

**FEMA
GRANTS
OUTCOMES**



Grants Management Modernization (GMM) FEMA Grants Outcomes (FEMA GO)

Initiate an Application(AFG/FP&S)
Desktop Reference Guide | January 2021



FEMA

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Version History

Revision Number	Revision Date	Page Numbers	Revision Summary	Name of Reviewer
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V.1.6	02/6/2020	All	508 Compliance	A. Bond
V.2.0	12/23/2020	All	SF/425 and Print Functionality	C. Barron
V2.0	01/09/2021	All	Adjudicated Comments	M. Hinton



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.
3. Complete sections required to submit an application.

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



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Login

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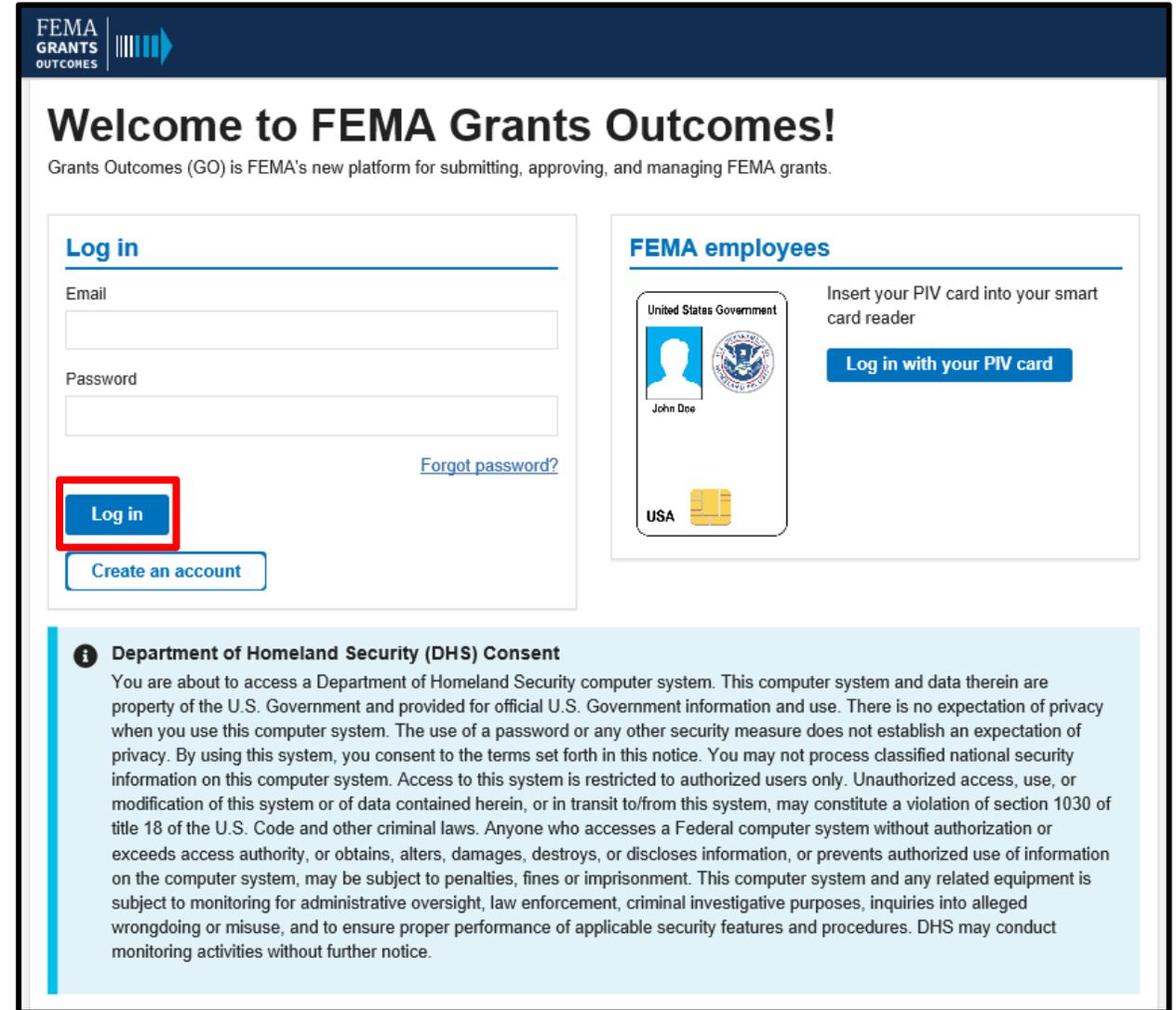


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Step 1: Log in to FEMA GO site

- Go to <https://go.fema.gov>
- Log in: Enter Email and Password for FEMA GO account.
- Logging into 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](#).

