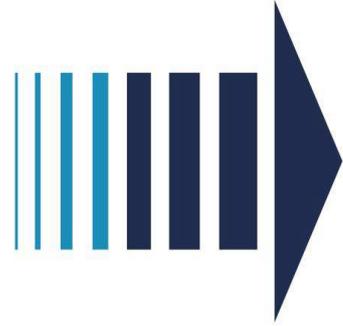


**FEMA
GRANTS
OUTCOMES**



**Grants Management Modernization (GMM)
FEMA GO
Initiate an Application (SAFER)
Desktop Reference Library**

April 2020

Revision Number	Revision Date	Page Number	Revision Summary	Name of Reviewer
V.1.0	03/18/2020	All	Initial Draft – Payments	M. Hinton
V.2.0	03/18/2020	All	Create SAFER shell template	A. Cotton
V.2.1	03/26/202	All	Update with SAFER specifics	A. Cotton

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Introduction

This guide will walk you through the key steps to successfully:

1. Log into FEMA GO and access the FEMA GO home page.
2. Start an application or subapplication.
3. Continue an application or subapplication.
4. Complete sections required to submit an application or Subapplication.

Who is this guide for?

Organization Member
 Authorized Organization Representative (AOR)
 Financial Member
 Programmatic Member
 Grant Writer

****Note**** - Screens are based on a User's Assigned Role

Part 1: Log in to FEMA GO site

Step 1: Go to <https://go.fema.gov>

Recommend using Google Chrome or Firefox Browsers.

Step 2: Log in:

Remember! Only a user in one of the following roles can complete the steps in this guide.

Organization Member

Authorized Organization Representative (AOR)

Financial Member

Programmatic Member

Grant Writer

Logging-in to the FEMA GO system will direct you to the FEMA GO Homepage.

If you have not created an account, please refer to the linked guide for [User Registration](#).

FEMA GRANTS OUTCOMES

Welcome to FEMA Grants Outcomes!

Grants Outcomes (GO) is FEMA's new platform for submitting, approving, and managing FEMA grants.

Log in

Email

Password

[Forgot password?](#)

Log in

[Create an account](#)

FEMA employees

Insert your PIV card into your smart card reader

Log in with your PIV card

Department of Homeland Security (DHS) Consent

You are about to access a Department of Homeland Security computer system. This computer system and data therein are property of the U.S. Government and provided for official U.S. Government information and use. There is no expectation of privacy when you use this computer system. The use of a password or any other security measure does not establish an expectation of privacy. By using this system, you consent to the terms set forth in this notice. You may not process classified national security information on this computer system. Access to this system is restricted to authorized users only. Unauthorized access, use, or modification of this system or of data contained herein, or in transit to/from this system, may constitute a violation of section 1030 of title 18 of the U.S. Code and other criminal laws. Anyone who accesses a Federal computer system without authorization or exceeds access authority, or obtains, alters, damages, destroys, or discloses information, or prevents authorized use of information on the computer system, may be subject to penalties, fines or imprisonment. This computer system and any related equipment is subject to monitoring for administrative oversight, law enforcement, criminal investigative purposes, inquiries into alleged wrongdoing or misuse, and to ensure proper performance of applicable security features and procedures. DHS may conduct monitoring activities without further notice.

Part 2: Start an Application or Subapplication

A non-FEMA user with a role (AOR, grant writer, programmatic member, organization member, financial member) under AFG, SAFER, or FP&S may start a grant application within FEMA GO.

Screens may vary based on your role (selected role is Authorized Organization Member)

The screenshot displays the FEMA GO homepage interface. At the top, there is a navigation bar with the FEMA GO logo, 'Grants' and 'Team' tabs, a search bar for 'Grant Identifier', and a user profile for 'Young Piku'. The main content area is divided into three columns. The left column, titled 'My grants', lists five existing grants, each with its title, grant ID, and a 'Manage grant' link. The middle column, titled 'Apply for a new grant', lists five available applications with their titles and 'Start application' links. The right column, also titled 'Apply for a new grant', lists three more available applications with their titles and 'Start application' links. Red boxes highlight the 'Start application' links for the first three items in the right column.

Welcome to FEMA's new grant system!
Grants Outcomes (GO) will support applying for, managing, and closing your FEMA grants. As the system is developed, more features and grant programs will be available, so check back often.

My grants

- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FF-00041
[Manage grant](#)
- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FF-00042
[Manage grant](#)
- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FF-00043
[Manage grant](#)
- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FF-00044
[Manage grant](#)
- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FF-00047
[Manage grant](#)

Apply for a new grant

Applications currently available to you

- Disaster subapplication** [Start subapplication](#)
- Fiscal Year (FY) 2019 Assistance to Firefighters Grants application** [Start application](#)
Application period: 11/01/2019 - 01/01/2020
- Fiscal Year (FY) 2019 Building Resilient Infrastructure and Communities application** [Start application](#)
Application period: 10/01/2019 - 01/31/2020
- Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S) application** [Start application](#)
Application period: 11/01/2019 - 01/01/2020

Apply for a new grant

Applications currently available to you

- Fiscal Year (FY) 2019 Assistance to Firefighters Grants application** [Start application](#)
Application period: 11/01/2019 - 01/01/2021
- Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S) application** [Start application](#)
Application period: 11/01/2019 - 01/01/2021
- Fiscal Year (FY) 2019 Staffing for Adequate Fire and Emergency Response (SAFER) application** [Start application](#)
Application period: 11/01/2019 - 01/01/2021
- Mitigation: Hazards subapplication** [Start subapplication](#)

On the FEMA GO Homepage, all grants with open application periods will be listed under “Apply for a new grant.” Locate the grant that you are applying for and click the “Start Application” link.

Part 2: Start an application

- From the drop down select your organization/DUNS
- Click the “Start your application button”

Start an application

Fiscal Year (FY) 2019 Staffing for Adequate Fire and Emergency Response (SAFER) application

Organization name and DUNS

Select

[✕ Cancel](#)

Start an application

Fiscal Year (FY) 2019 Staffing for Adequate Fire and Emergency Response (SAFER) application

Organization name and DUNS

El Monte Fire Company - DUNS: 854517423

[✕ Cancel](#)

Screen will move to the “My grant” page.

Part 3: Continue an Application – Resume an application that has already been started

You can only continue an application that has not yet been submitted.

Step 1: Click EITHER “View all grants” (at the bottom of the My grants box) OR the Grants tab at the top of the screen to view all of your grants. Both selections will bring you to the same screen.

The screenshot shows the FEMA GO Grants page. At the top, the navigation bar includes the FEMA GO logo and a 'Grants' tab, which is highlighted with a red box. Below the navigation bar, there is a welcome message and a 'My grants' section. The 'My grants' section lists five grants, each with a title, Grant ID, and a 'View application' link. At the bottom of the 'My grants' section, there is a 'View all grants' link, which is also highlighted with a red box. To the right of the 'My grants' section, there is a larger list of grants, each with a title, Grant ID, and a 'View application' link. The 'View all grants' link at the bottom of this list is also highlighted with a red box.

