

Initiate and Submit an Application (FP&S)

Guide to applying for Assistance to Firefighters Grants (AFG) Fire Prevention & Safety (FP&S) grant funding in FEMA GO | 2020



FEMA

Version History

Revision Number	Revision Date	Page Number	Revision Summary	Name of Reviewer
V.1.0	03/18/2020	All	Initial Draft	M. Hinton
V.2.0	03/31/2020	All	FP&S specifics	A. Cotton
V.3.0	04/22/2020	All	EA Branding	A. Cotton

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. 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	Subject	Slide
1	Log in to FEMA GO	4
2	Start an Application or Subapplication	5
3	Continue an Application	7
4	My Application	10
5	Applicant Information	14
6	Applicant Characteristics	15
7	Operating Budget	20
8	Applicant and Community Trends	23
9	Community Description	25
10	Call Volume	27
11	Grant Request Details	30
12	Grant Request Summary	34
13	Budget Summary	36
14	Contact Information	37
15	Assurances and Certifications	40
16	Review Application	45
17	Sign and Submit	46

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)

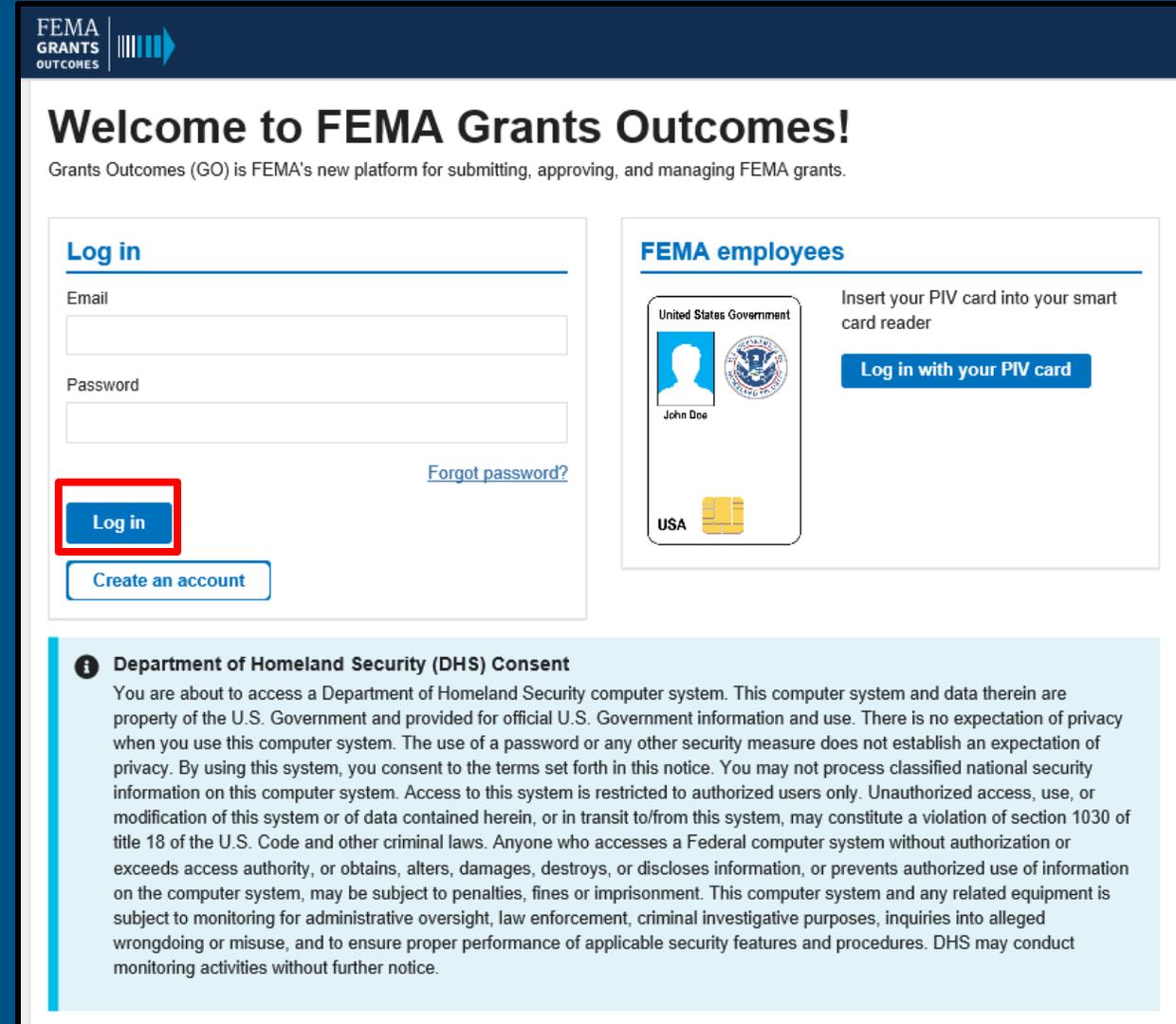
Financial Member

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

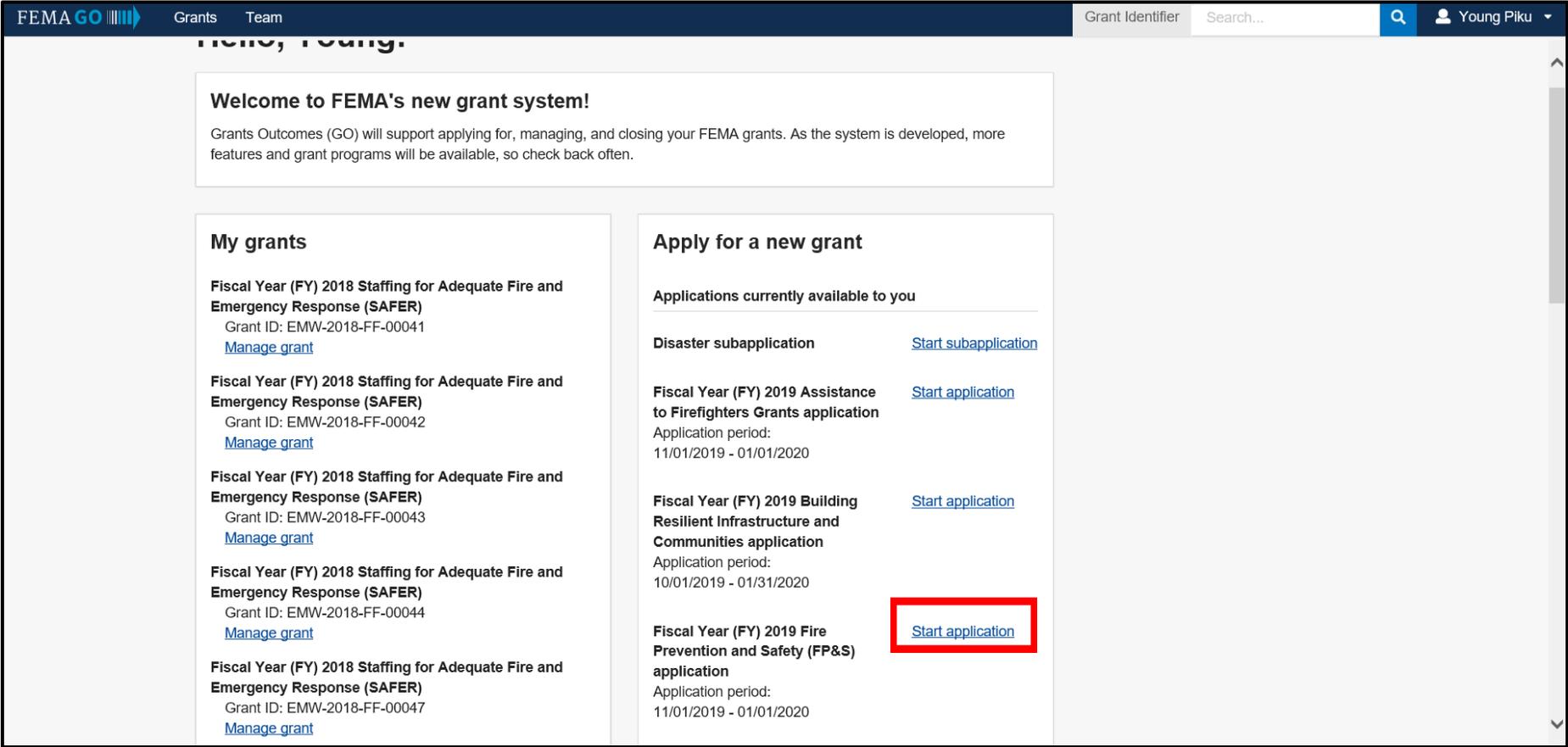
Department of Homeland Security (DHS) Consent

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

A non-FEMA user with a role under AFG, SAFER, or FP&S may start a grant application within FEMA GO.