****Remember:*** Only a user in one of the listed roles can complete the steps in this guide.



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

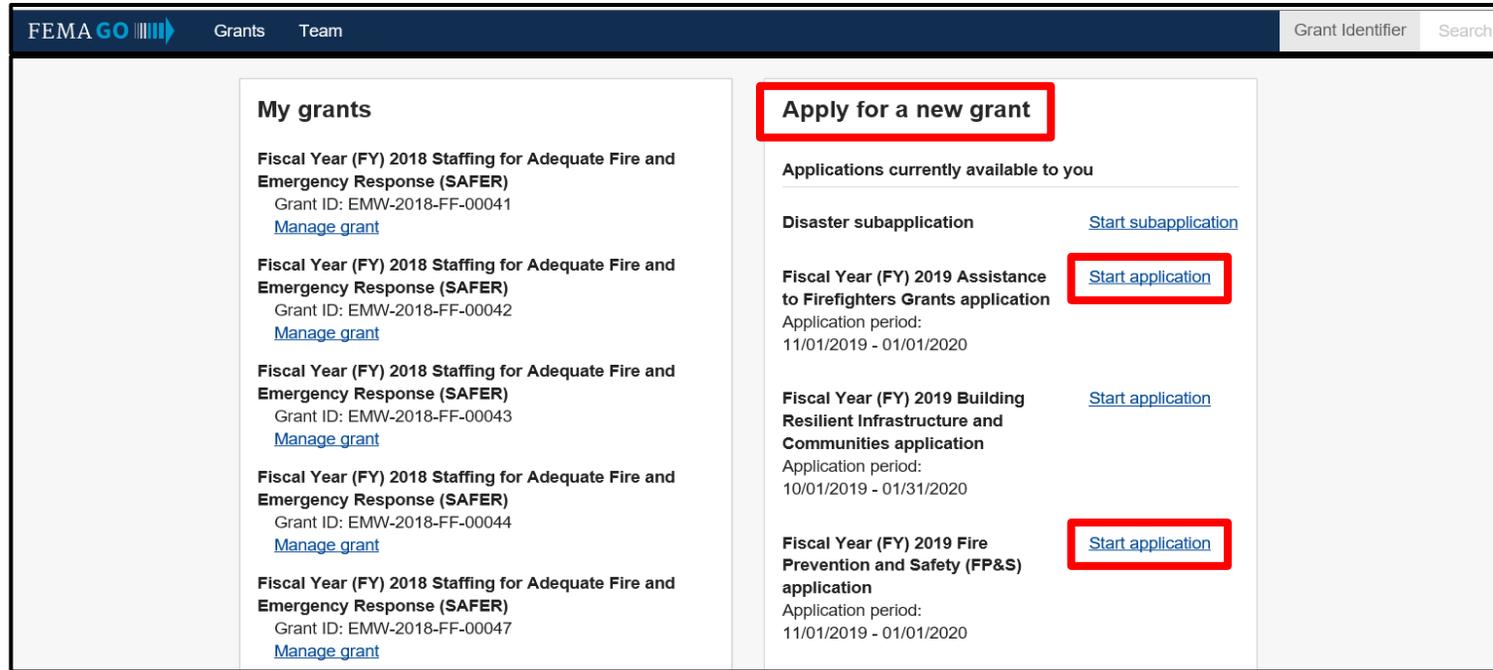
Log in with your PIV card

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.

Step 2: Start an Application

- ❑ 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.
- ❑ 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.



The screenshot displays the FEMA GO interface. The top navigation bar includes 'FEMA GO', 'Grants', and 'Team'. A search bar on the right is labeled 'Grant Identifier' and 'Search...'. The main content area is divided into two columns. The left column, titled 'My grants', lists five grants, each with a 'Manage grant' link. The right column, titled 'Apply for a new grant', lists three available applications, each with a 'Start application' link. The 'Apply for a new grant' title and the 'Start application' links for the 'Fiscal Year (FY) 2019 Assistance to Firefighters Grants application' and 'Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S) application' are highlighted with red boxes.

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

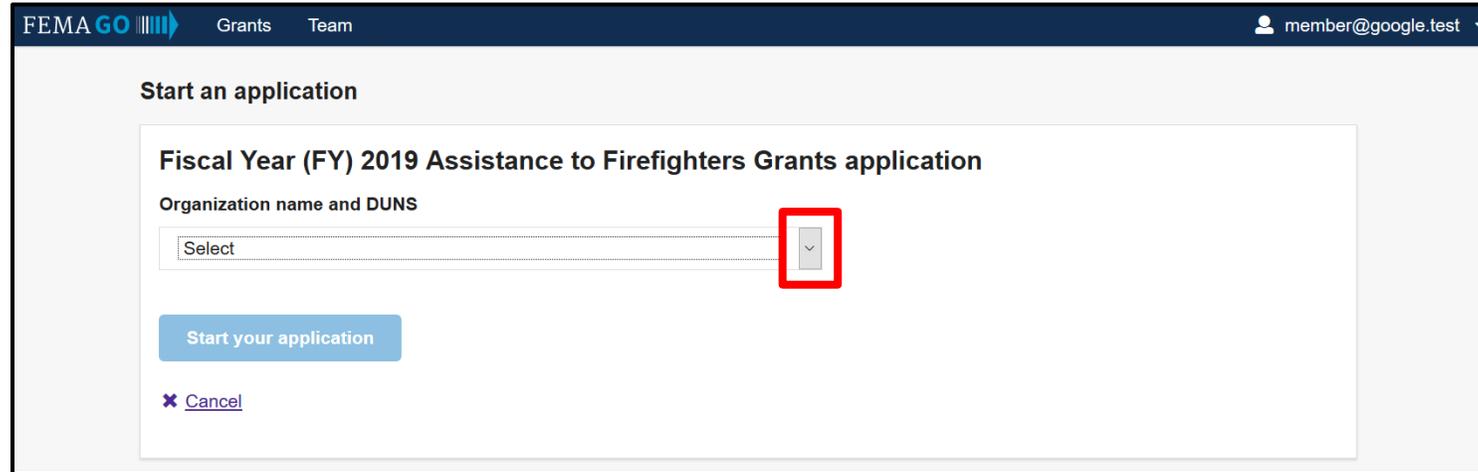
❖ Screens may vary based on your role (selected role is Authorized Organization Member).



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Step 2: Start an application

- ❑ From the drop down select your organization/DUNS.