FEMA GO | | | | | **Grants** Team

Welcome to FEMA's new grant system!

Grants Outcomes (GO) will support applying for, managing, and closing grants. Some features and grant programs will be available, so check back often.

My grants

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-10029
[Manage grant](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-10093
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-10137
[Manage grant](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-10224
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-10224
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-17734
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-19922
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-20491
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-22137
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-24574
[View application](#)

[View all grants](#)

Part 3: Continue an Application – Resume an application that has already been started

You can only continue an application that has not yet been submitted.

Step 2: Scroll or SEARCH for your grant using the box to the right. This search function will filter your results in real-time as you type.

The screenshot displays the FEMA GO Grants application interface. At the top, there is a navigation bar with the FEMA GO logo, 'Grants' and 'Team' tabs, and a search bar labeled 'Grant Identifier' with a search icon and the text 'Search...'. The user's email 'member@google.test' is visible in the top right corner.

Below the navigation bar, there is a section titled 'Select an organization' with a dropdown menu showing 'TheGoodPlay DBAName'. The main content area is a table of grants, with three rows visible. Each row contains the following information:

FUNDING OPPORTUNITY	344 DAYS REMAINING IN THE APPLICATION PERIOD	I WANT TO...
Fiscal Year (FY) 2019 Assistance to Firefighters Grants GRANT ID EMW-2019-FG-00035 (manage grant)	- STATUS Pending submission STATUS DATE 01/15/2020	Select an action
Fiscal Year (FY) 2019 Assistance to Firefighters Grants GRANT ID EMW-2019-FG-00037 (manage grant)	- STATUS Pending submission STATUS DATE 01/15/2020	Select an action
Fiscal Year (FY) 2019 Assistance to Firefighters Grants GRANT ID EMW-2019-FG-00048 (manage grant)	- STATUS Pending submission STATUS DATE 01/21/2020	Select an action

On the right side of the interface, there are three sections: 'Search', 'Filters', and 'Sort'. The 'Search' section has a search bar with 'EMW-2019-' entered. The 'Filters' section has dropdown menus for 'Grant program' and 'Fiscal Year'. The 'Sort' section has a dropdown menu for 'Sort by' set to 'Fiscal Year' and radio buttons for 'Ascending (A-Z)' and 'Descending (Z-A)'. A red box highlights the search bar in the 'Search' section.

Part 3: Continue an Application – Resume an application that has already been started

You can only continue an application that has not yet been submitted.

Step 3: Click the dropdown under “I WANT TO...” and select “Continue application”.

FEMA GO  Grants ▾ Organizations ▾ Grant Identifier S

Select an organization

Aurora Volunteer Fire & Rescue ▾

FUNDING OPPORTUNITY	281 days remaining in the application period	STATUS	STATUS DATE	I want to...
Fiscal Year (FY) 2019 Staffing for Adequate Fire and Emergency Response (SAFER) GRANT ID EMW-2019-FF-00005 (manage grant)		Pending submission	03/26/2020	Select an action ▾ Continue application View application

Part 4: My application

Page will display program information, application ID, status, OMB number & expiration date. There is also a link to view the burden statement.

Fiscal Year (FY) 2019 Staffing for Adequate Fire and Emergency Response (SAFER)

Status: Pending submission

Application ID: EMW-2019-FF-00005

OMB number: 1660-0135, Expiration date: 01/31/2024 [View burden statement](#)

Office of Management and Budget (OMB) Burden Statement

OMB Number: 1660-0054

Expiration date: 11/30/2022

Public reporting burden for this data collection is estimated to average 9 hours per response for FEMA Form 080-0-2 " AFG Application (General Questions and Narrative) ". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054)
NOTE: Do not send your completed form to this address.

Close

Organization legal name

The Good Place

(Informational Slide)

Part 4: My application

Page will display a navigation pane to the left (“left nav”) containing each section of the application. You can access each section directly from the left nav.

«

My grant

- Summary
- SAM.gov profile
- Applicant information
- Applicant characteristics
- Operating budget
- Applicant and community trends
- Community description
- Call volume
- Grant request details
- Grant request summary
- Budget summary
- Contact information
- Assurances and certifications
- Review application

»

Fiscal Year (FY) 2019 Staffing for Adequate Fire and Emergency Response (SAFER)

Status: Pending submission

Application ID: EMW-2019-FF-00005

OMB number: 1660-0135, Expiration date: 01/31/2021 [View burden statement](#)

System for Award Management (SAM.gov) profile

Please identify your organization to be associated with this application.
All organization information in this section will come from the System for Award Management (SAM) profile for that organization.

Aurora Volunteer Fire & Rescue

Information current from SAM.gov as of:	11/05/2019
DUNS (includes DUNS+4):	395475869
Employer Identification Number (EIN):	
Organization legal name:	Aurora Volunteer Fire & Rescue Department
Organization (doing business as) name:	Aurora Volunteer Fire & Rescue Department
Mailing address:	28899 Sixth Drive (not a real address) Aurora, KY

Part 4a: My application – Sections

Keep in mind that some sections are linked to previous sections and may require those to be input first.

For example:

Applicant and community trends



You cannot complete this section yet

You must [select an applicant type](#) before completing this section.

Part 4: My application – SAM.gov profile

Please review SAM.gov profile and check the box to confirm information is correct. (Mandatory)

System for Award Management (SAM.gov) profile

Please identify your organization to be associated with this application.
All organization information in this section will come from the System for Award Management (SAM) profile for that organization.

TheGoodPlay DBAName

Information current from SAM.gov as of:	10/22/2019
DUNS (includes DUNS+4):	7088330830000
Employer Identification Number (EIN):	130871985
Organization legal name:	The Good Place
Organization (doing business as) name:	TheGoodPlay DBAName
Mailing address:	123 FIRST AVE P O Box 233 New York, NY 10017-1608
Physical address:	123 Park Place New York, NY 20817-1608
Is your organization delinquent on any federal debt?:	Y

Please provide an explanation in the space provided

SAM.gov registration status: Active as of 2018-01-27 01:30:05.000 GMT

We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date

Review bank account is required

Please note any corrections to this profile must be done in SAM.gov

FEMA GO has a nightly update with SAM.gov (updated info should appear within 72 hours) While you may proceed to other sections, SAM.gov information **must** be correct and verified before application can be submitted.

Part 5: Applicant Information

Please provide the following:

- Applicant name
- Main address 1 (mandatory)
- Main address 2 (optional)

- City, State/territory (drop down selection mandatory)
- Zip Code (mandatory) Zip extension (optional)
- County/parish organizations physically located (mandatory)

Applicant Information

Please provide the following additional information about the applicant.

