

FY 2020 Staffing for Adequate Fire & Emergency Response Grant Program Fire Department Application Checklist

Completing this checklist will help you prepare your Staffing for Adequate Fire & Emergency Response (SAFER) Grant Program application for fire departments applying under the Hiring and Recruitment and Retention activities. Collecting this information beforehand will reduce the time and energy needed to complete your application when the next grant cycle opens.

SAFER Application Checklist Table 1: Application and Submission Information.

DUNS, SAM, and FEMA GO	
Applicants must provide a valid DUNS number in order to apply. What is your organizations' Data Universal Numbering System (DUNS) number ?	
Is your System for Award Management (SAM) registration current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the expiration date for your SAM registration? SAM registration is only active for one year and must be renewed annually.	
Search the SAM.gov website to confirm this DUNS Number matches your SAM registration. You will also find your expiration date through this search.	
Are you registered in FEMA GO ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SAFER Application Checklist Table 2: Applicant Information

Applicant Characteristics	
What is your applicant type?	<input type="checkbox"/> Fire Department/Fire District <input type="checkbox"/> National, State, Local or federally recognized Tribal Volunteer Firefighters Interest Organization
If Fire Department/Fire District, what kind of organization do you represent?	<input type="checkbox"/> All Paid/Career <input type="checkbox"/> All Volunteer



FEMA

Applicant Characteristics	
	<input type="checkbox"/> Combination (Majority Volunteer) <input type="checkbox"/> Combination (Majority Paid/Career)
Which activity are you applying for?	<input type="checkbox"/> Hiring of Firefighters (Hiring) <input type="checkbox"/> Recruitment and Retention of Volunteer Firefighters (R&R)
If applying as a fire department under R&R, 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 participation eligible organizations within your region.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a regional R&R application, how many regional partners will directly participate in this project?	
If a regional R&R application, 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:
If a regional R&R application, are Memorandum of Understanding (MOU) or equivalent documents in place for the regional partners? If yes, please attach your MOU or equivalent document.	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many stations are operated by your department? If a regional R&R application, how many stations are in your region?	
Does your organization protect critical infrastructure of the state? If a regional R&R application, does your region protect critical infrastructure of the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently report to the National Fire Incident Reporting System (NFIRS)? If a regional R&R application, do all departments in this request report to NFIRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your FDIN/FDID Number?	

Applicant Characteristics	
If a regional R&R application, enter the FDIN/FDID of the host department.	

Operating budget		
What was the operating budget (e.g. personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) for the host organization related to fire-related programs and emergency response for the current (at time of application) fiscal year, as well as the previous three fiscal years?	Current FY20__	\$
	FY20__	\$
	FY20__	\$
	FY20__	\$
What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?		%
What percentage of the declared operating budget is derived from the following:	Taxes	%
	Bond Issues	%
	EMS Billing	%
	Grants	%
	Donations	%
	Fund Drives	%
	Fee for Service	%
	Other	%
	Total (Must equal 100)	%
Describe your financial need to include descriptions of the following:	4,000 character maximum	

<ul style="list-style-type: none"> ▪ Income vs. expense breakdown of the current annual budget ▪ Budget shortfalls and the inability to address financial needs without federal assistance ▪ Actions taken to obtain funding elsewhere (i.e. state assistance programs or other grant programs); how similar projects have been funded in the past ▪ How your critical functions are affected without this funding 	
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Injuries and Fatalities	2020	2019	2018
What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?			
What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?			
What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years? If a regional R&R application, answer this based on your region.			
What is the total number of duty member injuries in your region over the last three calendar years? If a regional R&R application, answer this based on your region.			

Type or Class of Vehicles	Number of frontline apparatus	Number of available riding positions	Number of filled riding positions
Engines or pumpers (pumping capacity of 750 gallons per minute (GPM) or greater and water capacity of 300 gallons or more): pumper, pumper/tanker, rescue/pumper, foam pumper, CAFS pumper, type I, type II engine urban interface			
Ambulances for transport and/or emergency response			
Tankers or tenders (water capacity of 1,000 gallons or more)			

Type or Class of Vehicles	Number of frontline apparatus	Number of available riding positions	Number of filled riding positions
Aerial apparatus: aerial ladder truck, telescoping, articulating, ladder towers, platform, tiller ladder truck, quint			
Brush/quick attack (pumping capacity of less than 750 GPM and water carrying capacity of at least 300 gallons): brush truck, patrol unit (pickup w/ skid unit), quick attack unit, mini-pumper, type III engine, type IV engine, type V engine, type VI engine, type VII engine			
Rescue vehicles: rescue squad, rescue (light, medium, heavy), technical rescue vehicle, hazardous materials unit			
Additional vehicles: EMS chase vehicle, air/light unit, rehab units, bomb unit, technical support (command, operational support/supply), hose tender, salvage truck, ARFF (aircraft rescue firefighting), command/mobile communications vehicle			