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.



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

Part 2: Start an Application

From the drop down, select your organization/DUNS.

Click the “Start your application button”.

Screen will move to the “My grant” page.

****Proceed to slide 11****
Slides 7-9 will show how to continue an application.

Start an application

Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S) application

Organization name and DUNS

Select

Organization is required

Start your application

[Cancel](#)

Start an application

Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S) application

Organization name and DUNS

TheGoodPlay DBAName - DUNS: 3954758690000

Start your application

[Cancel](#)

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. The top navigation bar includes the FEMA GO logo and a 'Grants' tab 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. A detailed view of one grant is shown on the right side of the screenshot, displaying the same information as the list view.

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

Welcome to FEMA's new grant system!
Grants Outcomes (GO) will support applying for, managing, and closing grants. New 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-12244
[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.

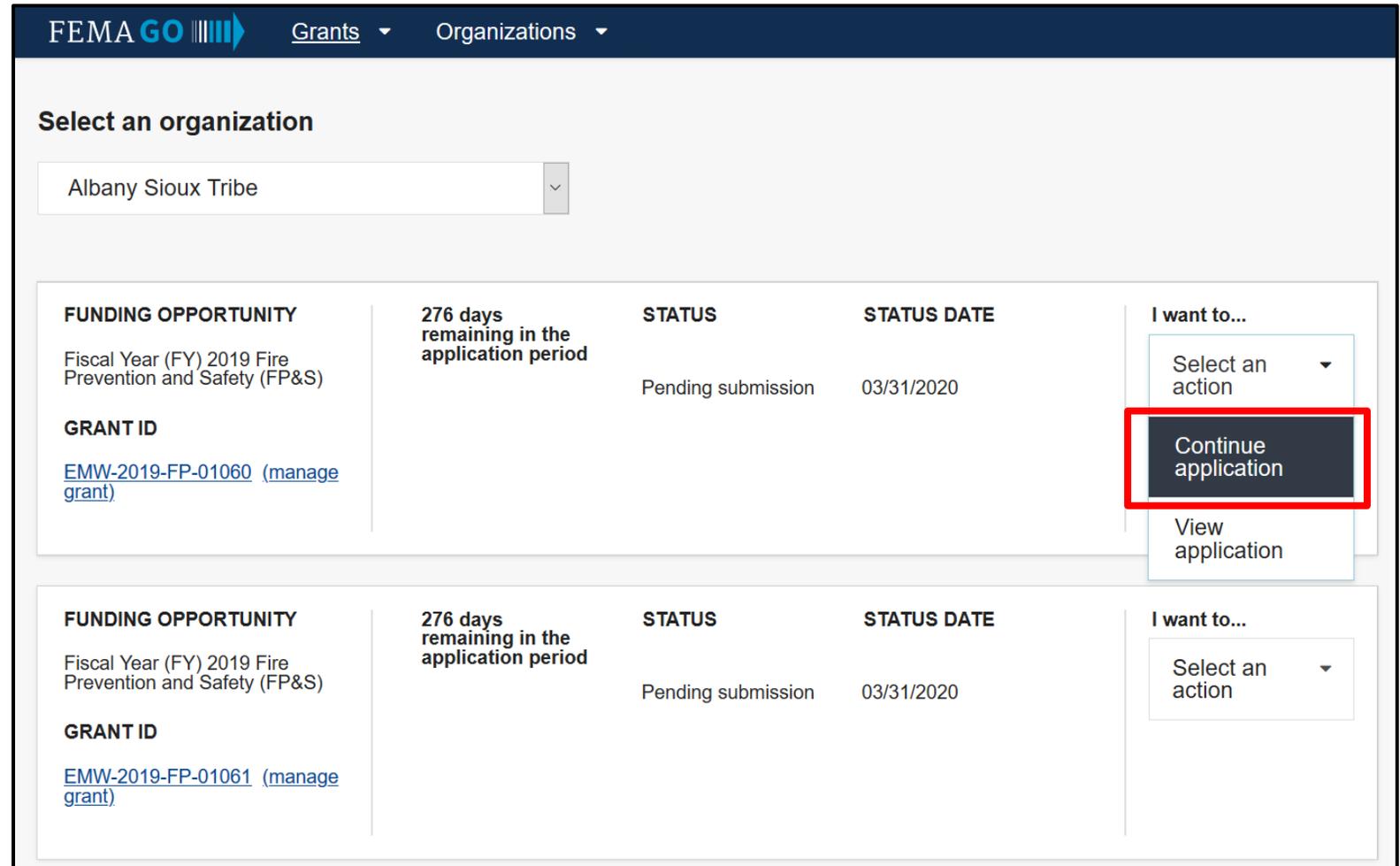
The screenshot displays the FEMA GO Grants management interface. At the top, there is a navigation bar with 'FEMA GO' logo, 'Grants', and 'Team' tabs. A search bar labeled 'Grant Identifier' is present, with a search icon and a user profile icon for 'member@google.test'. Below the navigation bar, a dropdown menu shows 'TheGoodPlay DBAName'. The main content area features a table of grants with three rows. Each row includes columns for 'FUNDING OPPORTUNITY', '344 DAYS REMAINING IN THE APPLICATION PERIOD', 'GRANT ID', 'STATUS DATE', and 'STATUS'. The first row has a 'GRANT ID' of 'EMW-2019-FG-00035' and a 'STATUS DATE' of '01/15/2020'. The second row has a 'GRANT ID' of 'EMW-2019-FG-00037' and a 'STATUS DATE' of '01/15/2020'. The third row has a 'GRANT ID' of 'EMW-2019-FG-00048' and a 'STATUS DATE' of '01/21/2020'. To the right of the table is a sidebar with a 'Search' section containing a search box with 'EMW-2019-' entered. Below the search box are 'Filters' for 'Grant program' and 'Fiscal Year', and a 'Sort' section with a 'Sort by' dropdown set to 'Fiscal Year' and radio buttons for 'Ascending (A-Z)' and 'Descending (Z-A)'. The search box is highlighted with a red border.