FEMA GO | Grants Team | member@google.test

Start an application

Fiscal Year (FY) 2019 Assistance to Firefighters Grants application

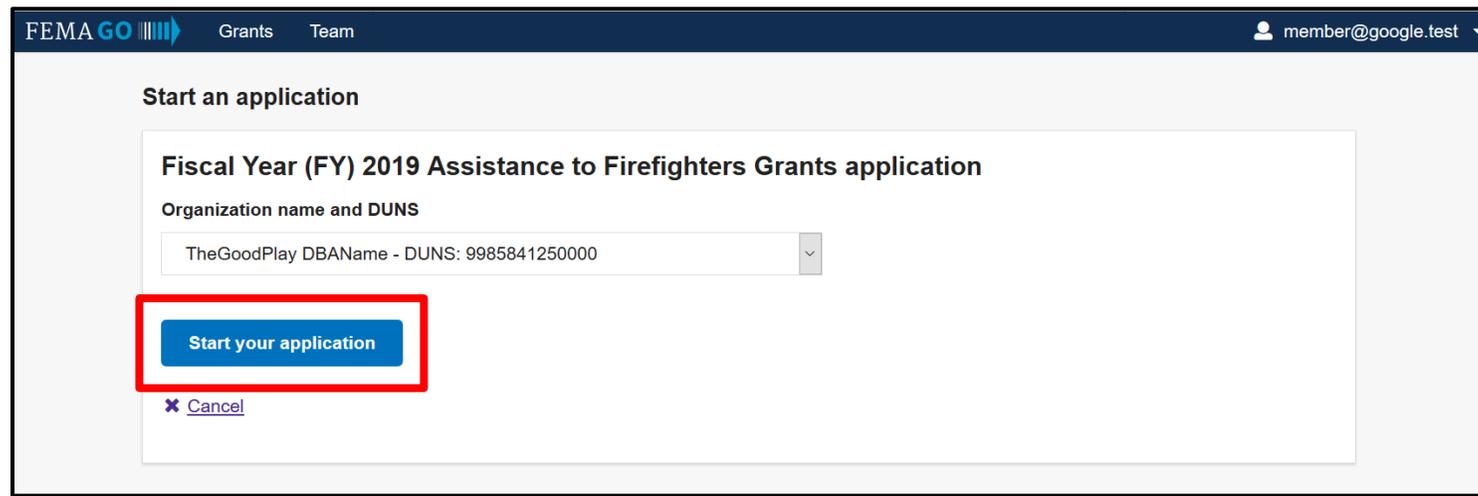
Organization name and DUNS

Select

Start your application

[Cancel](#)

- ❑ Click the "Start your application" button.



FEMA GO | Grants Team | member@google.test

Start an application

Fiscal Year (FY) 2019 Assistance to Firefighters Grants application

Organization name and DUNS

TheGoodPlay DBAName - DUNS: 9985841250000

Start your application

[Cancel](#)



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

- ❑ 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 your grants. Both selections will bring you to the same screen.

The screenshot shows the FEMA GO Grants page. At the top, there is a navigation bar with the FEMA GO logo and two tabs: "Grants" (highlighted with a red box) and "Team". Below the navigation bar, there is a welcome message: "Welcome to FEMA's new grant system! Grants Outcomes (GO) will support applying for, managing, and features and grant programs will be available, so check back often". Below the welcome message, there is a "My grants" section (highlighted with a red box) containing a list of grants. Each grant entry includes the title "Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)", the Grant ID, and a link to "Manage grant" or "View application". At the bottom of the "My grants" section, there is a "View all grants" link (highlighted with a red box). To the right of the "My grants" section, there is a list of grants with their titles, Grant IDs, and "View application" links.

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](#)



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

- ❑ Find your grant by entering the Grant ID number in either of the highlighted areas below. The search function will filter results as you type.

The screenshot shows the FEMA GO Grants management interface. At the top, there is a navigation bar with 'FEMA GO' and 'Grants Team'. A search bar labeled 'Grant Identifier' is highlighted in red, containing the text 'Search...'. Below the navigation bar, there is a dropdown menu for 'Select an organization' with 'TheGoodPlay DBAName' selected. The main content area displays a table of grants. 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, there is a 'Search' section with a 'Grant ID' input field containing 'EMW-2019-' and a search icon. Below it 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)'.



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

- ❑ Once your grant is displayed, you can continue completing your application by following the below instructions.
- ❑ Click the dropdown under "I WANT TO" and select "Continue application".

The screenshot shows the FEMA GO interface with the following elements:

- Header: FEMA GO | Grants | Team | Grant Identifier | Search
- Section: Select an organization
- Organization dropdown: TheGoodPlay DBAName
- Table of Grants:

FUNDING OPPORTUNITY	PERIOD OF PERFORMANCE	I WANT TO...
Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)	05/24/2020 - 05/23/2023	Select an action
GRANT ID EMW-2018-FH-10137 (manage grant)	STATUS STATUS DATE 11/26/2019	
Fiscal Year (FY) 2019 Assistance to Firefighters Grants	344 DAYS REMAINING IN THE APPLICATION PERIOD	I WANT TO... Select an action
GRANT ID EMW-2019-FG-00035 (manage grant)	- STATUS Pending submission	Continue application View application



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Step 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 Assistance to Firefighters Grants

Status: Pending submission

Application ID: EMW-2019-FG-00793

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



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(Informational Slide)

Step 4: My application

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

FEMA GO | Grants | Team | Grant Identifier | Search... | member@google.test | Status: Pending submission

My application

- 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 Assistance to Firefighters Grants

Application ID: EMW-2019-FG-00056

OMB number: 1660-0054, Expiration date: 11/30/2022 [View burden statement](#)

System for Award Management (SAM.gov) profile

All organization information in this section will come from the System for Award Management (SAM) profile for the selected organization.

TheGoodPlay DBAName

Information current from SAM.gov as of:	11/27/2019
DUNS (includes DUNS+4):	9985841250000
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



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Step 4: My application: Sections

- ❑ Note that there are sections that must be completed before progressing to other sections.

Applicant and community trends



You cannot complete this section yet

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



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Step 4: My application: SAM.gov profile

- ❑ 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

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.



