

FY 2021 Assistance to Firefighters Grant Program Application Checklist

Completing this checklist will help you prepare your Assistance to Firefighters Grant (AFG) Program grant application. Collecting this information beforehand will reduce the time and energy needed to complete your application when the next grant cycle opens.

AFG Program Application Checklist Table 1: SAM.gov Profile

SAM.gov Profile		
<input type="checkbox"/> Is your System for Award Management (SAM) registration current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> What is the expiration date for your SAM registration?		
<input type="checkbox"/> Have you registered for Dun & Bradstreet Number Data Universal Numbering System (DUNS) Number?		
<input type="checkbox"/> Have you registered in the FEMA Grants Outcomes (FEMA GO) System?		
<p><i>Search the SAM.gov website to confirm this DUNS Number matches your SAM.gov registration. You will also find your expiration date through this search.</i></p>		

AFG Program Application Checklist Table 2: Applicant Characteristics

Applicant Characteristics	
<input type="checkbox"/> Applicant type?	<input type="checkbox"/> Fire Department <input type="checkbox"/> Nonaffiliated Emergency Medical Service (EMS) <input type="checkbox"/> State Fire Training Academy (SFTA)
<input type="checkbox"/> Is this grant application a Regional Request? If yes, please list all eligible participating partners (POC name(s), POC phone number(s), EIN for each partner). Do you have a Memorandum of Understanding (MOU)? If yes, please upload with the application. <i>Note: community identification characteristic (e.g., Rural, Urban, or Suburban) and the organizational status of the host applicant (e.g., Career, Combination, or Volunteer) will be entered and used for the Regional application, regardless of the composition of the participating partners. For additional information on Regional applications and MOU requirements please refer to fiscal year (FY) 2021 AFG Program Notice of Funding Opportunity (NOFO).</i>	



FEMA

Applicant Characteristics	
<input type="checkbox"/> What kind of organization do you represent?	<input type="checkbox"/> All Paid/Career <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination (Majority Career) <input type="checkbox"/> Combination (Majority Volunteer)
<input type="checkbox"/> How many active firefighters does your department have who perform firefighting duties?	
<input type="checkbox"/> How many of your active firefighters are trained to the level of Firefighter I or equivalent?	
<input type="checkbox"/> Are you requesting training funds in this application to bring 100% of your firefighters into compliance with National Fire Protection Association (NFPA) 1001?	
<input type="checkbox"/> Which of the following standards does your organization meet regarding physicals? If physicals are not required, then do not select any option. (optional)	<input type="checkbox"/> Meets NFPA or 1582 Standard <input type="checkbox"/> Meets National Transit Safety Board or Department of Transportation standard <input type="checkbox"/> Meets State/Local standard
<input type="checkbox"/> How many members in your department are trained to the level of Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT), Advanced EMT or Paramedic?	
<input type="checkbox"/> Does your department have a Community Paramedic program?	
<input type="checkbox"/> How many stations are operated by your department?	
<input type="checkbox"/> Does your organization protect critical infrastructure of the state?	
<input type="checkbox"/> Do you currently report to the National Fire Incident Reporting System (NFIRS)? You will be required to report to NFIRS for the entire period of the grant.	
<input type="checkbox"/> Do you offer live fire training?	

AFG Program Application Checklist Table 3: Operating Budget

Operating Budget			
<input type="checkbox"/> What is your operating budget for the current and two previous fiscal years?			
<input type="checkbox"/> What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?			
<input type="checkbox"/> Does your department have any rainy-day reserves, emergency funds, or capital outlay?			
If yes, what is that amount set aside? Describe the planned purpose of this fund.			
<input type="checkbox"/> The percentage of your budget derived from: (whole percentage)			
	Current FY	Current FY-1	Current FY-2
Taxes	%	%	%

Operating Budget			
Bond issues	%	%	%
EMS billing	%	%	%
Grants	%	%	%
Donations	%	%	%
Fund drives	%	%	%
Fee for service	%	%	%
Other (please explain 'Other' portion of the budget)	%	%	%
<p>Total percentage must equal 100%</p> <p><i>Use the information above in your financial narrative. It is important that your application remain consistent throughout. When breaking down the budget, be sure to account for all funding received.</i></p> <p><i>(Budget breakdown should account for 100% of budget.)</i></p>			
<p>Financial Need Narrative</p> <p>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.</p> <p><i>This section must be less than or equal to 4000 characters.</i></p>			
<input type="checkbox"/> Is it your organization's intent to apply for an Economic Hardship Waiver? Please attach your request for a waiver to your application. Guidance for requesting waivers can be found here: https://www.fema.gov/sites/default/files/2020-04/Eco_Hardship_Waiver_FPS_SAFER_AFG_IB_FINAL.pdf	<input type="checkbox"/> Cost Share <input type="checkbox"/> Maintenance of effort		
<p>Other Funding Sources</p>			
<input type="checkbox"/> This fiscal year, are you receiving Federal funding from any other grant program for the same purpose for which you are applying for this grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

AFG Program Application Checklist Table 4: Applicant and Community Trends

Applicant and Community Trends			
Injuries and fatalities	2020	2019	2018

Applicant and Community Trends			
<input type="checkbox"/> What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?			
<input type="checkbox"/> What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?			
<input type="checkbox"/> What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?			
<input type="checkbox"/> What is the total number of members with self-inflicted fatalities over the last three calendar years?			