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

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”.



The screenshot shows the FEMA GO Grants page. At the top, there is a navigation bar with 'FEMA GO' and dropdown menus for 'Grants' and 'Organizations'. Below this is a section titled 'Select an organization' with a dropdown menu currently showing 'Albany Sioux Tribe'. The main content area contains a table of funding opportunities. The table has columns for 'FUNDING OPPORTUNITY', '276 days remaining in the application period', 'STATUS', 'STATUS DATE', and 'I want to...'. The first row shows 'Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S)' with a status of 'Pending submission' and a status date of '03/31/2020'. The 'I want to...' dropdown for this row is open, showing options 'Select an action', 'Continue application' (highlighted with a red box), and 'View application'. The second row is identical to the first.

FUNDING OPPORTUNITY	276 days remaining in the application period	STATUS	STATUS DATE	I want to...
Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S) EMW-2019-FP-01060 (manage grant)		Pending submission	03/31/2020	Select an action Continue application View application
Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S) EMW-2019-FP-01061 (manage grant)		Pending submission	03/31/2020	Select an action

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 Fire Prevention and Safety (FP&S)

Status: Pending submission

Application ID: EMW-2019-FP-01060

OMB number: 1660-0054, Expiration date: 11/30/2022 [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

Part 4: My application

Page will display a navigation pane to the left (“left nav”) containing each section of the application

«

Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S)

Status: Pending submission

Application ID: EMW-2019-FP-01060

OMB number: 1660-0054, Expiration date: 11/30/2022 [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.

Albany Sioux Tribe

Information current from SAM.gov as of:	N/A
DUNS (includes DUNS+4):	9999990086543
Employer Identification Number (EIN):	287654321
Organization legal name:	Albany Sioux Tribe
Organization (doing business as) name:	Albany Sioux Tribe
Mailing address:	PO Box 1457 null Albany, NY 12046-1476
Physical address:	990 Broad Street Suite 2 Albany, NY 12045-0234
Is your organization delinquent on any federal debt?	N/A
SAM.gov registration status:	Active as of 2020-01-01 00:00:00.000 GMT

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

My grant

- Summary
- SAM.gov profile
- Applicant information
 - Applicant characteristics
 - Operating budget
 - Community description
- Grant request details
 - Fire & Arson Investigation
 - Arson Investigation Trailer
 - Arson Investigator Training
 - National/State/Regional Programs and Studies
 - Firefighter Safety and Wellness
- Grant request summary
- Budget summary
- Contact information
- Assurances and certifications
- Review application

Part 4: My application

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

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)

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.