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Step 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
Joe Som

Main address of location impacted by this grant

Main address 1
1500 W. anystreet

Main address 2 *Optional*

City
any city

State/territory
Alaska

Zip code
21206

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?
any county



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Step 6: Applicant Characteristics

- Please provide the following information about the applicant.
- Applicant type – drop down selection

The screenshot shows the FEMA GO Grants Organizations interface. The main heading is "Applicant characteristics". Below the heading is a paragraph explaining the program's objective: "The Assistance to Firefighters Grants Program's objective is to provide funding directly to fire departments and nonaffiliated EMS organizations or a State Fire Training Academy for the purpose of protecting the health and safety of the public and first responder personnel against fire and fire-related hazards. Please review the Notice of Funding Opportunity Announcement (NOFO) for information on available program areas and for more information on the evaluation process and conditions of award. Please provide the following additional information about the applicant." Below this paragraph is a red-bordered box containing a dropdown menu labeled "Applicant type". The dropdown menu is currently open, showing the following options: "Fire Department/Fire District" (selected), "Select", "Fire Department/Fire District", "Nonaffiliated EMS Organization", and "State Fire Training Academy". Below the dropdown menu are two radio button options: "No". Below the radio buttons is a question: "What kind of organization do you represent?" followed by a "Select" dropdown menu. Below the dropdown menu is a text area with the prompt: "Please explain how this request benefits other organizations." Below the text area is another question: "Per the Notice of Funding Opportunity, do you have a Memorandum of Understanding (MOU) or equivalent document in place?" followed by two radio button options: "Yes" and "No". Below the radio buttons is a question: "How many regional partners will directly participate in this project?" followed by a text input field.



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

Applicant characteristics

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

Please provide the following additional information about the applicant.

Applicant type

▼

For example, this user selected "Fire Department/Fire District".

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

What kind of organization do you represent?

▼



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

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Step 6: Applicant Characteristics: Complete required questions based on your selection

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

What kind of organization do you represent?

All Paid/Career

Per the Notice of Funding Opportunity, do you have a Memorandum of Understanding (MOU) or equivalent document in place?

Yes
 No

Please attach your MOU or equivalent document (optional):

Maximum file size: 1 GB

Filename	Date uploaded	Uploaded by	File size	Description
----------	---------------	-------------	-----------	-------------

❖ “Yes” will trigger an attachment box (optional to attach).



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Step 6: Applicant Characteristics: Complete required questions based on your selection

How many regional partners will directly participate in this project?

A response is required.

Entering a number will trigger a table.

Please list each participating agency by name along with a point of contact (POC), to include a phone number. All regional participants must be eligible as defined by the Notice of Funding Opportunity.

Participating organization name	POC first name	POC last name	Phone number	Phone number extension	EIN

How many active firefighters does your region have who perform firefighting duties? This is the combined personnel of all departments/agencies included in this application.

How many of the active firefighters in your region are trained to the level of Firefighter I or equivalent?

How many of the active firefighters in your region are trained to the level of Firefighter II or equivalent?

How many regional partners will directly participate in this project?

10

Please list each participating agency by name along with a point of contact (POC), to include a phone number. All regional participants must be eligible as defined by the Notice of Funding Opportunity.

Participating organization name	POC first name	POC last name	Phone number	Phone number extension	EIN

How many active firefighters does your region have who perform firefighting duties? This is the combined personnel of all departments/agencies included in this application.

12

How many of the active firefighters in your region are trained to the level of Firefighter I or equivalent?

6

How many of the active firefighters in your region are trained to the level of Firefighter II or equivalent?

6



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Step 6: Applicant Characteristics: Complete required questions based on your selection

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

Yes
 No

a YES response will trigger a follow up question

Please describe in the box below your training program and your plans to bring the membership in your region up to Firefighter II.

How many members in your region are trained to the level of EMR or EMT, Advanced EMT or Paramedic?

Enter a number

Do the departments in your region have a Community Paramedic program?

Yes
 No

a YES response will trigger a follow up question

How many personnel are trained to the Community Paramedic level?

How many stations are in your region?

Enter a number

Does your region protect critical infrastructure of the state?

Yes
 No

a YES response will trigger a follow up question

Does your region protect critical infrastructure of the state?

Yes
 No

Please describe the critical infrastructure protected below.

Response is required

Do all departments in this request report to NFIRS?

Yes
 No

Please enter the FDIN/FDID of the host department.

Enter a number

***Notice: a response is required for all questions.**



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Step 7: Operating Budget: All questions are required in this section

Operating budget

What is the cumulative operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) of all participating organizations in this project 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	<input type="text" value=""/> \$ A response is required.
2018	<input type="text" value=""/> \$
2017	<input type="text" value=""/> \$

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

%



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Step 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 type="text"/> %	<input type="text"/> %	<input type="text"/> %
Bond issues	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
EMS billing	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Grants	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Donations	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fund drives	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fee for service	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Other	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Totals	0 % Must equal 100	0 % Must equal 100	0 % Must equal 100



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Step 7: Operating Budget: All questions are required in this section

Describe your financial need and how consistent it is with the intent of the AFG Program. Include details describing your organization's financial distress such as summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of your control.

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

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

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



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Step 8: Applicant and Community Trends

Please provide the following additional information about the applicant.

Injuries and fatalities	2018	2017	2016
What is the total number of line of duty member fatalities in your region over the last three calendar years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the total number of line of duty member injuries in your region over the last three calendar years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many vehicles does your organization have in each of the type or class of vehicle listed below? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession.			
<div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">i</div> <div> <p>Seated riding positions</p> <p>The number of seated riding positions must be equal or greater than the total number of frontline and reserve apparatus. If there are zero frontline and zero reserve apparatus, the number of seated riding positions must be zero..</p> </div> </div>			
Type or class of vehicles	Number of frontline apparatus	Number of reserve apparatus	Number of seated 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"/>	<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"/>



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Step 8: Applicant and Community Trends

Please provide the following additional information about the applicant.