AFG Program Application Checklist Table 5: Vehicle Inventory

Vehicle Inventory			
<p>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.</p>			
Vehicle Inventory <i>List the number of:</i>	Front Line	Reserve	Seated Positions
Engines or Pumpers			
Ambulances			
Tankers or Tenders			
Aerial Apparatus			
Brush/Quick Attack			
Rescue Vehicles			
Additional vehicles			
How many Advanced Life Support response vehicles are in your fleet?			
<input type="checkbox"/> Is your department facing a new risk, expanding service to a new area, or experiencing an increased call volume? If yes, please explain.			

AFG Program Application Checklist Table 6: Community Description

Community Description	
<input type="checkbox"/> Type of jurisdiction served	
<input type="checkbox"/> What type of community does your organization serve?	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural
<input type="checkbox"/> What is the square mileage of your first due response zone/jurisdiction served?	
<input type="checkbox"/> What percentage of your primary response area is protected by hydrants?	%
<input type="checkbox"/> What percentage of your primary response area is for the following:	
Agriculture, wild land, open space, or undeveloped properties	%
Commercial/industrial	%
Residential	%
<input type="checkbox"/> What is the permanent resident population of first-due response area?	
<input type="checkbox"/> Do you have a seasonal increase in population?	
If yes, what is your seasonal increase in population (number of people)?	
<p>Community Description Narrative</p> <p>Please describe your organization and/or community that you serve.</p> <p><i>This section must be less than or equal to 4000 characters.</i></p>	

AFG Program Application Checklist Table 7: Call Volume

Call Volume
<p>Please provide the total number of incidents that your organization responded to for each year of the previous three calendar year period. Include only those alarms which your organization was a primary responder and not second due or giving Mutual Aid.</p> <p>Note: Each incident must be counted only once regardless of the number of units or agencies that responded to that incident (e.g., a vehicle fire with entrapment and injuries may be counted as a vehicle fire or a rescue call or an EMS call, but not all three).</p>
Summary

Call Volume			
<i>*How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, enter 0)</i>	2020	2019	2018
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 Condition (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			
NFIRS Series 900: Special Incident Type			
Fire			
<i>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</i>	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? Enter whole numbers only. If you have no vegetation fires, enter 0.			
Rescue and Emergency Medical Service Incidents			
<i>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</i>	2020	2019	2018
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?			

Call Volume			
How many Community Paramedic Response Calls?			
Mutual and Automatic Aid			
<i>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, enter 0)</i>	2020	2019	2018
How many times did your organization receive Mutual Aid?			
How many times did your organization receive Automatic Aid?			
How many times did your organization provide Mutual Aid?			
How many times did your organization provide Automatic Aid?			
Of the Mutual and Automatic Aid responses, how many were structure fires?			

AFG Program Application Checklist Table 8: Grant Request Details

Grant Request Details		
<input type="checkbox"/> Are you requesting a Micro Grant? A Micro Grant is limited to \$50,000 in federal resources.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Add Activity to Request Details	<input type="checkbox"/> Equipment <input type="checkbox"/> Modify Facilities <input type="checkbox"/> PPE <input type="checkbox"/> Training <input type="checkbox"/> Wellness and Fitness <input type="checkbox"/> Grant Writer Fee <input type="checkbox"/> Vehicle Acquisition	
<p><i>Please note that Fire Department and nonaffiliated EMS applicants applying for Operations and Safety Activities (Equipment, PPE, Modify Facilities, Wellness and Fitness, and Training) and that wish to apply for a Vehicle must start a separate application. The number of applications that can be submitted in the same application cycle is limited based on the type of applicant/application selected. Please refer to the FY 2021 AFG Program NOFO for details.</i></p>		
<input type="checkbox"/> Add Narratives to the Selected Activity <p><i>Note: each narrative section must be less than or equal to 4000 characters.</i></p>	<input type="checkbox"/> Project Description and Budget Narrative <input type="checkbox"/> Cost Benefit Narrative <input type="checkbox"/> Statement of Effect on Operations Narrative	

Grant Request Details	
<input type="checkbox"/> Add Item(s) to Selected Activity	Select items based on Activity (add quantity, unit price, budget class and description of item requested). Please see examples of questions below.
<input type="checkbox"/> Answer additional questions based on Activity/item selected	Additional questions vary based on the item and activity selected. Please see examples of questions below.