The screenshot shows the SAM.gov profile page for 'TheGoodPlay DBAName'. The page includes a navigation menu on the left with options like 'My application', 'Applicant information', and 'Grant request details'. The main content area displays organization details such as 'Information current from SAM.gov as of: 10/22/2019', 'DUNS (includes DUNS+4): 7088330830000', and 'Employer Identification Number (EIN): 130871985'. At the bottom, there is a checkbox for 'We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date' which is currently unchecked. A red box highlights this checkbox and the text 'Review bank account is required' below it. Another red box highlights the text 'Please note any corrections to this profile must be done in SAM.gov.' in the right margin.

Part 5: Applicant Information – Enter all required information about the applicant and main address of location impacted by this grant.

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

Main address of location impacted by this grant

Main address 1

Main address 2 *Optional*

City State/territory

Zip code Zip extension

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?

Part 6: Applicant Characteristics

Use dropdown to select your Applicant type. Complete any additionally required questions based on your selection.

Subsequent screens populate according to selection, but functionality is similar across selections.

Applicant characteristics

The FP&S (Fire Prevention and Safety) program intends to enhance the safety of the public and firefighters with respect to fire and fire-related hazards by assisting fire prevention programs and supporting firefighter health and safety research and development. Grant funds are available in two activities: Fire Prevention and Safety Activity and Research and Development Activity. Please review the Notice of Funding Opportunity for information on available categories within each activity area and for more information on the evaluation process and conditions of award.

Please provide the following additional information about your organization.

Applicant type

Independent School District 

- Select
- County
- Fire Department/Fire District
- Independent School District
- Indian Tribe
- Municipal
- National
- Nonaffiliated EMS Organization
- Non-Profit
- Private University
- For-Profit
- State
- State controlled institute of higher learning
- Town/Township
- Other

Part 6: Applicant Characteristics

If you try to change your Applicant type, a warning will appear to confirm your change. Click “Confirm” to continue with the change. If you change the applicant type, you will lose any information you have entered in other associated sections.

Confirm change

If you change the applicant type, you will lose any information you have entered in the following sections: Applicant characteristics, Operating budget, Community description, Applicant and community trends, Call volume, and Grant request details. Are you sure you want to make this change?

Confirm

[✕ Cancel](#)

Part 7: Operating Budget

Enter the current FISCAL YEAR (FY) into the top text box. From this entry, the last three years (including current FY) will populate under the Fiscal Year column. Enter the Operating Budget for each year, respectively. Enter explanation for applicant's need for financial assistance to carry out your proposed projects in the text box.

Operating budget

What is your organization's operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) dedicated to expenditures for day-to-day activities for the current (at time of application) fiscal year, as well as the previous two fiscal years?

Current Fiscal Year

2019

Fiscal Year	Operating budget
2019	\$
2018	\$
2017	\$

Please explain the applicant's need for financial assistance to carry out the proposed project(s). Provide detail about the applicant's total operating budget, including a high-level breakdown of the budget. Describe the applicant's inability to address financial needs without federal assistance. Discuss other actions the applicant has taken to meet their needs. Include information on efforts to obtain funding elsewhere and how similar projects have been funded in the past.

Part 7: Operating Budget

All questions are required in this section. Selections of “Yes” may prompt additional questions and require more information.

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
- Maintenance of effort

A response is required.

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

Please provide an explanation for other funding sources in the space provided below.

Part 8: Community Description

All questions are required in this section. Use the dropdown to select the type of community your organization serves. Enter a positive whole number without commas for the permanent resident population of your first due response zone/jurisdiction served.

Community description

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

What type of community does your organization serve?

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

What type of community does your organization serve?

- Select
- Urban
- Suburban
- Rural

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

Part 9: Grant Request Details

Read Instructions Thoroughly

All questions require a response.
Select “Add activity” to begin entering request details.