Are the organizations in your region facing a new risk, expanding service to a new area, or experiencing an increased call volume?

- Yes
 No

*Choosing "Yes" triggers
a follow up question.*

Are the organizations in your region facing a new risk, expanding service to a new area, or experiencing an increased call volume?

- Yes
 No

Please describe the critical infrastructure protected below.

critical infrastructure

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

explanation|



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Step 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 for the following:

Agriculture, wildland, open space, or undeveloped properties

Commercial and industrial purposes

Residential purposes

Total 0

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

Type of jurisdiction served

Township

What type of community does your organization serve?

- Select
- Urban
- Suburban
- Rural

Select "Type of jurisdiction served" from drop down

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



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Step 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	40
Commercial and industrial purposes	40
Residential purposes	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

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

What is your seasonal increase in population?

Please fill in a number

Choosing "Yes" triggers a follow up question.



Step 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



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Step 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"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Extractions from Vehicles" (NFIRS Code 352)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Response Calls?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Response Calls?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Scheduled Transports?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many Community Paramedic Response Calls?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	0	0	0



Respond by filling in numbers by year for Fire and Rescue Emergency Services

Step 10: Call Volume

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 organizations in your region receive Mutual Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did organizations in your region receive Automatic Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did organizations in your region provide Mutual Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did organizations in your region 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

❖ Please provide the following additional information about the applicant.



FEMA

Step 11: Grant Request Details

Grant request details

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

[Add activity](#)

Add item to Request Details

Item
Grant Writer Fee

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

Description

[Confirm](#)
[Cancel](#)

Add item to Request Details

Item
Grant Writer Fee

- Grant Writer Fee
- Equipment
- Modify facilities
- Personal Protective Equipment (PPE)
- Training
- Wellness and fitness programs
- Vehicle acquisition

[Cancel](#)

Please select from drop down.

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

Description



FEMA

Step 11: Grant Request Details

- ☐ Selections will trigger additional information boxes if needed. In this example, adding equipment triggers a Narrative that must be completed. This will also prepopulate the Grant Request Summary.

Grant request details

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

[Add activity](#)

Add activity to Request Details

Select item

Equipment

[Confirm](#)

[✕ Cancel](#)



FEMA

Step 11: Grant Request Details

Total requested for Equipment activity: \$0 [Remove activity](#) [Add item to Equipment](#)

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 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.

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.

Project Description and Budget: Clearly explain the organization's project objectives and the relationship to your organization's budget (e.g., personnel, equipment, contracts, etc.) and risk analysis by providing statistics to justify the needs. Describe the various activities to be implemented, including program priorities or facility modifications, to include details on how these are consistent with project objectives, your organization's mission and national, state, and/or local requirements. Provide details that link the proposed expenses to operations and safety, as well as to the completion of the project's goals.

Cost Benefit: Describe how you plan to address the operations and personal safety needs of your organization, including cost effectiveness and sharing assets. The Operations and Safety Cost Benefit statement should also include details about gaining the maximum benefits from grant funding by citing reasonable or required costs, such as specific overhead and administrative costs. The request should also be consistent with your organization's mission and identify how funding will benefit your organization and affected personnel.

Statement of Effect on Operations: Explain how this funding request will enhance the organization's overall effectiveness. Describe how the grant award will improve daily operations and reduce the organization's risk(s) including how frequently the requested item(s) will be used and in what capacity. Indicate how the requested item(s) will help the community and increase the organization's ability to save additional lives and property.

A activity must contain at least one item. You must add a item or remove this activity.



FEMA

❖ You must add at least one item to an activity.

Step 11: Grant Request Details – Add Item to Activity / Remove Activity

- ❑ Each activity requires at least one item to be added or the activity must be removed.

Add item to Equipment

Item
ALS/BLS Equipment

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

Description

[Confirm](#)
[Cancel](#)

This picture demonstrates adding an item to an Equipment activity.

Remove section

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

[Delete](#)
[Cancel](#)

Removing an activity prompts a “Remove section” confirmation screen.



Step 12: Grant Request Summary

- The table below summarizes the number of items and total costs within each activity for which you have requested funding.

Grant request summary

The table below summarizes the number of items and total cost within each activity you have requested funding for. This table will update as you change the items within your grant request details.

Grant request summary

Activity	Number of items	Total cost
Equipment	0	\$0.00
Total	0	\$0.00

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

- ❖ This table will automatically update according to any changes made to the grant request details.



FEMA

Step 12: Grant Request Summary

- Select Yes or No regarding the activities in your proposed project.
- A selection of "No" will trigger a follow-up prompt to download the EHP Screening Form.
 - Lastly upload the form from your computer.

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



FEMA

Step 13: Budget Summary

Budget summary	
Object class categories	Total
Personnel	\$0.00
Fringe benefits	\$0.00
Travel	\$0.00
Equipment	\$0.00
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00
Total direct charges	\$0.00
Indirect charges	\$0.00
TOTAL	\$0.00
Non-federal resources	
Applicant	<input type="text" value="\$0"/>
State	<input type="text" value="\$0"/>
Other sources	<input type="text" value="\$0"/>
Remarks	<input type="text"/>
Total Federal and Non-federal resources	
Federal resources	-
Non-federal resources	-
TOTAL	\$0.00
Program income	<input type="text" value="\$0"/>
<div style="background-color: #f8d7da; padding: 5px;"> ! Non-federal resources discrepancy The combined Non-federal resources must equal the Non-federal resources of \$. </div>	



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The Budget displays the financial information provided by category.

Step 14: Contact Information

- Answering Yes provides contact information for an additional person on the application
- Answering No prohibits adding a grant writer

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

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.



