initial Physical Exam, Job Related Immunization, Periodic Medical Exam/Health Screening and/or Behavioral Health):

* 1. What will your program offer during the grant year? (select one)	<input type="radio"/> Formal fitness and injury prevention program <input type="radio"/> CISM program <input type="radio"/> Employee assistance program <input type="radio"/> Injury/illness rehabilitation program
* 2. Does your organization currently offer this activity?	<input type="radio"/> Yes <input type="radio"/> No
* 3. Are you requesting funding with this application?	<input type="radio"/> Yes <input type="radio"/> No
* 4. Will this activity be mandatory?	<input type="radio"/> Yes <input type="radio"/> No
* 5. Will this activity be offered to all?	<input type="radio"/> Yes <input type="radio"/> No

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Add Budget Item (answer for each of the Wellness Activities you are requesting funding for, use additional sheets if necessary)

* Item	<p style="text-align: center;">-- Physicals/Medical Examinations --</p> <ul style="list-style-type: none"> <input type="radio"/> Job Related Immunization Program <input type="radio"/> Initial Physical Exam <input type="radio"/> Behavioral Health NFPA 1500 or equivalent <input type="radio"/> Periodic Physical Exam/Health Screening <input type="radio"/> Rehab and Therapy <p style="text-align: center;">-- Wellness --</p> <ul style="list-style-type: none"> <input type="radio"/> Exercise Equipment <input type="radio"/> Nutrition <input type="radio"/> Smoking Cessation <input type="radio"/> Fitness Assessments and Counseling <input type="radio"/> Aerobic Instructors <input type="radio"/> Physical Trainers <input type="radio"/> CISD Programs <input type="radio"/> EAP Programs
* Please provide further description of the item selected above.	
* Select Object Class:	<ul style="list-style-type: none"> <input type="radio"/> Personnel <input type="radio"/> Fringe Benefits <input type="radio"/> Travel <input type="radio"/> Equipment <input type="radio"/> Supplies <input type="radio"/> Contractual <input type="radio"/> Construction <input type="radio"/> Indirect Charges <input type="radio"/> Other <input type="radio"/> State Taxes
If you selected Other above, please specify	
* Number of units: (whole number only)	
* Cost per unit: (whole dollar amounts only)	

EMS Wellness and Fitness - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
j. State Taxes	\$
Explanation (Attach an additional sheet if necessary)	

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

Please continue to Budget on page 112.

EMS Vehicle Program

Please provide the following information about the vehicle you want funded. **If your organization is requesting multiple vehicles, then you must complete separate sheets for the Vehicle Details, Additional Funding, and Narrative of each vehicle you are requesting. If your organization is a fire department, go to page 45.**

Note: Fields marked with an * are required.

EMS Vehicle Details						
* 1. What type or class of vehicle will you use the grant funds to purchase?		<input type="radio"/> Ambulance <input type="radio"/> Non-Transport				
* Please provide further description of the item selected above.						
* 2. Cost (whole dollar amounts only)		\$				
* 3. Is the vehicle you propose to buy a refurbished, used or new response vehicle to meet current standards?		<input type="radio"/> New (never owned before) <input type="radio"/> Refurbished (compliant to current standards) <input type="radio"/> Refurbished (compliant to the year of manufacturing) <input type="radio"/> Used (compliant to the year of manufacturing)				
* 4. What is the age of the vehicle being replaced?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years	
* 5. What is the newest (age) vehicle you currently own in the class you are purchasing?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years	
* 6. How old is the oldest (age) vehicle you own in the class you are purchasing?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years	
* 7. What is the average age of all vehicles in your fleet?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years	