Grant request details



Instructions

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 ([budget object class information](#)). The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. Select grant writer fee when adding an activity if there is a grant-writing fee associated with the preparation of the request

Grand total: \$0

[Add activity](#)

Review and make changes to the recipient's activity below. Then, enter justifications for each change.

Part 9: Grant Request Details – Budget Object Class

Budget object class information

Cost Classification Descriptions - Cost classifications are used to describe types of expenses to assist reviewers of grant applications in understanding what dollars will be spent on. It couples with the scope of work which describes how (activities) dollars will be spent on. See 2 CFR 200 Sub-Part E for additional information.

Personnel: Costs of staff salaries and wages, excluding benefits.

Fringe Benefits: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate. For example, fringe benefits may include medical or dental insurance, use of a company car, education assistance, vacation or sick pay, etc.

Travel: Costs of travel by staff who are on official business of the applicant's organization.

Equipment: Costs of purchasing equipment. Equipment means physical, nonexpendable articles that will be used for at least one year per unit (including information technology systems). Whether an article is considered equipment also depends on how much it cost to purchase the equipment. The Federal standard is \$5, 000 but for application purposes, an applicant must use their own equipment rate unless greater than the \$5, 000 Federal standard. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with your organization's regular written accounting practices.) See 2 CFR 200.33 for additional information.

Supplies: Costs of all personal use items or property that are purchased with the intent to use them up or expend them, that aren't included in the definition of equipment. Whether an article is considered supplies also depends on how much it cost to purchase the supplies. The Federal standard is \$5, 000 but for application purposes, an applicant must use their own equipment rate unless greater than the \$5, 000 Federal standard. (Note: Acquisition cost means the net invoice unit price of an item of supplies, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with your organization's regular written accounting practices.)

Contractual: Costs of all goods or services purchased through a legal instrument like a purchase order or contract. It does not include subawards that fund a greater public purpose rather than buying goods or services.

Indirect Costs: Costs covered under an indirect cost rate. These costs are for a common or joint purpose that benefit multiple aspects of this award, benefiting more than one cost objective, and not readily assignable to the cost objectives specifically benefited. These costs are not accounted for directly. Indirect costs are allowed only if the applicant has a Federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement) must be provided upon request. See 2 CFR 200.414 for additional information.

Other: The total of all other costs not addressed elsewhere in the budget.

Part 9: Grant Request Details – Add Activity

Use the dropdown to select an activity.

Add activity to Request Details

Select activity:

Community Risk Reduction

Grant writer fee

Community Risk Reduction

Wildfire Risk Reduction

Code Enforcement/Awareness

Fire & Arson Investigation

National/State/Regional Programs and Studies

Research and Development

Click “Confirm” to proceed.

Add activity to Request Details

Select activity:

Community Risk Reduction

Confirm

[Cancel](#)

Part 9: Grant Request Details – Add Activity

An activity must contain at least one project.

You must add a project or remove the activity.

Select the “Add project to...” button to add a project to your chosen activity.

In this example, the activity selected was Community Risk Reduction.

Use the dropdown to select project.

Project selections available will be based on activity.

Grand total: \$0 [Add activity](#)

Review and make changes to the recipient's activity below. Then, enter justifications for each change.

Program area: Fire prevention and safety

Total requested for Community Risk Reduction activity: \$0 [Remove activity](#)

[Add project to Community Risk Reduction](#)

Below is a list of project(s) included in your application for Community Risk Reduction.

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

Add project to Community Risk Reduction

Select project:

General Prevention/Awareness v

- General Prevention/Awareness
- Juvenile Fire Setter projects
- Other (Explain)
- Public Education
- Risk Assessments
- Smoke Alarm Installations (door to door with home safety inspection)
- Smoke Alarms (all other projects)
- Sprinkler Awareness
- Training

Part 9: Grant Request Details – Add Activity

*A project must contain at least one item.
You must add a project or remove the activity.*

Select the “Add item to...” button to open a pop-up form to add details to your chosen project.
In this example, the project selected was Risk Assessments.

Grand total: \$0 [Add activity](#)

Review and make changes to the recipient's activity below. Then, enter justifications for each change.

Program area: Fire prevention and safety

Total requested for Community Risk Reduction activity: \$0 [Remove activity](#)

[Add project to Community Risk Reduction](#)

Below is a list of project(s) included in your application for Community Risk Reduction.