Applicant name

Main address of location impacted by this grant

Main address 1

Main address 2 *Optional*

City State/territory

Zip code Zip extension *Optional*

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?

Applicant information

Please provide the following additional information about the applicant.

Applicant name

Joe Som

Main address of location impacted by this grant

Main address 1

1500 W. anystreet

Main address 2 *Optional*

City State/territory

any city Alaska

Zip code Zip extension

21206

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?

any county

Part 6: Applicant Characteristics

Please provide the following information about the applicant:

- Applicant type – Click the drop down to view available selections. Select appropriate applicant type.

Applicant characteristics

The SAFER (Staffing for Adequate Fire and Emergency Response) program intends to improve local fire departments' staffing and deployment capabilities so they may more effectively respond to emergencies. With the enhanced staffing, grantees should see a reduction in response times and an increase in the number of trained personnel assembled at the incident scene. Grant funds are available in two activities: Hiring Firefighters and Recruitment and Retention of Volunteer Firefighters. Please review the Notice of Funding Opportunity for information on available program areas and for more information on the evaluation process and conditions of award.

Please provide the following additional information about the applicant.

Applicant type

Select



A response is required.

Applicant type

Select



Select

Fire Department/Fire District

National, State, Local or federally recognized Tribal Volunteer Firefighters Interest Organization

Part 6: Applicant Characteristics – Complete required questions based on your selection

Applicant characteristics

The SAFER (Staffing for Adequate Fire and Emergency Response) program intends to improve local fire departments' staffing and deployment capabilities so they may more effectively respond to emergencies. With the enhanced staffing, grantees should see a reduction in response times and an increase in the number of trained personnel assembled at the incident scene. Grant funds are available in two activities: Hiring Firefighters and Recruitment and Retention of Volunteer Firefighters. Please review the Notice of Funding Opportunity for information on available program areas and for more information on the evaluation process and conditions of award.

Please provide the following additional information about the applicant.

Applicant type

Fire Department/Fire District

What kind of organization do you represent?

Select

Select

All Paid/Career

All Volunteer

Op Combination (Majority Volunteer)

Combination (Majority Paid/Career)

For example, this user selected “Fire Department/Fire District” as the applicant type, and “All Paid/Career” as the kind of organization. The activity available to apply for is “Hiring of Firefighters”.

Applicant characteristics

The SAFER (Staffing for Adequate Fire and Emergency Response) program intends to improve local fire departments' staffing and deployment capabilities so they may more effectively respond to emergencies. With the enhanced staffing, grantees should see a reduction in response times and an increase in the number of trained personnel assembled at the incident scene. Grant funds are available in two activities: Hiring Firefighters and Recruitment and Retention of Volunteer Firefighters. Please review the Notice of Funding Opportunity for information on available program areas and for more information on the evaluation process and conditions of award.

Please provide the following additional information about the applicant.

Applicant type

Fire Department/Fire District

What kind of organization do you represent?

All Paid/Career

Which activity are you applying for?

Select

Select

Hiring of Firefighters

Subsequent screens correlate to this selection, but functionality is similar across selections.

Part 7: Operating Budget – All questions are required in this section

Operating budget

What was your department's operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) related to fire-related programs and emergency response for the current (at time of application) fiscal year, as well as the previous three fiscal years?

Current Fiscal Year (i.e., 2020)

2019

Fiscal Year	Operating budget
2019	<input type="text"/> \$ A response is required.
2018	<input type="text"/> \$
2017	<input type="text"/> \$
2016	<input type="text"/> \$

What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?

%

Does your department have any rainy day reserves, emergency funds, or capital outlay?

- Yes
- No

Part 7: Operating Budget – All questions are required in this section

What percentage of the declared operating budget is derived from the following	2020	2019	2018
Taxes	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %
Bond issues	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %
EMS billing	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %
Grants	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %
Donations	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %
Fund drives	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %
Fee for service	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %
Other	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %	<input style="width: 100px; height: 25px;" type="text"/> %
Totals	<div style="display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 20px; background-color: red; margin-right: 5px;"></div> 0 % Must equal 100 </div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 20px; background-color: red; margin-right: 5px;"></div> 0 % Must equal 100 </div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 20px; background-color: red; margin-right: 5px;"></div> 0 % Must equal 100 </div>

Part 7: Operating Budget – All questions are required in this section

Describe your financial need to include descriptions of the following:

- Income vs. expense breakdown of the current annual budget
- Budget shortfalls and the inability to address financial needs without federal assistance
- Actions taken to obtain funding elsewhere (i.e. state assistance programs or other grant programs); how similar projects have been funded in the past
- How your critical functions are affected without this funding

A response is required.

In cases of demonstrated economic hardship, and upon the request of the grant applicant, the FEMA Administrator may grant an Economic Hardship Waiver. Is it your organization's intent to apply for an Economic Hardship Waiver?

- Yes
- No

Other funding sources

This fiscal year, are you receiving Federal funding from any other grant program for the same purpose for which you are applying for this grant?

- Yes
- No

This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?

- Yes
- No

Part 7: Operating Budget – All questions are required in this section

In cases of demonstrated economic hardship, and upon the request of the grant applicant, the FEMA Administrator may grant an Economic Hardship Waiver. Is it your organization's intent to apply for an Economic Hardship Waiver?

- Yes
 No

Which type of waiver will you be applying for?

- Cost share
 Minimum budget
 Supplanting
 Position cost limit

Please attach your request for a waiver. (optional):

 **Attach a document**

Maximum file size: 1 GB

Filename

Date uploaded

Uploaded by

File size

Description

Part 8: Applicant and Community Trends – Please provide the following additional information about the applicant.

Applicant and community trends

Please provide the following additional information about the applicant.

Injuries and fatalities	2019	2018	2017
What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	1	1	1
What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	1	1	1
What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	1	1	1
What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	1	1	1

Part 8: Applicant and Community Trends – Please provide the following additional information about the applicant.

How many frontline vehicles does your organization have in each of the types or classes of vehicle listed below that respond to first alarm assignments in support of NFPA 1710/1720? 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.

i Filled riding positions

The number of filled riding positions must be equal or less than the number of frontline apparatus multiplied by the number of available riding positions.

Type or class of vehicles	Number of frontline apparatus	Number of available riding positions	Number of filled riding positions
Engines or pumpers (pumping capacity of 750 gallons per minute (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	<input type="text"/> A response is required.	<input type="text"/>	<input type="text"/>
Ambulances for transport and/or emergency response	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tankers or tenders (water capacity of 1,000 gallons or more)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aerial apparatus: aerial ladder truck, telescoping, articulating, ladder towers, platform, tiller ladder truck, quint	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brush/quick attack (pumping capacity of less than 750 GPM and water carrying capacity of at least 300 gallons): brush truck, patrol unit (pickup w/ skid unit), quick attack unit, mini-pumper, type III engine, type IV engine, type V engine, type VI engine, type VII engine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rescue vehicles: rescue squad, rescue (light, medium, heavy), technical rescue vehicle, hazardous materials unit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional vehicles: EMS chase vehicle, air/light unit, rehab units, bomb unit, technical support (command, operational support/supply), hose tender, salvage truck, ARFF (aircraft rescue firefighting), command/mobile communications vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your department facing a new risk, expanding service to a new area, or experiencing an increased call volume?