FEMA

Step 14: Contact information – Add a participant Cont'd

- ❑ The application should have both a primary and secondary contact

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)



FEMA

Step 14: Contact Information - Add a Secondary Point of Contact Cont'd

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

Title

Prefix

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](#)



FEMA

Step 15: Assurances and Certifications

Assurances and certifications

SF-LLL: Disclosure of Lobbying Activities

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

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.



FEMA

Step 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



Step 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 "Sub
Awardee" adds more
questions*



FEMA

Step 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

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*



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❖ Many fields require a response.

Step 15: Assurances and Certifications

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

Prefix
Select

First Name

Middle Name

Last Name

Suffix
Select

Street 1

Street 2

City

State
Select

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
Select

Street 1

Street 2 *Optional*

City

State
Select

Zip *Optional*

Zip Ext *Optional*



Step 16: Review Application

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

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](#)



Assurances and certifications

[View/edit](#)



Contact information

[View/edit](#)



FEMA

Step 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



FEMA

Step 17: Sign and Submit Application Cont'd

- Assurance and certifications (SF-424B)
- Check marks certify contact information is correct.

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:

- 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.
- 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.
- 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.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- 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).
- 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 1685-1696), 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, (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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.
- 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.).
- 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.
- 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.
- 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.
- 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."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 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, 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.



FEMA

❖ Password verifies that you are the AOR

Step 17: Sign and submit application – Assurance and certifications (SF-424B) Cont'd

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



Signature accepted

Your signature for this assurance has been accepted.



FEMA

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

Step 17: Sign and submit application Cont'd

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	First name
aor@microsoft.test	aor

Area code	Phone number
111	1111111

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

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, the Submit button will become active.



FEMA

Step 18: Completed – Application successfully submitted to FEMA

Grant summary

My to do list

Application

Attachments

✔ You have successfully submitted your application.

Submitted to FEMA

EMW-2019-FG-00084: Fiscal Year (FY) 2019 Assistance to Firefighters Grants

The Good Place

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-FG-00084	Submitted to FEMA	02/05/2020	01/01/2021	Continue application ▾



FEMA

Step 19: Reopen Application

- ❑ Applications must be resubmitted to be considered for awards

The screenshot shows the FEMA GO Grants system interface. At the top, the navigation bar includes 'FEMA GO', 'Grants', and 'Organizations'. A search bar on the right contains the 'Grant Identifier' 'EMW-2019-FG-04762'. A blue arrow points to the search icon. A callout box with a black border and white background contains the text: 'Search here for an application that has already been submitted'. Below the navigation bar, the main content area features a 'Hello, FnAor!' greeting and a welcome message. There are two main panels: 'My grants' and 'Apply for a new grant'. The 'My grants' panel shows two entries for 'Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S)'. The 'Apply for a new grant' panel shows 'Applications currently available to you' for 'Fiscal Year (FY) 2019 Assistance to Firefighters Grants application' with a 'Start application' link. A green notification banner at the top of the main content area reads: 'You have successfully submitted your application.' Below this, the 'Grant summary' page is displayed for 'EMW-2019-FG-04762: Fiscal Year (FY) 2019 Assistance to Firefighters Grants'. The summary includes details like 'Org Ser001 LN 10000' and a table of resources. A callout box with a black border and white background contains the text: 'Grant Summary page will be displayed'. At the bottom, a 'My to do list' table shows the application status as 'Submitted to FEMA' with a 'Reopen application' action.

Description	Status	Date of status	Due date	Action
EMW-2019-FG-04762	Submitted to FEMA	03/02/2020	01/01/2021	Reopen application



FEMA

Step 19: Reopen Application Cont'd

- ❑ On the *My to do list*, select “Reopen application” from the dropdown in the Action column.

My to do list

Description	Status	Date of status	Due date	Action
EMW-2019-FG-04762	Submitted to FEMA	03/02/2020	01/01/2021	Reopen application ▾

Reopen application

❖ Notice the Status reflects that the application has been submitted to FEMA



FEMA

Step 19: Reopen An Application Cont'd

- ❑ You can also access your grants by clicking the Grants tab in the upper left corner. You will be taken to your grants. Scroll the list to see which grants have been submitted to FEMA. Once you find the grant application you're looking for, click the dropdown in the Action column and select "Reopen application".

The screenshot shows the FEMA GO Grants system interface. At the top, there is a navigation bar with "FEMA GO" and "Grants" and "Organizations" tabs. A search bar on the right contains "Grant Identifier" and "EMW-2019-FG-04762". The main content area is titled "Hello, FnAor!" and includes a welcome message: "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."

Below the welcome message are two panels: "My grants" and "Apply for a new grant". The "My grants" panel lists two grants for "Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S)". The first grant has Application ID: EMW-2019-FP-00576, Due date: 01/01/2021 3:00 am, and a "Continue application" link. The second grant is also for "Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S)". The "Apply for a new grant" panel shows "Applications currently available to you" for "Fiscal Year (FY) 2019 Assistance to Firefighters Grants application" with an application period of 02/03/2020 - 01/01/2021 and a "Start application" link.

Below these panels is a table of funding opportunities. The table has columns for "FUNDING OPPORTUNITY", "332 days remaining in the application period", "STATUS", "STATUS DATE", and "I want to...". The first row shows "Fiscal Year (FY) 2019 Assistance to Firefighters Grants" with a status of "Submitted to FEMA" and a status date of "03/06/2020". The "I want to..." dropdown menu is open, showing options: "Select an action", "Reopen application" (highlighted), and "View application".

FUNDING OPPORTUNITY	332 days remaining in the application period	STATUS	STATUS DATE	I want to...
Fiscal Year (FY) 2019 Assistance to Firefighters Grants GRANT ID EMW-2019-FG-04630 (manage grant)		Submitted to FEMA	03/06/2020	Select an action Reopen application View application



FEMA

Step 19: Reopen Application Cont'd

- ❑ A warning will pop up asking if you are sure that you want to reopen the application. Click “Yes” to reopen application or “No, take me back” to cancel.