Total requested for Risk Assessments project: \$0 [Remove project](#)

[Add item to Risk Assessments](#)

Part 9: Grant Request Details – Add Item

A project must contain at least one item.

Use the dropdown to select the Budget class.

Enter all required information.

Click “Confirm” to add item.

The screenshot shows the 'Add item to Risk Assessments' form. The 'Item' dropdown is set to 'Other (Explain)'. The 'Other description' text area is highlighted with a red box. The 'Budget class' dropdown is also highlighted with a red box, and an arrow points to its expanded menu. The menu lists: Personnel, Fringe benefits, Travel, Equipment, Supplies, Contractual, Construction, Other, and Indirect charges. Below the dropdowns is a table with columns for YEAR, QUANTITY, UNIT PRICE, and TOTAL. The first row is for YEAR 1, and the second for YEAR 2. Both rows have red boxes around the QUANTITY and UNIT PRICE input fields. The UNIT PRICE field contains a '\$' symbol. A 'TOTAL' row is also present. Below the table is a 'Description' text area, which is also highlighted with a red box. At the bottom left, there is a blue 'Confirm' button, also highlighted with a red box.

YEAR	QUANTITY	UNIT PRICE	TOTAL
1	<input type="text"/>	\$ <input type="text"/>	
2	<input type="text"/>	\$ <input type="text"/>	
TOTAL			

Part 9: Grant Request Details – Add Item: Grant Writer Fee

Select “Grant writer fee” when adding an activity if there is a grant-writing fee associated with the preparation of the request.

Add item to Request Details

Item
Grant writer fee

QUANTITY	UNIT PRICE	TOTAL	Budget class
<input type="text"/>	\$ <input type="text"/>		Select

Description

Confirm

[✕ Cancel](#)

Part 9: Grant Request Details – Additional Questions

Certain selections may prompt additional questions and require more information.

Total requested for Risk Assessments project: \$5,000.00 [Remove project](#) [Add item to Risk Assessments](#)

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

Is this grant application a regional request? A regional request provides a direct regional and/or local benefit beyond your organization. You may apply for a regional request on behalf of your organization and any number of other participating eligible organizations within your region.

Yes
 No

Who is the target audience for the planned project?

Children under 14
 Adults over 65
 Firefighters
 People with disabilities (e.g., deaf/hard-of-hearing)
 College/university housing
 Low-income families/neighborhoods
 Geographic Area
 Other

What is the estimated size of the target audience?

How was this target audience determined?

Formal Assessment
 Informal Assessment
 Will Be Conducting Assessment
 None of the above

Part 10: Narratives

You must prepare several narrative statements. Each response requires a minimum of 200 characters.

Narrative

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 evaluate the applications 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. You may either type your narrative statements in the spaces provided below or create the text in your word processing system and then copy it into the appropriate spaces provided below. Please note the narrative block does not allow for formatting. Do not type your narrative using only capital letters. Additionally, do not include tables, special fonts (i.e., quote marks, bullets, etc.), or graphs. Please review the Notice of Funding Opportunity for additional narrative details.

Part 11: Grant Request Summary

The table below will populate with the information provided in the grant request details, summarizing the number of items and total cost within each activity that you have requested funding. This table will automatically update according to any changes made to the grant request details.

Grant request summary

The table or tables below summarize the number of items and total cost within each FP&S activity category you have requested funding for. This table or tables will update as you change the items within your grant request details

Fire prevention and safety

Activity – Project	Number of items	Total cost
Community Risk Reduction-Risk Assessments	1	\$5,000.00
Total	1	\$5,000.00

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

Part 12: EHP Screening

Select Yes or No regarding the activities in your proposed project.

A selection of “No” will trigger a follow-up prompt to download EHP Screening Form and upload completed form.

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

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

The budget summary will populate with the amounts in their respective object class categories, as requested.

You must enter in amounts for your non-federal resources.

Utilize the “Total Federal and Non-federal resources” table as it will auto-tabulate the amount of non-federal resources that you must have to support your project.

Note: The system does not include program income estimates in the total budget in your application. FEMA will review the program income submitted and adjust the budget as appropriate. Recipients are reminded any program income must be used and managed in accordance with 2 C.F.R. § 200.307.