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*8. Do you have a formal driver-training program?	<input type="radio"/> Yes <input type="radio"/> No
If you answered No, will you develop one prior to receipt of the vehicle per the program guidance?	<input type="radio"/> Yes <input type="radio"/> No
*Are you requesting funding for training specific to the vehicle acquisition? Funding for Training must be included in the EMS Vehicle – Additional Funding section on page 84.	<input type="radio"/> Yes <input type="radio"/> No
If you are not requesting funding, will you obtain the appropriate training through other sources?	
*9. Is the vehicle you propose to buy:	<input type="radio"/> First time purchase for new mission (do not currently own in this class) <input type="radio"/> Replacement of an existing apparatus <input type="radio"/> Addition to the fleet
*10 Is the vehicle you are replacing a converted vehicle not originally designed for its current use?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - First Time Purchase
*11. If awarded, will you permanently remove this substandard vehicle from service?	<input type="radio"/> Yes <input type="radio"/> No
If you are removing a vehicle from service, describe the vehicle you plan to remove in the space provided. Please enter the type, year, and model.	
Please enter the VIN (Vehicle Identification Number) for the vehicle you are requesting to replace:	
*12. How long have you owned the vehicle you are replacing?	_____ Years (whole number only) <input type="radio"/> N/A
*13. If you are removing a vehicle from service, what is the number of calls that vehicle responded to during 2011 (documented through vehicle or dispatch logs)? (whole number only)	_____ <input type="radio"/> N/A
*14. If you are removing a vehicle from service, what is the mileage on the vehicle you plan to replace? (select one)	<input type="radio"/> < 40,000 <input type="radio"/> 60,000 to 79,999 <input type="radio"/> 40,000 to 49,999 <input type="radio"/> 80,000 to 99,999 <input type="radio"/> 50,000 to 59,999 <input type="radio"/> > 100,000
*15. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee’s apparatus must adhere to all traffic signs, signals and state traffic regulations.	<input type="radio"/> Yes <input type="radio"/> No
*16. Will this vehicle be used for automatic and/or mutual aid?	<input type="radio"/> Automatic Aid <input type="radio"/> Mutual Aid <input type="radio"/> Both <input type="radio"/> None
*17. What percentage of your annual budget goes to vehicle replacement?	(0-100%)

EMS Vehicle Inventory

Please provide the following information.

If you have 15 emergency response vehicles or less, list all vehicles providing the type, the age, and if the vehicle is used for patient transportation.

Vehicle Type (possible terms: Ambulance or Non-Transport)	Age	Is this vehicle used for transport?
1		<input type="radio"/> Yes <input type="radio"/> No
2		<input type="radio"/> Yes <input type="radio"/> No
3		<input type="radio"/> Yes <input type="radio"/> No
4		<input type="radio"/> Yes <input type="radio"/> No
5		<input type="radio"/> Yes <input type="radio"/> No
6		<input type="radio"/> Yes <input type="radio"/> No
7		<input type="radio"/> Yes <input type="radio"/> No
8		<input type="radio"/> Yes <input type="radio"/> No
9		<input type="radio"/> Yes <input type="radio"/> No
10		<input type="radio"/> Yes <input type="radio"/> No
11		<input type="radio"/> Yes <input type="radio"/> No
12		<input type="radio"/> Yes <input type="radio"/> No
13		<input type="radio"/> Yes <input type="radio"/> No
14		<input type="radio"/> Yes <input type="radio"/> No
15		<input type="radio"/> Yes <input type="radio"/> No

If you have more than 15 emergency response vehicles, please provide the oldest, newest, and average age for each type of vehicle.

Type or Class	Quantity	Oldest (age)	Newest (age)	Average (age)
Ambulance				
Non-Transport				

EMS Vehicle - Additional Funding (optional unless you're applying for Training funds)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
j. State Taxes	\$
Explanation (Attach an additional sheet if necessary)	

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

Regional Characteristics (Part I)

You only need to fill out this part if you are applying with a Regional Request. All other applicants should proceed to page 112 and Total Budget.

Please provide the following information regarding your organization.

Note: Fields marked with an * are required.

<p>* What kind of organization do you represent?</p> <p>Career – An agency or organization in which all members receive financial compensation for their services.</p> <p>Combination – An agency or organization in which at least one member receives financial compensation for their services and/or at least one member does not receive financial compensation for their services, except as defined below.</p> <p>Volunteer – (Reserve) An agency or organization in which no member receives financial compensation for their services other than life/health insurance, workmen’s compensation insurance.</p> <p>Paid on Call/Stipend – An agency or organization in which members receive a nominal fee based on per event basis.</p>	<p><input type="radio"/> All Paid/Career</p> <p><input type="radio"/> Combination</p> <p><input type="radio"/> All volunteer</p> <p><input type="radio"/> Paid On Call/Stipend</p>
<p>If you answered combination, above, what is the percentage of career members in your organization? (number only)</p>	%
<p>*What type of community will your regional project serve (what is the make up of the majority of the region affected by the project)?</p>	<p><input type="radio"/> Urban</p> <p><input type="radio"/> Suburban</p> <p><input type="radio"/> Rural</p>
<p>* Is your Organization considered a Metro Department? (Over 400 paid career Firefighters)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>* What is the square mileage of the region affected by the project? (number only)</p>	
<p>* In what county/parish is the host applicant physically located? If you have more than one station, in what county/parish is your main station located?</p>	
<p>* Does your region protect critical infrastructure of the state? (definitions on page 7)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Percentages in three answers below must sum up to 100%:</p>	
<p>* How much of your region’s land use is for agriculture, wildland, open space, or undeveloped properties?</p>	%
<p>* What percentage of your region’s land use is for commercial and industrial purposes?</p>	%
<p>* What percentage of your region’s land is used for residential purposes?</p>	%
<p>* What is the permanent resident population of your region served? <i>Remember this is the <u>combined</u> population of all departments/agencies included in this application (whole number only)</i></p> <p>Primary/First Due Response Area is a geographical area proximate to a fire or rescue facility and normally served by the personnel and apparatus from that facility in the event of a fire or other emergency and does not include daily or seasonal population surges.</p> <p>Population shall be based upon the most recent official census and shall include only those individuals who permanently reside within the jurisdiction served.</p>	