Reopen application

Assistance to Firefighters Grants

Application ID: EMW-2019-FG-04762

Application information:

If you reopen this application, it will not be considered for award. You have to resubmit the application before the submission deadline of 2021-01-01T21:00:00.000Z to be considered for an award.

Are you sure you want to reopen the application?

Yes

[✕ No, take me back](#)

Click “Yes” to reopen application “No, take me back” to return to the Grant summary page

Click “No, take me back” to return to the Grant summary page



FEMA

Step 19: Reopen Application Cont'd

Application has now been reopened in the editable form.

Fiscal Year (FY) 2019 Assistance to Firefighters Grants Status: Pending submission

Application ID: EMW-2019-FG-04762

OMB number: 1660-0054, Expiration date: 11/30/2022 [View burden statement](#)

System for Award Management (SAM.gov) profile

All organization information in this section will come from the System for Award Management (SAM) profile for the selected organization.

Org Ser001 DN 10000

Information current from SAM.gov as of:	02/01/2020
DUNS (includes DUNS+4):	900010000null
Employer Identification Number (EIN):	987654000
Organization legal name:	Org Ser001 LN 10000
Organization (doing business as) name:	Org Ser001 DBA 10000
Mailing address:	10000 Org Ser001 Blvd null Testington, TN 37201-null
Physical address:	10000 Org Ser001 Blvd null Testington, TN 37201-null
Is your organization delinquent on any federal debt?	N/A
SAM.gov registration status:	undefined as of null

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

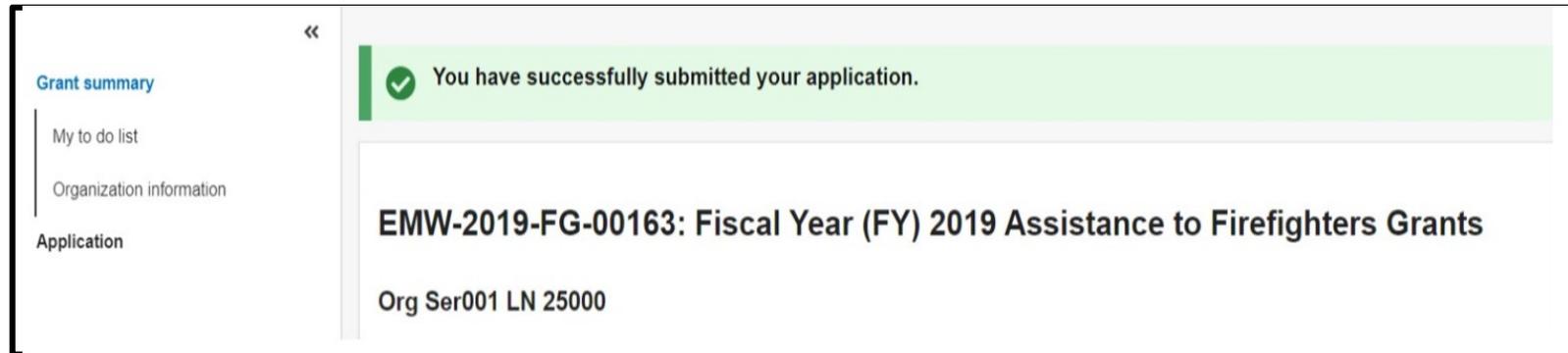
IMPORTANT REMINDER: The application needs to be resubmitted before the submission deadline to be considered for an award.



FEMA

Step 20: Federal Report Form SF-425

- ❑ After successfully submitting an application you can then submit your SF-425 form.



FEMA

Step 20: Federal Report Form SF-425 Cont'd

- ❑ Authorized users can click on “Financial reports” on the left navigation bar to view your organization’s information. Then reopen the application.

The screenshot shows the FEMA GO application interface. The top navigation bar includes 'FEMA GO', 'Grants', 'Organizations', and a search bar. The left navigation bar has several items: 'Grant summary', 'My to do list', 'Organization information', 'Payments', 'Amendments', 'Financial reports' (highlighted with a red circle), and 'Application'. The main content area is divided into sections: 'Business Information', 'Payments', 'Amendments', and 'Financial reports'. The 'Business Information' section shows details for 'Org Ser001 DBA 21000', including physical and mailing addresses. The 'Financial reports' section contains a table with one entry: 'Federal Financial Report for period ending 11/03/2020'.

Doing business as name	Org Ser001 DBA 21000
Physical address	21000 Org Ser001 Blvd Testington, TN 37201
Mailing address	21000 Org Ser001 Blvd Testington, TN 37201

Payment number	Request date	Status	Date of status	Payment amount	Action
----------------	--------------	--------	----------------	----------------	--------

Request number	Request date	Status	Date of status	Action
----------------	--------------	--------	----------------	--------

Report	Due date	Status	Date of status	Action
Federal Financial Report for period ending 11/03/2020	11/03/2020	Submitted to FEMA	12/10/2020	Actions ▾

The screenshot shows the 'My to do list' section of the FEMA GO application. It contains a table with one entry: 'EMW-2019-FP-00131' with a status of 'Submitted to FEMA', a due date of '01/21/2021', and an action of 'Reopen application'.

Description	Status	Date of status	Due date	Action
EMW-2019-FP-00131	Submitted to FEMA	01/14/2021	01/21/2021	Reopen application ▾ Reopen application



FEMA

Step 20: Federal Report Form SF-425 Cont'd

- ❑ After clicking the “Actions” dropdown and selecting the “Financial report” from the previous page, your organization’s information will be displayed in the following format.