Budget summary

Object class categories	Year 1	Year 2	Total
Personnel	\$0.00	\$0.00	\$0.00
Fringe benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$2,000.00	\$3,000.00	\$5,000.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total direct charges	\$2,000.00	\$3,000.00	\$5,000.00
Indirect charges	\$0.00	\$0.00	\$0.00
TOTAL	\$2,000.00	\$3,000.00	\$5,000.00

Non-federal resources			
Applicant			\$0
State			\$0
Other sources			\$0
Remarks			
Total Federal and Non-federal resources			
Federal resources	\$1,904.76	\$2,857.14	\$4,761.90
Non-federal resources	\$95.24	\$142.86	\$238.10
TOTAL	\$2,000.00	\$3,000.00	\$5,000.00
Program income			\$0

Non-federal resources discrepancy
 The combined Non-federal resources (Applicant + State + Other sources) must equal the overall total Non-federal resources of \$238.10.

Part 14: Contact Information

Selecting “Yes” will prompt an “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

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

i Grant writer fee
If you requested a grant writer fee, you need to list all individuals or organizations who assisted you 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

i 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.

i Add a participant.
At least one participant is required.

Add a participant

Part 14: Contact Information – Add a Participant

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 – Disclosure of Lobbying Activities

The default for this page is set to an applicant needing to submit the SF-LLL: Disclosure of Lobbying Activities. 10 Questions will follow (see next page). **PLEASE** check the box if the applicant is **not** 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

Part 15: Assurances and Certifications – Disclosure of Lobbying Activities

If you are required to submit the SF-LLL, you must answer all questions.

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

1. Type of federal action:
Select [v]

2. Status of federal action:
Select [v]

3. Report Type:
Select [v]

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

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

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

Part 15: Assurances and Certifications – Reporting Entity

Enter the name and address of reporting entity.

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 - Enter all required information.

<p>7. Federal program name/description:</p> <p>A response is required.</p> <p>CFDA number, if applicable:</p> <p>8. Federal action number, if known:</p> <p>9. Award amount, if known:</p> <p>A response is required.</p> <p>10a. Name and address of lobbying registrant:</p> <p>Prefix</p> <p>Select</p> <p>Dr.</p> <p>Miss</p> <p>Mr.</p> <p>Mrs.</p> <p>Ms.</p> <p>Rev.</p> <p>Street 1</p>	<p>10b. Individual performing services: (including address if different from No. 10a)</p> <p>Prefix</p> <p>Select</p> <p>First Name</p> <p>Middle Name <i>Optional</i></p> <p>Last Name</p> <p>Suffix</p> <p>Select</p> <p>Street 1</p> <p>Street 2 <i>Optional</i></p> <p>City</p> <p>State</p> <p>Select</p> <p>Zip <i>Optional</i></p> <p>Zip Ext <i>Optional</i></p>
---	--

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 17: Submit for Signature

When application is ready to submit for signature, all sections will have a green check mark and the “Submit for signature” button will be active.

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](#)
- Community description [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 17: Sign and submit application – SF-424B: Assurances

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
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) persons during the period of time that the award is in effect (2) Procuring a commercial sex act of

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

Please enter your password

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

 **Signature accepted**
Your signature for this assurance has been accepted.

Part 17: Submit application – Certifications regarding Lobbying

Check marks certify 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

 **Signature accepted**
Your signature for this assurance has been accepted.

Part 17: Sign and submit application – Assurance and certifications

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.

Please enter your password

Sign

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 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.

Please enter your password

Sign

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.

Please enter your password

Sign

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

aor@microsoft.test

First name

james

Last Name

taylo

Area code

111

Phone number

1111111

Extension

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 17: Sign and submit application

Check marks
certify 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

Submit

Return to edit application

Part 18: Completed – Application successfully submitted to FEMA

✔ You have successfully submitted your application. ✕

Submitted to FEMA

EMW-2019-FP-00009: Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S)

Org Ser001 LN 11009

Period of performance

Federal resources awarded

Required non-federal resources

Federal resources disbursed to recipient \$0

Pending disbursements to recipient \$0

Balance of federal resources available \$

My to do list

Description	Status	Date of status	Due date	Action
EMW-2019-FP-00009	Submitted to FEMA	04/14/2020	01/01/2021	Reopen application ▾



Please send any questions to:

FEMAGO@fema.dhs.gov

1-877-611-4700



FEMA