Yes

No

Part 8: Applicant and Community Trends – Please provide the following additional information about the applicant.

Choose either Yes or No. Choosing “Yes” triggers a follow up question.

Is your department facing a new risk, expanding service to a new area, or experiencing an increased call volume?

Yes

No

Please explain how your department is facing a new risk, expanding service to a new area, or experiencing an increased call volume.

Part 9: Community Description – Complete required questions based on your selection

Community description

Please provide the following additional information about the community your organization serves.

Type of jurisdiction served

Select

What type of community does your organization serve?

Select

What is the square mileage of your first due response zone/jurisdiction served?

Please input square mileage

What percentage of your primary response area is protected by hydrants?

What percentage of your primary response area is for the following:

Agriculture, wildland, open space, or undeveloped properties	
Commercial and industrial purposes	
Residential purposes	
Total	0 % Must equal 100

What is the permanent resident population of your first due response zone/jurisdiction served?

Do you have a seasonal increase in population?

Yes

No

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

- Type of jurisdiction served
- Select
 - Airport/Port Authority
 - City
 - County
 - Indian Tribe
 - Other
 - Parish
 - Private not for profit organization
 - Town
 - Township
 - Unincorporated Community
 - Village
 - Ward

Select
"Type of jurisdiction served"
from drop down

Type of jurisdiction served

Township

What type of community does your organization serve?

Select

- Urban
- Suburban
- Rural

Select
"what type of community
does your organization serve"
from drop down

Part 9: Community Description – Complete required questions based on your selection

What percentage of your primary response area is for the following:	Percentage (must sum to 100%)
Agriculture, wildland, open space, or undeveloped properties	<input type="text" value="40"/>
Commercial and industrial purposes	<input type="text" value="40"/>
Residential purposes	<input type="text" value="20"/>
Total	100

What is the permanent resident population of your first due response zone/jurisdiction served?

Please fill in a number

A response is required.

Do you have a seasonal increase in population?

Yes

No

Choose either Yes or No.

Choosing "Yes" triggers a follow up question.

What is your seasonal increase in population?

Please fill in a number

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

Please enter a description

Part 10: Call Volume – Please provide the following additional information about the applicant.

Please provide the total number of incidents that organizations in your region responded to for each year of the previous three year period (Jan - Dec). Include only those alarms which these organizations were a primary responder and not second due or giving Mutual Aid. (Direct benefit means that the department will receive a portion of the grant funds or items purchased with the grant funds)

Note: Each incident must be counted only once regardless of the number of units or agencies that responded to that incident (i.e. 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).

Summary

Summary of responses per year by category. Enter whole numbers only. If you have no calls for any of the categories, enter 0.

Summary of responses per year per category	2019	2018	2017
NFIRS Series 100: Fire	<input type="text"/>	<input type="text"/>	<input type="text"/>
NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)	<input type="text"/>	<input type="text"/>	<input type="text"/>
NFIRS Series 300: Rescue & Emergency Medical Service Incident	<input type="text"/>	<input type="text"/>	<input type="text"/>
NFIRS Series 400: Hazardous Condition (No Fire)	<input type="text"/>	<input type="text"/>	<input type="text"/>
NFIRS Series 500: Service Call	<input type="text"/>	<input type="text"/>	<input type="text"/>
NFIRS Series 600: Good Intent Call	<input type="text"/>	<input type="text"/>	<input type="text"/>
NFIRS Series 700: False Alarm & False Call	<input type="text"/>	<input type="text"/>	<input type="text"/>
NFIRS Series 800: Severe Weather & Natural Disaster	<input type="text"/>	<input type="text"/>	<input type="text"/>
NFIRS Series 900: Special Incident Type	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	0	0	0

Part 10: Call Volume – Please provide the following additional information about the applicant.

Fire

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

How many responses per year per category?	2019	2018	2017
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	0	0	0

What is the total acreage of all vegetation fires? Enter whole numbers only. If you have no vegetation fires, enter 0.

Total acreage per year	2019	2018	2017
What is the total acreage of all vegetation fires?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Rescue and emergency medical service incidents

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

How many responses per year per category?	2019	2018	2017
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?	<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="7"/>
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>
How many EMS-BLS Response Calls?	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>
How many EMS-ALS Response Calls?	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
How many EMS-BLS Scheduled Transports?	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
How many EMS-ALS Scheduled Transports?	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
How many Community Paramedic Response Calls?	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	28	28	28

Part 10: Call Volume – Please provide the following additional information about the applicant.

Mutual and automatic aid

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

How many responses per year per category?	2019	2018	2017
How many times did your organization receive Mutual Aid?	<input type="text"/> A response is required.	<input type="text"/>	<input type="text"/>
How many times did your organization receive Automatic Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization provide Mutual Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization provide Automatic Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the Mutual and Automatic Aid responses, how many were structure fires?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	0	0	0

Part 11: Grant Request Details – Add positions requested

You can add the positions you are requesting by using the add buttons below. There has to be at least one activity and total charges must be greater than \$0.

Grant request details

Instructions

You can add the positions you are requesting by using the add buttons below. Include all positions in a single item. Please answer all the questions for the overall Hiring activity as well as the required information for the requested positions.

Grand total: \$0

[Add activity](#)

 There has to be at least one activity

 Total charges **MUST** be greater than \$0

Part 11: Grant Request Details – Add activity to Request Details

Select activity and click “Confirm”.

Note: For SAFER grants, “Hiring of Firefighters” is the only activity available.

Add activity to Request Details

Select activity:

[✕ Cancel](#)

Selection will trigger additional questions. This will also prepopulate the Grant Request Summary.

Part 11: Grant Request Details – Staffing Levels

The following questions are designed to help understand the staffing changes that have occurred in your department over the past several years and how the grant will assist in improving your staffing levels. Using the chart below, select the NFPA standard that your department is attempting to meet.

Program area: Hiring of firefighters

Total requested for Hiring of Firefighters activity: \$0

[Remove activity](#)

[Add position to Hiring of Firefighters](#)

Staffing levels

SAFER intends to improve local fire departments' staffing and deployment capabilities so they may more effectively respond to emergencies. With the enhanced staffing, a SAFER grant recipient's response time will be reduced sufficiently and an appropriate number of trained personnel will be assembled at the incident scene.

The following questions are designed to help us understand the staffing changes that have occurred in your department over the past several years and how the grant will assist in improving your staffing levels. The information provided must be a true and accurate depiction of your department on the timelines listed below.