Community Description	
Type of jurisdiction served:	<input type="checkbox"/> Airport/Port Authority <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Other <input type="checkbox"/> Parish <input type="checkbox"/> Private not for profit <input type="checkbox"/> Town <input type="checkbox"/> Township <input type="checkbox"/> Unincorporated village <input type="checkbox"/> Village <input type="checkbox"/> Ward
What type of community does the host organization serve?	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural
What is the square mileage of the first due response zone/jurisdiction to be served?	
What percentage of the primary response area is for the following?	
Agriculture, wildland, open space, or undeveloped properties	%
Commercial and industrial purposes	%

What percentage of the primary response area is for the following?	
Residential purposes	%
Total (Must equal 100)	%
What is the permanent resident population of the first due response zone/jurisdiction being served?	
Is there a seasonal increase in population?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the seasonal increase in population (number of people)?	
Please describe your organization and/or community that you serve:	4,000 characters maximum

Call volume			
NFIRS Series 100: Fire			
NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)			
NFIRS Series 300: Rescue & Emergency Medical Service Incident			
NFIRS Series 400: Hazardous Conditions (No Fire)			
NFIRS Series 500: Service Call			
NFIRS Series 600 Good Intent Call			
NFIRS Series 700: False Alarm & False Call			
NFIRS Series 800: Severe Weather & Natural Disaster			
NIRS Series 900: Special Incident Type			
Fire Responses	2020	2019	2018
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)?			
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?			
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)?			
What is the total acreage of all vegetation fires?			
Rescue and emergency medical service incidents	2020	2019	2018

Call volume			
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?			
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?			
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?			
How many EMS-BLS Response Calls?			
How many EMS-ALS Response Calls?			
How many EMS-BLS Scheduled Transports?			
How many EMS-ALS Scheduled Transports?			
How many Community Paramedic Response Calls?			
Mutual and automatic aid	2020	2019	2018
How many times did organizations in your region receive Mutual Aid?			
How many times did organizations in your region receive Automatic Aid?			
How many times did organizations in your region provide Mutual Aid?			
How many times did organizations in your region provide Automatic Aid?			
Of the Mutual and Automatic Aid responses, how many were structure fires?			

SAFER Application Checklist Table 3: Grant Request Details

SAFER Grant Program, R&R Activity Request Details	
<p>For the R&R Activity, choose the line items from the following list of categories to add to your SAFER Grant Program Application. For more information about each line item category and the applicable sub-categories, please refer to the SAFER NOFO and SAFER R&R Request Details Information and Instructions documents.</p>	<p>Line Item Categories Include</p> <ul style="list-style-type: none"> ▪ Grant Writer Fee ▪ Staffing Needs/Risk Assessment ▪ Recruitment & Retention Coordinator, Program Manager, and Grant Administrator ▪ Marketing Program ▪ New Member Costs ▪ Training ▪ Tuition Assistance for Higher Education ▪ Personal Protective Equipment (PPE) ▪ Nominal Stipends

SAFER Grant Program, R&R Activity Request Details	
	<ul style="list-style-type: none"> ▪ Explorer/Cadet/Mentoring Programs ▪ Length of Service Award Program (LOSAP) or Retirement Program ▪ Insurance Packages ▪ Awards/Incentives for Operational Activities ▪ Remodeling/Renovation of Existing Facilities ▪ Other (Explain) <ul style="list-style-type: none"> ○ Management and Administration Costs ○ Indirect Costs ○ Audit Costs ○ Exercise Equipment and Gym Memberships
What NFPA standard your department is attempting to meet?	<input type="checkbox"/> 1710 – Career With aerial <input type="checkbox"/> 1710 – Career Without aerial <input type="checkbox"/> 1720 – Urban combo/volunteer > 1,000 pop/square mile <input type="checkbox"/> 1720 – Suburban combo/volunteer 500 - 1,000 pop/square mile <input type="checkbox"/> 1720 – Rural combo/volunteer < 500 pop/square mile <input type="checkbox"/> 1720 – Remote combo/volunteer Travel > 8 mi
<p>Based on current volunteer staffing levels: How often does the department meet the selected NFPA assembly requirements for your department's first due response zone/jurisdiction served?</p> <p>If awarded the grant: How often do you anticipate that the department will meet the NFPA assembly requirements indicated above?</p>	<input type="checkbox"/> Never (0%) <input type="checkbox"/> Rarely (1-19%) <input type="checkbox"/> Sometimes (20-39%) <input type="checkbox"/> Half of the time (40-59%) <input type="checkbox"/> Very often (60-79%) <input type="checkbox"/> Most of the time (80-99%) <input type="checkbox"/> Always (100%)
<p>What is the total number of active volunteer firefighters in your department, not including administrative or EMS only members?</p> <p>If a regional R&R application, answer this based on your region.</p>	
How many active volunteer firefighters are needed by your department to adequately comply with the NFPA assembly requirements as indicated in the table above? Include only	