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* What is the total membership in your region? <i>Remember this is the combined personnel of all departments/agencies included in this application. (whole number only)</i>	
* How many active members are trained to Firefighter I? (whole number only)	
* How many active members are trained to Firefighter II? (whole number only)	
* How many active BLS providers does your region have? (whole number only)	
* How many active ALS providers does your region have? (whole number only)	
* How many active Emergency Medical Responders does your region have? (whole number only)	
* How many stations are in your region? (whole number only)	
* If you (the host applicant) are a fire department, do you report to the National Fire Incident Reporting System (NFIRS)?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please enter your FDIN/FDID	
* Do all departments in this request report to NFIRS?	<input type="radio"/> Yes <input type="radio"/> No
* Do all agencies meet the regional minimum for NIMS compliancy?	<input type="radio"/> Yes <input type="radio"/> No
* What services are provided by your organization and the organizations participating in the regional application?	
<input type="radio"/> Medical First Response <input type="radio"/> Haz-Mat Operational Level <input type="radio"/> Basic Life Support Transport <input type="radio"/> Haz-Mat Technical Level <input type="radio"/> Advanced Life Support Transport <input type="radio"/> Rescue Operational Level <input type="radio"/> Basic Life Support Non-Transport <input type="radio"/> Rescue Fire Suppression <input type="radio"/> BLS/ALS Schedule Transport <input type="radio"/> Advanced Life Support Non-Transport <input type="radio"/> Swift Water Rescue <input type="radio"/> Vehicle Extrication <input type="radio"/> Structural Fire Suppression <input type="radio"/> Wildland Fire Suppression <input type="radio"/> Rescue Technical Level <input type="radio"/> Airport Rescue Firefighting (ARFF) <input type="radio"/> Maritime Response	
* Please describe your organization and/or community that you serve. Use additional sheet if necessary.	

Regional Characteristics (Part II)

Please provide the following additional information regarding your organization.

Note: Fields marked with an * are required.

* What is the total number of line of duty member fatalities in your region over the last three years? (whole numbers only)	2011	2010	2009
* What is the total number of line of duty member injuries in your region over the last three years? (whole numbers only)	2011	2010	2009
* What is the cumulative total of the three-year average budgets of all participating organizations in this project? (number only)			
* What percentage of this declared budget is dedicated to personnel costs (salary, fringe, and overtime)?	%		
* What percentage of the declared operating budget is derived from: (Enter numbers only; percentages must sum up to 100%)			
Taxes?	%		
EMS Billing?			
Grants?	%		
Donations?	%		
Fund drives?	%		
Fee for Service?	%		
Other?	%		
If you entered a value into Other field (other than 0), please explain:			
* Please describe your organization's need for Federal financial assistance. Use additional sheet if necessary.			

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*How many vehicles are operational within the region in each of the types or classes 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
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, Type II Engine Urban Interface			
Ambulances that are used for transport			
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):			
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint (Aerial device of 76 feet or greater)			
Brush/Quick Attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pick up w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine			
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit			
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle			

Regional Call Volume

Please provide the number of incidents your region responded to in each of the following categories last calendar year - do not include incidents in which more than one agency responded.

Note: Each incident must be counted only once regardless of the number of units 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.)