For more information regarding these standards please see the Notice of Funding Opportunity or go to www.nfpa.org/freeaccess

NFPA standard	Department characteristics	Demographic	Assembly staffing	Response time	Frequency of time
1710	Career	With aerial	15	8 min	90%
1710	Career	Without aerial	14	8 min	90%
1720 - Urban	Urban combo/volunteer	> 1,000 pop/square mile	15	9 min	90%
1720 - Suburban	Suburban combo/volunteer	500 - 1,000 pop/square mile	10	10 min	80%
1720 - Rural	Rural combo/volunteer	< 500 pop/square mile	6	14 min	80%
1720 - Remote	Remote combo/volunteer	Travel > 8 mi	4	N/A	90%

Select the item that best describes the NFPA standard your department is attempting to meet:

Select

Part 11: Grant Request Details – Staffing Levels

State your current budgeted operational staffing level, including all budgeted positions even if not currently filled. Answer how many budgeted, but vacant operational positions does your department have at the start of the application period?

What is the department's current (at the start of the application period) budgeted [operational](#)  staffing level? Include all budgeted positions, even if they are not currently filled.

Current budgeted operational staffing level

A response is required.

How many budgeted, but vacant operational positions does your department have at the start of the application period?

A response is required.

Note: SAFER defines “operational” as a position with a primary assignment (more than 50 percent of time) on a fire suppression vehicle, regardless of collateral duties, in support of the department's NFPA 1710 or NFPA 1720 compliance.

Part 11: Grant Request Details – Staffing Levels

Please enter information about your organization's staffing levels in the table below. [i](#)

Staffing levels	Total number of operational career personnel	Number of operational officers	Number of NFPA support
Staffing levels at the start of the application period	<div style="border: 2px solid red; width: 100px; height: 30px; margin: 0 auto;"></div> <p style="color: red; text-align: center; margin-top: 5px;">A response is required.</p>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Staffing levels at one year prior to the start of the application period	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Staffing levels at two years prior to the start of the application period	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
If awarded this grant, what will the staffing levels be in your department? These numbers should reflect the staffing levels at the start of the application period plus the number of positions being requested in the application.	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

Part 11: Grant Request Details – Staffing Levels

Additional information about the Column Headings on Staffing Levels Table

Column heading: “Total number of operational career personnel”

This number represents the total number of full-time operational career personnel employed by your department on the dates indicated.

(Note: only operational personnel — including operational officers — should be included)

Column heading: “Number of operational officers”

Of the operational career personnel indicated in the “Total number of operational career personnel” question, how many of those serve in operational officer-level (both command and company) positions?

Column heading: “Number of NFPA support”

Of the “Total number of operational career personnel” indicated, how many are assigned to field or response apparatus positions at least 50% of the time and directly support the department's compliance with NFPA 1710 (Section 5.2.4.1 — Single-Family Dwelling Initial Full Alarm Assignment Capability) or NFPA 1720 (Section 4.3 — Staffing and Deployment)?

(Note: Officers should only be included in this number if they directly support the department's compliance with NFPA 1710 or NFPA 1720 compliance)

Part 11: Grant Request Details – Staffing Levels

Please provide details on the department's existing staffing model to include the number of shifts, number of positions per shift, chief level officer staffing per shift (i.e., Battalion Chief, District Chief, etc.), and contracted shift hours per week/pay period. If the contracted shift hours included FLSA overtime or Kelly Days, please be sure to include details.

existing staffing model

Does your department utilize part-time paid firefighters?

Yes

No

Does your department utilize reserve/relief paid firefighters?

Yes

No

Selections of “Yes” triggers a related follow-up narrative question.

Part 11: Grant Request Details – Staffing Levels

Hiring of firefighters

Please provide the following additional information regarding your fire department.

Based on current staffing levels:

If your department utilizes overtime to fill positions to ensure you are meeting applicable NFPA staffing and deployment standards, you should remove the number of positions filled by overtime from your calculations.

How often does your department meet the NFPA assembly requirements as indicated in the table above for the department's first due response zone/jurisdiction served?

- Never (0%)
- Rarely (1 to 19%)
- Sometimes (20 to 39%)
- Half of the time (40 to 59%)
- Often (60 to 79%)
- Most of the time (80 to 99%)
- Always (100%)

What is the average actual staffing level on your first arriving engine company or vehicle capable of initiating suppression activities on the number of structure fires indicated in the [Department call volume](#) section of your application?

Do you provide NFPA 1582 annual medical/physical exams?

- Yes
- No
- No, but we provide other types of physicals

Part 11: Grant Request Details – Staffing Levels

If awarded the number of positions requested in this application:

How often do you anticipate that your department will meet the NFPA assembly requirements as indicated in the table above?

- Never (0%)
- Rarely (1 to 19%)
- Sometimes (20 to 39%)
- Half of the time (40 to 59%)
- Often (60 to 79%)
- Most of the time (80 to 99%)
- Always (100%)

What will be the average actual staffing level on your first arriving engine company or vehicle capable of initiating suppression activities on the number of structure fires indicated in the [Department call volume](#) section of your application?

Will you provide the new hires with NFPA 1582 entry-level physicals?

- Yes
- No
- No, but we will provide other types of physicals

Will the personnel hired meet the minimum EMS training and certification as required by your Authority Having Jurisdiction (AHJ)?

- Yes
- No
- N/A - do not provide EMS

Is it your department's intent to sustain the awarded positions after the completion of the period of performance?

- Yes
- No

Part 11: Grant Request Details – Hiring

Describe the department's step-by-step hiring process (application period, written test, physical, approval) and the timeline for each step.

How many recruits can be trained in one academy class?

How long after award will the department be able to start a recruit class?

A response is required.

How often are your recruit classes held?

Does the department need governing body approval to accept the award and hire the positions?

- Yes
- No

Is your request for hiring firefighters based on a risk analysis, staffing needs analysis, or an Insurance Services Office (ISO) rating?

- Yes
- No

Does your department currently have a policy in place to recruit and hire veterans?

- Yes
- No

Selections of “Yes” will trigger a relevant follow-up narrative question.

Part 11: Grant Request Details – Narrative Statements

Narrative statements

The narrative statements must provide all the information necessary for you to justify your needs and for FEMA to make an award decision. A panel of peer reviewers will perform the second phase of the applications' evaluations by using the narrative statements below to determine the worthiness of the request for an award.

Please ensure that your narrative clearly addresses each of the following evaluation criteria elements to the best of your ability with detailed but concise information. Provide only the information being requested for each element; if you provided information pertaining to the narrative elements elsewhere in the application you must still include it below. Failure to provide the information being requested may result in a lower score or the application not being funded.

Project descriptions

Why does the department need the positions requested in this application?

How will the positions requested in this application be used within the department? (e.g., 4th on engine, open a new station, eliminate browned out stations, reduce overtime)?