SAFER Grant Program, R&R Activity Request Details	
<p>operational volunteer firefighters; administrative or EMS only members should not be included.</p> <p>If a regional R&R application, answer this based on your region.</p>	
<p>Prepare narrative responses to each of the narrative evaluation criteria outlined in the FY 2020 Notice of Funding Opportunity (NOFO). The narrative evaluation criteria include the financial need (30%) criteria noted above as well as:</p> <ul style="list-style-type: none"> ▪ Project Description (30%) ▪ Impact on Daily Operations (30%) ▪ Cost Benefit (10%) 	

SAFER Grant Program, Hiring Activity Request Details	
<p>For the Hiring Activity, select the specific position category from the following list to add the requested positions. For more information, please reference the SAFER Notice of Funding Opportunity.</p>	<p>Position Categories Include</p> <ul style="list-style-type: none"> ▪ New Hire ▪ Rehire ▪ Retention
<p>If applying under the Rehire or Retention categories, were the layoff notices executed in accordance with the Notice of Funding Opportunity?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>If yes, what is the date the position(s) being requested under this budget line item were (or will be) laid-off? (mm/dd/yyyy)</p>	
<p>If yes, please be prepared to attach copies of the official, signed, and executed layoff notices that correspond to the number of positions being requested in each budget line item.</p>	

<p>What NFPA standard your department is attempting to meet?</p>	<input type="checkbox"/> 1710 – Career With aerial <input type="checkbox"/> 1710 – Career Without aerial <input type="checkbox"/> 1720 – Urban combo/volunteer > 1,000 pop/square mile <input type="checkbox"/> 1720 – Suburban combo/volunteer 500 - 1,000 pop/square mile <input type="checkbox"/> 1720 – Rural combo/volunteer < 500 pop/square mile <input type="checkbox"/> 1720 – Remote combo/volunteer Travel > 8 mi		
<p>Based on current volunteer staffing levels: How often does the department meet the selected NFPA assembly requirements for your department's first due response zone/jurisdiction served?</p> <p>If awarded the grant: How often do you anticipate that the department will meet the NFPA assembly requirements indicated above?</p>	<input type="checkbox"/> Never (0%) <input type="checkbox"/> Rarely (1-19%) <input type="checkbox"/> Sometimes (20-39%) <input type="checkbox"/> Half of the time (40-59%) <input type="checkbox"/> Very often (60-79%) <input type="checkbox"/> Most of the time (80-99%) <input type="checkbox"/> Always (100%)		
<p>Staffing levels</p>	<p>Total number of operational career personnel</p>	<p>Number of operational officers</p>	<p>Number of NFPA support personnel</p>
<p>Staffing levels at the start of the application period</p>			
<p>Staffing levels at one year prior to the start of the application period</p>			
<p>Staffing levels at two years prior to the start of the application period</p>			
<p>If awarded this grant, what will the staffing levels be in your department?</p>			
<p>Please provide details on the department's existing staffing model to include the number of shifts, number of positions per shift, chief level officer staffing per shift (i.e., Battalion Chief, District Chief, etc.), and contracted shift hours per week/pay period. If the contracted shift hours included FLSA overtime or Kelly Days, please be sure to include details.</p>			

Prepare narrative responses to each of the narrative evaluation criteria outlined in the FY 2020 Notice of Funding Opportunity (NOFO). The narrative evaluation criteria include the financial need (30%) criteria noted above as well as:

- Project Description (30%)
- Impact on Daily Operations (30%)
- Cost Benefit (10%)

SAFER Application Checklist Table 4: Budget Summary

Program Income	
<p>Although not common, recipients may generate income in the course of carrying out grant-supported activities during the period of performance under the FEMA grant award. This is referred to as program income. This income can be used to defray program costs, where appropriate, consistent with 2 CFR § 200.307. This response should be \$0 unless the recipient anticipates generating program income during the period of performance.</p>	\$