How many responses per year by category? (Enter whole numbers only: If you have no calls for any of the categories, enter 0)			
Working Structural Fires - Includes cooking fires, chimney fires, smoke odor calls, unauthorized burning calls, and trash and rubbish fires that spread to a structure(s).	2011	2010	2009
False Alarms/Good Intent Calls Good Intent Calls - Includes canceled enroute, authorized burning calls, prescribed fire calls, smoke scares. False Alarm: Making a false report of a fire or other emergency via telephone to 911 or other emergency number, the false activation of a manual or automatic fire alarm system, and/or the transmission of a malicious false alarm via a dedicated public alarm system (telephone, telegraph, or radio call box).	2011	2010	2009
Vehicle Fires - Includes all vehicle fires except those that were inside a structure.	2011	2010	2009
Vegetation Fires - Includes wildland fires, brush fires, and grass fires.	2011	2010	2009
EMS-BLS Response Calls - Includes medical assists, EMS calls, vehicle accident EMS calls, sickness/injuries, vehicle/pedestrian EMS calls, etc.	2011	2010	2009
EMS-ALS Response Calls - Calls that require an advanced level of treatment typically provided by an Advanced Life Support Provider (EMT-I or EMT-P). Examples: cardiac/respiratory arrest/distress, traumatic injury, I.V. treatment, trouble breathing, chest pains, unconscious/unresponsive, cardiac monitoring, intubation.	2011	2010	2009
EMS-BLS Scheduled Transports - Non-critical patient transports, ALS/critical transports, transports from one medical facility to another, etc.	2011	2010	2009
EMS-ALS Scheduled Transports - Pre-scheduled transports of patients to or from a medical facility that requires monitoring or treatment typically administered by an Advanced Life Support Provider (EMT-P or EMT-I). Examples: cardiac/respiratory distress, traumatic injury, I.V. treatment, trouble breathing, chest pains, unconscious/unresponsive, cardiac monitoring, intubation.	2011	2010	2009
Vehicle Accidents w/o Extrication - Response to incidents involving any motorized vehicle (automobiles, motorcycles, trucks, etc...) with or without injury, where there is no entrapment of the occupants	2011	2010	2009
Vehicle Extrications - Vehicle extrication is the process of removing a person(s) from a vehicle that has been involved in an accident which has resulted in making ordinary means of exit impractical. Vehicle extrication is typically accomplished by utilizing hydraulic cutting, spreading, and stabilization tools.	2011	2010	2009

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Other Rescue- Includes lock-outs, lock-ins, searches, rescues, and extrications.	2011	2010	2009
Hazardous Condition/Materials Calls- Includes spills and leaks, chemical releases, electrical transmission and service lines down.	2011	2010	2009
Service Calls- Includes persons in distress calls, water problem calls, smoke odor calls, animal rescue calls, public service assist calls, and unauthorized burning calls.	2011	2010	2009
Other Calls and Incidents- Anything that doesn't fit in another category.	2011	2010	2009
Total	2011	2010	2009
What is the total acreage of all vegetation fires?			

Regional Request Information

Program Selection

Please use this section to select the program for which you want to apply and provide some additional information requested. 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) before you submit your estimated costs. 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.

<p>* 1. Select a program for which you are applying. Regional applications are not eligible for modification of facilities, wellness and fitness programs, or vehicles. You can apply for as many activities within a program as you need.</p>	
Program Name	Activities Available
<input type="radio"/> Operations and Safety	[Equipment] [Personal Protective Equipment] [Training]
<p>* 2. Will this grant benefit more than one organization?</p>	
<input type="radio"/> Yes <input type="radio"/> No	
<p>If you answered Yes to Question 2 above, please explain. (attach additional sheet if necessary)</p>	
<p>* 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)</p>	
<p>\$</p>	
<p>*From the requested activities, what is the total dollar amount requested for EMS equipment, supplies, training, etc in the Request Details of this application? If none of the items requested are for fire-based EMS, then enter \$0.</p>	

Regional Operations and Safety – Equipment

Please provide the following information about the equipment you want funded.

Note: Fields marked with an * are required.

Note: For each piece of equipment, attach an additional sheet.