What specific benefits will the requested positions provide to the department and community?

Describe how funds awarded through this grant would enhance the department's ability to protect critical infrastructure within the primary response area.

Part 11: Grant Request Details – Narrative Statements

Note: An activity must contain at least one position. You must add a position or remove this activity. If you remove this activity, all entered answers in this section will disappear.

Impact on daily operations

Explain how the community and the current firefighters employed by the department are at risk without the positions requested in this application.

A response is required.

How will that risk be reduced if awarded?

Cost benefit

Describe the benefits (i.e. quantifying the anticipated savings and/or efficiencies) the department and community will realize if awarded the positions requested in this application.

Additional information

If you have any additional information you would like to include about the department and/or this application in general, please provide below.

Optional

An activity must contain at least one position. You must add a position or remove this activity.

Part 11: Grant Request Details – Add position to Hiring of Firefighters

Program area: Hiring of firefighters

Total requested for Hiring of Firefighters activity: \$0

Remove activity

Add position to Hiring of Firefighters

Staffing levels

SAFER intends to improve local fire departments' staffing and deployment capabilities so they may more effectively respond to emergencies. With the enhanced staffing, a SAFER grant recipient's response time will be reduced sufficiently and an appropriate number of trained personnel will be assembled at the incident scene.

The following questions are designed to help us understand the staffing changes that have occurred in your department over the past several years and how the grant will assist in improving your staffing levels. The information provided must be a true and accurate depiction of your department on the timelines listed below.

For more information regarding these standards please see the Notice of Funding Opportunity or go to www.nfpa.org/freeaccess

NFPA standard	Department characteristics	Demographic	Assembly staffing	Response time	Frequency of time
1710	Career	With aerial	15	8 min	90%
1710	Career	Without aerial	14	8 min	90%
1720 - Urban	Urban combo/volunteer	> 1,000 pop/square mile	15	9 min	90%
1720 - Suburban	Suburban combo/volunteer	500 - 1,000 pop/square mile	10	10 min	80%
1720 - Rural	Rural combo/volunteer	< 500 pop/square mile	6	14 min	80%
1720 - Remote	Remote combo/volunteer	Travel > 8 mi	4	N/A	90%

Select the item that best describes the NFPA standard your department is attempting to meet:

Select ▼

Part 11: Grant Request Details – Add position to Hiring of Firefighters

All questions require a response.

Add position to Hiring of Firefighters

Position

Firefighter Position

How many full-time firefighter positions are you requesting? "Full-time" is considered 2,080 hours or more worked per year and entitles the employee to receive benefits earned by the other full-time employees in the organization. "Part-time" positions are less than 2,080 hours per year. Often part-time employees do not earn benefits or do not earn them at the same rate or level as full-time employees.

Number of firefighters

What are the current usual annual costs of a first-year (i.e entry-level) firefighter in your department? "Usual annual costs" include the base salary (exclusive of non-FLSA overtime) and the standard benefits package (including the average health cost, dental, vision, FICA, life insurance, retirement/pension, etc.) offered by the fire departments to first-year (i.e., entry-level) firefighters. To get the "average" health care costs, average the annual cost among various health insurance plans offered (i.e., self only, family, etc). Do not use figures that assume all employees will select self or family coverage.

Annual salary	Annual benefits	TOTAL PER FIREFIGHTER
<input type="text" value="\$"/>	<input type="text" value="\$"/>	\$0.00

What benefits are included in the standard benefits package your department provides to first-year firefighters? You must provide details on the dollar amounts or percentages for each benefit being provided (health costs (family, employee only, employee plus one), dental, vision, FICA, life insurance, retirement/pension, etc.). Note: Failure to provide this information may results in reductions to the requested amounts.

Benefits funded

Request total

YEARLY TOTAL	\$
3 YEAR TOTAL	\$

[x Cancel](#)

Part 11: Grant Request Details – Remove Section

Removing a section prompts a confirmation screen.
Selecting “Delete” will also remove all the items within this section.
THIS CANNOT BE UNDONE.

Remove section

Are you sure you want to remove this Hiring of Firefighters section? This will also remove the items within this section. This cannot be undone.

Delete

✕ Cancel

Part 12: Grant Request Summary

Grant request summary

Is your proposed project limited to one or more of the [following activities](#) ⓘ : Planning and development of policies or processes. Management, administrative, or personnel actions. Classroom-based training. Acquisition of mobile and portable equipment (not involving installation) on or in a building.

Yes

No

Recipients proposing projects that have the potential to impact the environment must participate in the FEMA EHP Review process.

Examples of projects considered to impact the environment include:

- Any ground-disturbing activities
- Air compressor/fill station/cascade system (fixed, fastened in position or installed) for filling SCBA
- Air quality systems
- Fire/smoke alarm systems for the facility (life safety)
- Generators (fixed, fastened in position or installed)
- Sprinklers
- Vehicle exhaust systems (fixed, fastened in position or installed)
- Washer/dryer/extractors

Projects not considered to have an environmental impact include:

- Planning and development of policies or processes
- Management, administrative, or personnel actions
- Classroom-based training
- Acquisition of mobile and portable equipment (not involving installation) on or in a building

Part 12: Grant Request Summary – EHP Screening Form

If necessary, please download the EHP Screening Form at <https://www.fema.gov/media-library/assets/documents/90195> and upload the completed form to the system from your computer.

Grant request summary

Is your proposed project limited to one or more of the [following activities](#) ⓘ : Planning and development of policies or processes. Management, administrative, or personnel actions. Classroom-based training. Acquisition of mobile and portable equipment (not involving installation) on or in a building.

- Yes
 No

Please download the EHP Screening form available at <https://www.fema.gov/media-library/assets/documents/90195>. Please complete the form and attach your completed form here.

EHP screening form attachment (optional)

Maximum File Size:
25MB

Accepted File Types:
.pdf, .doc, .docx, .xls, .xlsx, .jpg

 **Upload from your computer**

Filename

Date uploaded

Description

Part 13: Budget Summary

Budget summary

Budget summary

Object class categories	Year 1	Year 2	Year 3	Total
Personnel	\$720,000.00	\$720,000.00	\$720,000.00	\$2,160,000.00
Fringe benefits	\$180,000.00	\$180,000.00	\$180,000.00	\$540,000.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
Total direct charges	\$900,000.00	\$900,000.00	\$900,000.00	\$2,700,000.00
Indirect charges	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$900,000.00	\$900,000.00	\$900,000.00	\$2,700,000.00

Part 13: Budget Summary – Non-federal resources

Non-federal resources				
Applicant				\$0
State				\$0
Other sources				\$0
Remarks				
Total Federal and Non-federal resources				
Federal resources	\$675,000.00	\$675,000.00	\$315,000.00	\$1,665,000.00
Non-federal resources	\$225,000.00	\$225,000.00	\$585,000.00	\$1,035,000.00
TOTAL	\$900,000.00	\$900,000.00	\$900,000.00	\$2,700,000.00
Program income				\$0

Part 14: Contact Information

Contact information

Did any individual or organization assist with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application?