The screenshot shows the FEMA GO Grants interface. The main heading is "Fiscal Year (FY) 2019 Assistance to Firefighters Grants" with a status of "Submitted to FEMA". The grant ID is EMW-2019-FG-51247, and the period of performance is 10/31/2020 to 10/30/2021. Federal resources awarded are \$200,038.10. A yellow warning box indicates the report status: "Report status: Please note that you have until 11/03/2020 to submit your federal financial report." Below this is the "Organization information" section, which is pre-populated with data. A blue arrow points from a text box on the left to the report status warning, and another blue arrow points from a text box on the right to the organization information table.

Report status
Please note that you have until 11/03/2020 to submit your federal financial report.

OMB number: 4040-0014, Expiration date: 02/28/2022 [View burden statement](#)

Organization information	Organization information – Items with ** are pre-populated.
Federal agency and organizational element to which report is submitted?	FEMA
Federal grant or other identifying number assigned by federal agency?	EMW-2019-FG-51247
DUNS (includes DUNS+4):	900021000
Employer Identification Number (EIN):	987654000
Organization legal name:	Org Ser001 LN 21000
Organization (doing business as) name:	Org Ser001 DBA 21000
Mailing address:	21000 Org Ser001 Blvd Testington, TN 37201-
Physical address:	21000 Org Ser001 Blvd Testington, TN 37201-

Report status will display – with due date

Organization information – Items with ** are pre-populated.



FEMA

Step 20: Federal Report Form SF-425 Cont'd

- ❑ There are a few questions that must be answered to submit the SF-425 form.

What is your organization's basis for accounting for recording transactions related to this reward?

- Accrual basis of accounting (expenses recorded when they are incurred)
- Cash basis of accounting (expenses are recorded when they are paid)



Select one

Transactions (cumulative)

Federal cash overview

Cash Receipts	\$0
Cash Disbursements (this is the federal share of what you spent based on the total cost of all your requests).	\$
Total cash on hand	\$0



FEMA

Step 20: Federal Report Form SF-425 Cont'd

Additional questions that must be answered to submit the form.

Federal expenditures and unobligated balance	
Total federal funds authorized	\$200,038.10
Federal share of unliquidated obligations	<input type="text" value=""/>
Total federal funds	
Unobligated balance of federal funds	\$200,038.10



Recipient share	
Total recipient share required	\$10,001.90
Recipient share of expenditures	<input type="text" value=""/>
Remaining recipient share	\$10,001.90



FEMA

Step 20: Federal Report Form SF-425 Cont'd

- Last step requires an authorized representative to sign and submit a password

Remarks

Additional comments about your SF-425 report *Optional*

By signing this report, I FnAor LnAor certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Please enter your password.

.....

Submit



FEMA

Step 20: Federal Report Form SF-425 Cont'd

- ❑ Once completing your SF-425 you will see the following screen

✔ You have successfully submitted your federal financial report (SF-425). ✕

Award accepted

EMW-2019-FG-54648: Fiscal Year (FY) 2019 Assistance to Firefighters Grants

Org Ser001 LN 21024

Period of performance	10/31/2020 - 10/30/2021
Federal resources awarded	\$200,038.10
Required non-federal resources	\$10,001.90
Federal resources disbursed to recipient	\$0
Pending disbursements to recipient	\$0
Balance of federal resources available	\$200,038.10



FEMA

Step 21: Printing

☐ Select the application you desire to print. Below is a read only version of the application.

<<

- Grant summary
- Application**
- SAM.gov profile
- Applicant information
 - Applicant characteristics
 - Operating budget
 - Community description
- Grant request details
 - Fire & Arson Investigation
 - Arson Investigation Trailer Test Case Scenario ...
- Grant request summary
- Budget summary
- Contact information
- Assurance and certifications

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.

Org Ser001 DN 20111

Information current from SAM.gov as of:	02/03/2020
DUNS (includes DUNS+4):	900020111
Employer Identification Number (EIN):	987654000
Organization legal name:	Org Ser001 LN 20111
Organization (doing business as) name:	Org Ser001 DBA 20111
Mailing address:	20111 Org Ser001 Blvd Testington, TN 37201-
Physical address:	20111 Org Ser001 Blvd Testington, TN 37201-
Is your organization delinquent on any federal debt?	
SAM.gov registration status:	Active as of 12/31/2019

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



Step 21: Printing Cont'd

- ❑ After selecting the Application link from the left navigation bar below is the image you will see

The screenshot shows the FEMA GO interface with the 'Application' link selected in the left navigation bar. The main content area displays the 'System for Award Management (SAM.gov) profile' for 'Org Ser001 DN 21000'. The page includes a header with 'FEMA GO', 'Grants', and 'Organizations' menus. The left navigation bar lists various sections, with 'Application' highlighted. The main content area contains a title, instructions, and a table of information current from SAM.gov.

Information current from SAM.gov as of:	02/03/2020
DUNS (includes DUNS+4):	900021000
Employer Identification Number (EIN):	987654000
Organization legal name:	Org Ser001 LN 21000
Organization (doing business as) name:	Org Ser001 DBA 21000
Mailing address:	21000 Org Ser001 Blvd Testington, TN 37201-
Physical address:	21000 Org Ser001 Blvd Testington, TN 37201-
Is your organization delinquent on any federal debt?	
SAM.gov registration status:	Active as of 12/31/2019

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

Step 21: Printing Cont'd

FEMA Grants Outcome (FEMA GO): Print Functionality Instructions

- ❑ Following the successful submission of your application, authorized users can now print.

As an AOR, Organization Member, Financial Member, Programmatic Member, or Grant Writer you can print applications that have a “Submitted to FEMA” to review it offline and/or keep it as a record.

Please follow the following STEPS

- Complete the grant application (after successful completion) you will be directed to the Grants Landing Page (GLP)
- Select the “Application” Link from the left navigation panel
- Browser brings you to a “Read-Only” Version of submitted application
- Use keys ‘ctrl+p’ method to print application



FEMA

Please send any questions to the helpdesk at:

FEMAGO@fema.dhs.gov

1-877-585-3242



FEMA



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