Equipment Details											
<p>* 1. What equipment will you purchase with this grant? (select one)</p>	<p style="text-align: center;">-- Communications --</p> <ul style="list-style-type: none"> <input type="radio"/> Base Station <input type="radio"/> Computer Aided Dispatch (CAD) <input type="radio"/> Mobile Data Terminal (MDT) <input type="radio"/> Mobile Radios (Must be P-25 compliant) <input type="radio"/> Portable Radios (Must be P-25 compliant) <input type="radio"/> Repeaters <input type="radio"/> Communications Systems <p style="text-align: center;">-- EMS --</p> <ul style="list-style-type: none"> <input type="radio"/> Defibrillators <input type="radio"/> EMS <p style="text-align: center;">-- EMS/Rescue --</p> <ul style="list-style-type: none"> <input type="radio"/> Haz-Mat <input type="radio"/> Investigation <p style="text-align: center;">-- Specialized --</p> <ul style="list-style-type: none"> <input type="radio"/> Specialized 										
<p>* Please provide further description of the item selected above.</p>											
<p>* 2. Number of units: (whole number only)</p>											
<p>* 3. Cost per unit: (whole dollar amounts only)</p>											
<p>* 4. Generally the equipment purchased under this grant program will: (select one)</p>											
<ul style="list-style-type: none"> <input type="radio"/> Be bought for the first time (has never been owned before) <input type="radio"/> Replace or upgrade old, obsolete, tattered, torn, or substandard equipment currently owned by your organization <input type="radio"/> Replace contaminated equipment <input type="radio"/> Address a new risk <input type="radio"/> Expand the capabilities of your organization into a new mission area <input type="radio"/> Replace worn but usable equipment <input type="radio"/> Replace used equipment <input type="radio"/> Replace new equipment <input type="radio"/> Increase your organization's available supply of this equipment to meet basic mission 											
<p>If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> 1 year</td> <td><input type="radio"/> 6 years</td> </tr> <tr> <td><input type="radio"/> 2 years</td> <td><input type="radio"/> 7 years</td> </tr> <tr> <td><input type="radio"/> 3 years</td> <td><input type="radio"/> 8 years</td> </tr> <tr> <td><input type="radio"/> 4 years</td> <td><input type="radio"/> 9 years</td> </tr> <tr> <td><input type="radio"/> 5 years</td> <td><input type="radio"/> Over 10 years</td> </tr> </table>	<input type="radio"/> 1 year	<input type="radio"/> 6 years	<input type="radio"/> 2 years	<input type="radio"/> 7 years	<input type="radio"/> 3 years	<input type="radio"/> 8 years	<input type="radio"/> 4 years	<input type="radio"/> 9 years	<input type="radio"/> 5 years	<input type="radio"/> Over 10 years
<input type="radio"/> 1 year	<input type="radio"/> 6 years										
<input type="radio"/> 2 years	<input type="radio"/> 7 years										
<input type="radio"/> 3 years	<input type="radio"/> 8 years										
<input type="radio"/> 4 years	<input type="radio"/> 9 years										
<input type="radio"/> 5 years	<input type="radio"/> Over 10 years										

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* 5. Generally the equipment purchased under this grant program is: (select one)	
○	Will bring the region into statutory compliance. Please explain how this equipment will bring the region into statutory compliance in the space provided to the right.
○	Will bring the region into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc. Please explain how this equipment will bring the region into voluntary compliance in the space provided to the right.
* 6. Will the item requested benefit other organizations or otherwise be available for use by other organizations?	
○ Yes ○ No	
If you answered Yes in the question above, please explain:	
* 7. Will this equipment be used for wildland firefighting purposes?	
○ Yes ○ No	
* 8. Is your department trained in the proper use of this equipment being requested?	
○ Yes ○ No	
* 9. Are you requesting funding for training? (Funding for requested training should be requested in the Regional Equipment - Additional Funding section on page 96).	
○ Yes ○ No	
10. If you are not requesting training funds through this application, will you obtain the appropriate training for this equipment through other sources?	
○ Yes ○ No	

Regional Equipment - Additional Funding (optional unless you're applying for Training funds)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
j. State Taxes	\$
Explanation (Attach an additional sheet if necessary)	

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below, include details regarding your organization's request not covered in any other section.

Regional - Personal Protective Equipment

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

Note: For each piece of equipment, attach an additional sheet.

Note: Fields marked with an * are required.

Personal Protective Equipment Details	
* 1. Select the PPE that you propose to acquire (from the list on page 101)	
* Please provide further description of the item selected above.	
* 2. Number of units: (whole number only)	
* 3. Cost per unit: (whole dollar amounts only)	\$
* 4. Please provide your percentage for the appropriate question below: <ul style="list-style-type: none"> • For turnout requests, what percentage of your on-duty active members will have PPE that meets applicable NFPA and OSHA standards if this grant is awarded? • If you are requesting new SCBA, what percentage of your seated riding positions will have compliant SCBA assigned to it if this grant is awarded? • If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members will have specialized PPE that meets applicable NFPA and OSHA standards if this grant is awarded? 	%
* 5. What is the purpose of this request? (select one)	<ul style="list-style-type: none"> <input type="radio"/> to buy equipment for the first time (never owned before) <input type="radio"/> to replace or upgrade old/obsolete equipment (it must be a minimum of 10 years or older) <input type="radio"/> to replace torn/tattered/damaged equipment <input type="radio"/> to replace contaminated equipment <input type="radio"/> to meet new risk <input type="radio"/> to replace worn, but usable equipment <input type="radio"/> to replace used equipment <input type="radio"/> to replace new equipment <input type="radio"/> to equip first responders to handle a new mission <input type="radio"/> to increase the department's available supply of this equipment