Yes

No NOTE: if you select "No" here you will not be able to add a "Grant writer fee" in activities.



Grant writer fee

If you requested a grant writer fee, you need to list all individuals or organizations who assisted you with the application.

“Yes” selection will trigger “Application participants” box.

Click “Add a participant” to add any individuals or organizations who assisted with the application.

Contact information

Did any individual or organization assist with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application?

Yes

No



Grant writer fee

If you requested a grant writer fee, you need to list all individuals or organizations who assisted you with the application.

Application participants

Please add all individuals or organizations who assisted with the application.

Include all individuals or organizations who assisted with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application or not.



Add a participant.

At least one participant is required.

Add a participant

Part 14: Contact information – Add a participant

Use the dropdown to see a list of grant writers associated with your organization. If any additional individuals or organizations assisted, select “Other preparer”. Repeat this process to add all individuals or organizations that assisted with this application.

Add application participant

Select an application participant from the dropdown list of grant writers associated with your organization. If any additional individuals or organizations assisted, select "Other preparer". Repeat this process to add all individuals or organizations that assisted with this application.

Add a participant

Select

First name

Last name

Primary phone

Email

Add mailing address

Address line 1

Address line 2 *Optional*

City State/territory

Zip code Zip extension *Optional*

[Close](#)

Add application participant

Select an application participant from the dropdown list of grant writers associated with your organization. If any additional individuals or organizations assisted, select "Other preparer". Repeat this process to add all individuals or organizations that assisted with this application.

Add a participant

Select

Select

Other preparer

User1 Test (testuser1@test.com)

Part 14: Contact Information - Add a secondary point of contact

Add secondary point of contact

Select a secondary point of contact from the dropdown list of team members associated with your organization. If the secondary point of contact is not listed, select "New contact".

Add a point of contact

Select ▼

Title

Prefix

MR ▼

First name

Middle initial *Optional*

Last name

Primary phone

Ext *Optional*

Type ▼

Secondary phone

Ext *Optional*

Type ▼

Optional phone *Optional*

Fax number *Optional*

Email

[✕ Close](#)

Part 15: Assurances and Certifications

Assurances and certifications

The default for this page is set to an applicant needing to submit the SF-LLL – 10 Questions will follow (see next page)

SF-LLL: Disclosure of Lobbying Activities

OMB number: 4040-0013, Expiration date: 02/28/2022 [View burden statement](#)

Complete only if the applicant is required to do so by 44 C.F.R. part 18. Generally disclosure is required when applying for a grant of more than \$100,000 and if any funds other 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 contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Further, the recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event described in 44 C.F.R. Â§ 18.110(c) that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the applicant.

The applicant is not currently required to submit the SF-LLL

Assurances and certifications

SF-LLL: Disclosure of Lobbying Activities

OMB number: 4040-0013, Expiration date: 02/28/2022 [View burden statement](#)

Complete only if the applicant is required to do so by 44 C.F.R. part 18. Generally disclosure is required when applying for a grant of more than \$100,000 and if any funds other 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 contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Further, the recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event described in 44 C.F.R. Â§ 18.110(c) that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the applicant.

The applicant is not currently required to submit the SF-LLL

PLEASE check the box if the applicant is not currently required to submit the SF-LLL.

Part 15: Assurances and Certifications

The applicant is not currently required to submit the SF-LLL

1. Type of federal action:
Select ▼

2. Status of federal action:
Select ▼

3. Report Type:
Select ▼

1. Type of federal action:
Select
Select
contract
cooperative agreement
grant
loan
loan guarantee
loan insurance
name

2. Status of federal action:
Select
Select
bid/offer/application
initial award
post-award
 SubAwardee

3. Report Type:
Select
Select
initial filing
material change
name

Part 15: Assurances and Certifications

4. Name and address of reporting entity:

Prime
 SubAwardee

Name

Street 1

Street 2

City

State

Zip

Zip Ext

Congressional district, if known:

6. Federal department/agency:

4. Name and address of reporting entity:

Prime
 SubAwardee

Tier, if known:

Name

Street 1

Street 2

City

State

Zip

Zip Ext

Congressional district, if known:

5. If reporting entity in No.4 is subawardee, enter name and address of prime:

Name

Street 1

Street 2

City

Please note:
Selecting "SubAwardee"
adds more questions

Part 15: Assurances and Certifications

7. Federal program name/description:

CFDA number, if applicable:

8. Federal action number, if known:

9. Award amount, if known:
 \$

10a. Name and address of lobbying registrant:
Prefix

First Name

Middle Name *Optional*

Last Name

Suffix

Street 1

Street 2 *Optional*

City

State

Zip *Optional*

Zip Ext *Optional*

7. Federal program name/description:

A response is required.

CFDA number, if applicable:

8. Federal action number, if known:

9. Award amount, if known:
 \$
A response is required.

10a. Name and address of lobbying registrant:
Prefix

- Select
 - Dr.
 - Miss
 - Mr.
 - Mrs.
 - Ms.
 - Rev.
- Street 1

First Name

A response is required.

Middle Name *Optional*

Last Name

A response is required.

Suffix

- Jr.
- MD
- PHD
- Sr.

State

Zip *Optional*

Zip Ext *Optional*

Part 15: Assurances and Certifications

10b. Individual performing services: (including address if different from No. 10a)

Prefix

First Name

Middle Name

Last Name

Suffix

Street 1

Street 2
 Optional

City

State

Zip
 Optional

Zip Ext
 Optional

Select

Select

Dr.

Miss

Mr.

Mrs.

Ms.

Rev.

First Name

A response is required.

Middle Name
 Optional

Last Name

A response is required.

Suffix

Street 1

Street 2
 Optional

City

State

Zip
 Optional

Zip Ext
 Optional

Part 16: Review Application

Check marks indicate completed sections, while exclamation marks indicate sections that are incomplete.

Review application

Please select any of the following links to view or edit a particular section of your application. You may submit your application for signature once your application is complete and without any errors.

	SAM.gov profile	View/edit
	Applicant information	View/edit
	Applicant characteristics	View/edit
	Operating budget	View/edit
	Community description	View/edit
	Applicant and community trends	View/edit
	Call volume	View/edit
	Grant request details	View/edit
	Contact information	View/edit
	Assurances and certifications	View/edit

Part 16: Review Application – Submit for Signature

When the application is ready to submit for final signature, a button will appear to “Submit for signature”.
When you are ready, select “Submit for signature”.

Review application

[Submit for signature](#)

Please select any of the following links to view or edit a particular section of your application. You may submit your application for signature once your application is complete and without any errors.

 **This application is ready to submit for signature**
Submit this application for final signature to complete the application submission process.

 SAM.gov profile	View/edit
 Applicant information	View/edit
 Applicant characteristics	View/edit
 Operating budget	View/edit
 Applicant and community trends	View/edit
 Community description	View/edit
 Call volume	View/edit
 Grant request details	View/edit
 Grant request summary	View/edit
 Budget summary	View/edit
 Contact information	View/edit
 Assurances and certifications	View/edit

Part 16: Review Application – Submit for Signature

You must be an AOR for your organization to submit the grant application.

Submit application

Sign and submit



You cannot submit this application

You must be an AOR for your organization to submit the grant application.

[Return to edit application](#)

Part 17: Sign and submit application

Check marks indicates certifying contact information is correct. Password verifies that you are the AOR.

Confirm AOR contact information

Please confirm or update your contact information.

Email	First name	Last Name
aor@microsoft.test	aor	Test

Area code	Phone number	Extension
111	1111111	111

 **Edit your contact info**
[Edit your contact info](#)

I certify that my contact information is accurate

Sign and submit

By entering my password, I, aor Test, am hereby providing my signature for this application as of 02/05/2020 11:22 am.

Please enter your password

Part 17: Sign and submit application – Assurance and certifications (SF-424B)

Check marks certify contact information is correct. Password verifies that you are the AOR.

Please check the box, then enter your FEMA GO password.

Submit application

Assurance and certifications

OMB number: 4040-0007, Expiration date: 02/28/2022 [View burden statement](#)

SF-424B: Assurances - Non-Construction Programs

OMB Number: 4040-0007
Expiration Date: 02/28/2022

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 cost) 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. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 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. §§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. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§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) §§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 Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; 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 Titles 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 interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§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. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§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. §§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. §§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. §§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. §§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.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

I, am hereby providing my signature for this award as of 02/05/2020.

Please enter your password

[a.net/application/.../view](#)



Signature accepted

Your signature for this assurance has been accepted.

Part 17: Sign and submit application – Assurance and certifications (SF-424B)

Check marks indicates certifying contact information is correct. Password verifies that you are the AOR.

Certifications regarding lobbying

OMB Number: 4040-0013
Expiration Date: 02/28/2022

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. 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 an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other 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 contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I, AOR Test, am hereby providing my signature for this award as of 02/05/2020.

Please enter your password

Sign

Please check the box then enter your FEMA GO password.



Signature accepted

Your signature for this assurance has been accepted.

Part 17: Sign and submit application – Assurance and certifications (SF-424B)

Check marks certify contact information is correct. Password verifies that you are the AOR.

SF-LLL: Disclosure of Lobbying Activities

OMB Number: 4040-0013
Expiration Date: 02/28/2022

Complete only if the applicant is required to do so by 44 C.F.R. part 18. Generally disclosure is required when applying for a grant of more than \$100,000 and if any funds other 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 contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Further, the recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event described in 44 C.F.R. § 18.110(c) that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the applicant.

The applicant is not currently required to submit the SF-LLL.

11. 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 the 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.

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Please enter your password

Sign

Signature accepted
Your signature for this assurance has been accepted.

Notice of funding opportunity

I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity completed within the award's Period of Performance (POP).

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Signature accepted
Your signature for this assurance has been accepted.

Accuracy of application

I certify that I represent the organization applying for this grant and have reviewed and confirmed that the information provided is true and accurate. Confirmation that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award to the DHS Office of Inspector General.

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Signature accepted
Your signature for this assurance has been accepted.

Authorized Organizational Representative for the grant

By signing this application, I certify that I understand that inputting my password below signifies that this electronic signature shall bind the organization as if the application were physically signed and filed.

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Signature accepted
Your signature for this assurance has been accepted.

Please check the boxes then enter your FEMA GO password for each validation.

"Sign" button won't be active until both actions have been completed (checkbox and password).

A "Signature accepted" confirmation will display for each signature.

Part 17: Sign and submit application

Check marks certify contact information is correct. Password verifies that you are the AOR.

Authorization to submit application on behalf of applicant organization

By signing this application, I certify that I am either an employee or official of the applicant organization and am authorized to submit this application on behalf of my organization; or, if I am not an employee or official of the applicant organization, I certify that the applicant organization is aware I am submitting this application on its behalf, that I have written authorization from the applicant organization to submit this application on their behalf, and that I have provided contact information for an employee or official of the applicant organization in addition to my contact information.

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Please enter your password

Sign

Confirm AOR contact information

Please confirm or update your contact information.

Email
aor@microsoft.test

Area code
111

Edit your contact info
[Edit your contact info](#)

I certify that my contact information is accurate

Sign and submit

By entering my password, I, aor Test, am hereby providing my signature for this ap

Please enter your password

Submit

Return to edit application

Authorization to submit application on behalf of applicant organization

By signing this application, I certify that I am either an employee or official of the applicant organization and am authorized to submit this application on behalf of my organization; or, if I am not an employee or official of the applicant organization, I certify that the applicant organization is aware I am submitting this application on its behalf, that I have written authorization from the applicant organization to submit this application on their behalf, and that I have provided contact information for an employee or official of the applicant organization in addition to my contact information.

I, James Taylo, am hereby providing my signature for this award as of 02/05/2020.

Signature accepted
Your signature for this assurance has been accepted.

Confirm AOR contact information

Please confirm or update your contact information.

Email	First name	Last Name
aor@microsoft.test	james	taylo

Area code	Phone number	Extension
111	1111111	111
342	9803333	
324	3674456	

Edit your contact info
[Edit your contact info](#)

I certify that my contact information is accurate

Sign and submit

By entering my password, I, James Taylo, am hereby providing my signature for this application as of 02/05/2020 12:15 pm.

Please enter your password

Submit

Return to edit application

Once all fields have been entered, Submit button will become active. Click Submit button.

Part 18: Completed – Application successfully submitted to FEMA

You will receive a message stating that you have successfully submitted your application. In the upper right corner it will also say “Submitted to FEMA”. That represents applications Status.

Note: Your application numbers and name will correspond to the grant you are applying to.

The screenshot shows a web interface for grant management. On the left is a sidebar with navigation options: Grant summary, My to do list, Application, and Attachments. The main content area features a green success message at the top: "You have successfully submitted your application." Below this, the application title "EMW-2019-FG-00084: Fiscal Year (FY) 2019 Assistance to Firefighters Grants" is displayed, with a "Submitted to FEMA" status label in the top right corner. A section titled "The Good Place" contains a table with financial data. At the bottom, a "My to do list" section contains a table with one entry for the application.

Description	Status	Date of status	Due date	Action
EMW-2019-FG-00084	Submitted to FEMA	02/05/2020	01/01/2021	Continue application

Please send any questions to:

FEMAGO@fema.dhs.gov

1-877-611-4700



FEMA