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If you have indicated you are replacing PPE (any PPE other than SCBA) in Question 5, what are the specific ages of your equipment in years? If requesting SCBA, please select "N/A", do not provide PPE ages here but continue on to the next question. Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace.	<input type="radio"/> N/A	
	Age (in years)	Number of Items
	Less than 1	
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
15		
16 or more		
Number of members without gear _____		
If you have indicated you are requesting SCBA in the Question 1, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please select "N/A" and continue on to the next question. Please account for ALL SCBA currently in your department's inventory - not just the equipment you wish to replace .	<input type="radio"/> N/A	
	Year	Number of NFPA Compliant SCBA
	2007 Standard	
	2002 Standard	
Older Standards		
* 6. Is this PPE:		
<input type="radio"/> For protection use against fire <input type="radio"/> For use in Haz-mat incidents	<input type="radio"/> For use in Rescue incidents, vehicle extrication <input type="radio"/> For some other use	
If you selected For some other use above, please specify _____		
* 7. Will this equipment be used for wildland firefighting purposes?		<input type="radio"/> Yes <input type="radio"/> No
* 8. Is your department trained in the proper use of this equipment being requested?		<input type="radio"/> Yes <input type="radio"/> No
* 9. Are you requesting funding for training for this equipment?		<input type="radio"/> Yes <input type="radio"/> No
If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?		<input type="radio"/> Yes <input type="radio"/> No

Regional Personal Protective Equipment List (select one to answer Q1)

Structural	
Boots	Goggles
Coats	Helmets
Complete Set of Turnout Gear	Hoods
Flashlights	Pants
Gloves	PASS Devices
Respiratory	
Accountability Systems	SCBA-45 minutes with face piece-With extra bottle
Air-Line Units	SCBA-60 minutes with face piece-With extra bottle
Face Pieces	Spare Cylinders-30 minutes
Respirators	Spare Cylinders-45 minutes
SCBA-30 minutes with face piece-With extra bottle	Spare Cylinders-60 minutes
Wildland	
Jumpsuits/Coveralls	Shelters
Web Gear/Backpacks/Canteens	
Specialized PPE	
ANSI Traffic Vests	Infection Control
Chemical/Biological Suits (Must conform to NFPA 1994, 2001 edition)	Proximity and Entry Suits
EMS Turnout	Splash Suits
Encapsulated Suits	Wet and Dry Suits
Extrication Clothing/Rescue Clothing	

Regional PPE - Additional Funding (optional unless you're applying for Training funds)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
j. State Taxes	\$
Explanation (Attach an additional sheet if necessary)	

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below, include details regarding your organization's request not covered in any other section.

Regional Training Program

Please provide the following information about the training you want funded.

Note: For each program, attach an additional sheet.

Note: Fields marked with an * are required.

Training Details	
* 1. Which title most closely describes your requested program? (select one from list on pages 107-108)	
Please provide further description of the Training Program you selected.	
* 2. Generally, this program can best be categorized as (select one) :	
<input type="radio"/> Training that is evaluated/tested using a national or state standard <input type="radio"/> Non-certification training	
* 3. What percentage of applicable personnel will be trained by this program?	%
* 4. Generally, the training program provided under this grant: (select one)	
<input type="radio"/> Will bring your region into compliance with recommended applicable NFPA or other standards, please specify:	
<input type="radio"/> Will bring your region into compliance with federal or state mandated training requirements, please specify:	
<input type="radio"/> Will address an identified risk for your region or community, please specify:	
* 5. Will this training enhance your ability to perform mutual aid?	<input type="radio"/> Yes <input type="radio"/> No
If you answered Yes to the question above, please explain	
* 8. Will this training be:	<input type="radio"/> Instructor Led <input type="radio"/> Self-directed/test-validated <input type="radio"/> None of the above

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Training Program – Add Budget Item	
<p>* Item: (select one)</p>	<p style="text-align: center;">-- Equipment --</p> <ul style="list-style-type: none"> <input type="radio"/> Audio-Visual <input type="radio"/> Classroom <input type="radio"/> Rescue <input type="radio"/> CPR Manikins <input type="radio"/> Library <input type="radio"/> Reference Texts <input type="radio"/> Supplies <p style="text-align: center;">-- Programs & Contract Instruction --</p> <ul style="list-style-type: none"> <input type="radio"/> Firefighter I <input type="radio"/> Firefighter II <input type="radio"/> Driver/Operator <input type="radio"/> EVOG <input type="radio"/> EMT <input type="radio"/> Paramedic <input type="radio"/> Inspector <input type="radio"/> Specialized <input type="radio"/> Investigator <input type="radio"/> Public Educator <input type="radio"/> Haz-Mat <input type="radio"/> Marine <input type="radio"/> Aircraft <input type="radio"/> Wildland <input type="radio"/> Officer I-IV <p style="text-align: center;">-- Props: Non-Construction --</p> <ul style="list-style-type: none"> <input type="radio"/> Simulators <input type="radio"/> Manufacturer Burn Simulator <input type="radio"/> Props: Non-Construction
<p>* Please provide further description of the item selected above.</p>	
<p>* Select Object Class:</p>	<ul style="list-style-type: none"> <input type="radio"/> Personnel <input type="radio"/> Fringe Benefits <input type="radio"/> Travel <input type="radio"/> Equipment <input type="radio"/> Supplies <input type="radio"/> Contractual <input type="radio"/> Construction <input type="radio"/> Indirect Charges <input type="radio"/> Other <input type="radio"/> State Taxes
<p>If you selected Other above, please specify:</p>	
<p>* Number of units: (whole number only)</p>	
<p>* Cost per unit: (whole dollar amounts only)</p>	

Training Items List (select one to answer Q1)

---General Training---
Operations (NFPA 472)
Firefighter I, Firefighter II (NFPA 1001)
Instructor Training (NFPA 1041)
Driver/Operator (NFPA 1002)
Officer Training (NFPA 1021)
Basic Wildland Firefighting (NFPA 1051/NWCG)
Wildland Firefighter Certification (NFPA 1051/NWCG)
Wildland Officer (NFPA 1051/1143/NWCG)
Airport Rescue Firefighting (ARFF) (NFPA 1003)
RIT Training (NFPA 1407/29 CFR 1910.134g(4))
Confined Space Rescue – Awareness level (NFPA 1670/29 CFR 1910.146)
Vehicle Rescue (NFPA 1670)
Technical Rescue/Urban Search and Rescue – Awareness level (NFPA 1670/1006)
Technical Rescue/Urban Search and Rescue – Operations level (NFPA 1670/1006)
Technical Rescue/Urban Search and Rescue – Technician level (NFPA 1670/1006)
Haz-Mat – Technician/Specialist level (NFPA 472)
Infection Control (NFPA 1581)
Medical First Responder Training (First Responder)
Emergency Medical Technician – Basic (EMT B)
Emergency Medical Technician – Intermediate (EMT I)
Emergency Scene Rehab (NFPA 1500/1584)
Paramedic Training (EMT-P)
Mass Casualty Incident Training (MCI)
NIMS (NFA/EMI/NWFCG)
Incident Management Course (NFA/EMI/NWFCG)
Integrated Emergency Management Course (NFPA 1561/IEMC)
Fire Inspector (NFPA 1031)
Fire Investigator (NFPA 1033)
Fire Educator (NFPA 1035)
Telecommunications/Dispatcher (NFPA 1601)
Safety Officer (NFPA 1521)
Physical Agility Program Training (NFPA 1583)
Firefighter Safety and Survival Training (NFPA 1407/29 CFR 1910.146)

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Fire Officer I,II, III, and/or IV (NFPA 1021)
Fire Prevention (NFPA 1)
Maritime (NFPA 1405/1005)
Environmental (EPA Train/Learning Center)
Exercises/Preparedness (NFA/EMI)
---CBRNE Training---
Operations-level Training (National Law Enforcement Training Agency)
Technician-level Training (National Law Enforcement Training Agency)
Other CBRNE Training (National Law Enforcement Training Agency)
Weapons of Mass Destruction – Awareness level (CBRNE)
Weapons of Mass Destruction – Operations level (NFPA 472)
Weapons of Mass Destruction – Technician Level for Rural (NFPA 472)
Weapons of Mass Destruction Training – Technician Level for Urban/Suburban (NFPA 472)
Other/Specialized Weapons of Mass Destruction Training (NFPA 472)
---Specialized CBRNE Training---
Specialist (National Law Enforcement Training Agency)
EMS for Incidents Involving CBRNE (National Law Enforcement Training Agency)
ICS for Terrorism (National Law Enforcement Training Agency)
Mass Decontamination (National Law Enforcement Training Agency)
Live Agent (National Domestic Preparedness Consortium)
Explosives and Secondary Device Awareness (National Domestic Preparedness Consortium)

*** Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

*** Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

*** Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

Regional Training - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
j. State Taxes	\$
Explanation (Attach an additional sheet if necessary)	

Total Budget (All types of applicants)

Note: Fields marked with an * are required.

Budget Object Class	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other (includes grant writer fee)	\$
i. Indirect Charges	\$
j. State Taxes	\$
Federal and Applicant Share	
Federal Share	\$
Applicant Share	\$
Federal Rate Sharing (%)	
* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share)	
a. Applicant: (whole dollar amounts only)	\$
b. State: (whole dollar amounts only)	\$
c. Local: (whole dollar amounts only)	\$
d. Other Sources: (whole dollar amounts only)	\$
If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a Federal agency.	
Total Budget	\$

FEMA Form SF-424B

You must read and sign these assurances. These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.

O.M.B Control Number 4040-0007

Note: Fields marked with an * are required.

Assurances Non-Construction Programs

Note: Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290-dd-3 and 290-ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42

U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with provisions of the Hatch Act (5 U.S.C. Sections 1501-1508 and 7324-7328), which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. Sections 276a to 276a-7), the Copeland Act (40 U.S.C. Section 276c and 18 U.S.C. Sections 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. Sections 327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. Section 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. Section 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching,

or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.), which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Name:

***Signature:**

Date:

FEMA Form 20-16C

You must read and sign these assurances.

Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibilities Matters; and Drug-Free Workplace Requirements.

O.M.B Control Number 1660-0025

Note: Fields marked with an * are required.

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over \$100,000, as defined at 44CFR Part 18, the applicant certifies that:

- (a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.
- (b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

2. Debarment, Suspension and Other Responsibilities Matters (Direct Recipient)

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

- (b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application. (attach additional sheet if necessary)

3. Drug-Free Workplace (Grantees other than individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

- (A) The applicant certifies that it will continue to provide a drug-free workplace by:
 - (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an on-going drug free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantees policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);
 - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement and
 - (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
 - (e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2)

from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance				
Street	City	State	Zip	Action

If your place of performance is different from the physical address provided by you in the Applicant Information, add the Place of Performance above to ensure that the correct place of performance has been specified. You can add multiple addresses, using a new line per address.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for DHS funding. States and State agencies may elect to use a Statewide certification.

Name: _____

***Signature:** _____ **Date:** _____

FEMA Standard Form LLL

Complete only if applying for a grant for more than \$100,000 and have lobbying activities using Non-Federal funds.

If this lobbying form is not applicable, check “ This form is not Applicable.” and include this page with your application submission.

This form is not Applicable.

Note: Fields marked with an * are required.

Standard Form LLL: Disclosure of Lobbying Activities	
* 1. Type of Federal Action	<input type="radio"/> Cooperative Agreement <input type="radio"/> Contract <input type="radio"/> Grant <input type="radio"/> Loan <input type="radio"/> Loan Guarantee <input type="radio"/> Loan Insurance
* 2. Status of Federal Action	<input type="radio"/> Bid/Offer/Application <input type="radio"/> Initial Award <input type="radio"/> Post Award
* 3. Report Type	<input type="radio"/> Initial Filing <input type="radio"/> Material Change
This sub section is for Material Change only	
* Year: (select one)	<input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015
* Quarter: (select one)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
* Date of last report: (e.g. 03/24/1999)	
4. Name and Address of Reporting Entity:	
* Reporting Entity Type	<input type="radio"/> Prime <input type="radio"/> Subawardee
Tier (if known):	
* Name:	
* Street:	
* City:	

2012 Assistance to Firefighters Grant Program Application

* State:	
* Zip:	
5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:	
Name:	
Street:	
City:	
State:	
Zip:	
Congressional District if known:	
* 6. Federal Department/Agency:	
* 7. Federal Program Name/Description:	
CFDA number if known:	
8. Federal Action Number if known: (e.g. 12345)	
9. Award Amount if known: (Whole dollar amounts only)	\$
10a. Name and address of Lobbying Registrant: (if individual, Last Name, First Name, MI)	
Name:	
Street:	
City:	
State:	
Zip:	
10b. Individuals Performing Services: (including address if different from No.10a) (Last Name, First Name, MI)	
Name:	
Street:	
City:	
State:	
Zip:	

Information requested through this form is authorized by Title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Name: _____

*Signature: _____

Date: _____