AFG Program Application Checklist: Examples of Additional Questions Based on Selected Activity

Additional Questions table 1: Equipment Activity

Equipment Activity		
1. Add Item to Equipment Activity		
Add quantity, unit price, budget category and description of the item.		
What is the purpose of this request?	<input type="checkbox"/> Obtain equipment to achieve minimum operational and deployment standards for existing missions <input type="checkbox"/> Replace noncompliant equipment to current standard <input type="checkbox"/> Obtain equipment for new mission <input type="checkbox"/> Upgrade technology to current standard	
<input type="checkbox"/> Will the equipment being requested bring the organization into voluntary compliance with a national standard? In your narrative statement, please explain how this equipment will bring the organization into voluntary compliance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> At what level of service will this equipment be used if awarded this grant?	Select appropriate option	
<input type="checkbox"/> Is your department trained in the proper use of the equipment being requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Are you requesting funding to be trained for this item(s)? (Funding for requested training should be requested as additional funding).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Questions table 2: Modify Facilities Activity

Modify Facilities Activity	
1. Add Project to Modify Facilities Activity	<input type="checkbox"/> Facility

Modify Facilities Activity		
<i>Note: Additional Funding project must compliment the Facility project. Do not select Additional Funding only.</i>		<input type="checkbox"/> Additional Funding
Facility Identification		
Does this facility have a fire alarm system?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this facility have a fire sprinkler system?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this facility have a diesel/smoke removal system?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> When did the last major renovation to this facility occur? Please enter date built if no renovations have occurred.		MM/DD/YYYY
2. Add Item to the selected Project		<input type="checkbox"/> Air Quality System(s) <input type="checkbox"/> Generator(s) (fixed/primary/backup) <input type="checkbox"/> Source Capture Exhaust System(s) <input type="checkbox"/> Sprinkler System(s) <input type="checkbox"/> Smoke/Carbon Monoxide/Alarm System(s)
<input type="checkbox"/> What is the square footage of the area that your modification will directly affect?		
<input type="checkbox"/> Does the facility you wish to modify have a drive through bay?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What is the age of the facility that is being modified?		
<input type="checkbox"/> What type of facility will be modified?		<input type="checkbox"/> Station with sleeping quarters (to include marine fire facilities) <input type="checkbox"/> Station without sleeping quarters <input type="checkbox"/> Training facilities <input type="checkbox"/> Dispatch, administrative, maintenance, storage
<input type="checkbox"/> What is the level of occupancy for the facility you wish to modify? <i>Note: The occupancy is defined by the number of hours the facility is used within a single 24-hour time period.</i>		<input type="checkbox"/> Full-Time (24/7) <input type="checkbox"/> Part-Time (daily, but not 24/7) <input type="checkbox"/> Occasional
If requesting Source Capture Exhaust System: <input type="checkbox"/> Will the installation of this unit upgrade, replace, or refurbish an existing system in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Questions table 3: PPE Activity

PPE Activity		
1. Add Item to PPE		
Add quantity, unit price, budget category, and description of the item		
<input type="checkbox"/> What is the purpose of this request?	<input type="checkbox"/> Increase supply for new hires or replace out-of-service PPE and self-contained breathing apparatus (SCBA) <input type="checkbox"/> Replace in-service or in-use/damaged/unsafe/unrepairable PPE and SCBA <input type="checkbox"/> Replace in-service/in-use/expired/noncompliant PPE and SCBA <input type="checkbox"/> Replace PPE and SCBA to upgrade technology	
Are you requesting for members that currently do not have above-mentioned item? (for PPE only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your department trained in the proper use of the PPE/SCBA being requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you requesting funding for training for this PPE/SCBA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are not requesting training funds through this application, will you obtain training for this PPE/SCBA through other sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many of your on-duty active members currently have PPE that meets applicable NFPA and Occupational Safety and Health Administration (OSHA) standards? Or, how many of your seated riding positions currently have compliant SCBA assigned to it?		
<input type="checkbox"/> When requesting PPE (any PPE other than SCBA), what are the ages of your PPE in years?	Years Old	# of items
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	

PPE Activity				
		14		
		15		
		16		
		17		
		18		
		19		
		20		
		21		
		22		
		23		
		24		
		25 or older		
When requesting SCBA, to which edition(s) of the NFPA standard are your SCBA compliant?				
Year	Current Inventory		Being Replaced	
	SCBA	Cylinder	SCBA	Cylinder
2018 Edition				
2013 Edition				
2007 Edition and older				
Obsolete/non-compliant				

Additional Questions table 4: Training Activity

Training Activity	
1. Add Project to the Training Activity	
Provide a detailed description of the Training Program you selected.	
Generally, this program can best be categorized as:	<input type="checkbox"/> Training that is evaluated using national or state standards <input type="checkbox"/> Training that does not result in certification
How many personnel will be trained by this program?	
Generally, the training program provided under this grant will:	<input type="checkbox"/> Bring your department into compliance with recommended NFPA or other national standards <input type="checkbox"/> Bring your department into compliance with mandates from national, state, or local, training requirements

Training Activity			
		<input type="checkbox"/> Address an identified risk for your department or community	
Will this training enhance your ability to perform Mutual Aid?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this training include members from other fire departments and/or nonaffiliated EMS organizations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this training be:		<input type="checkbox"/> Instructor-led <input type="checkbox"/> Self-directed/test-validated <input type="checkbox"/> None of the above	
2. Add Item to the selected Training Project			
Enter quantity, unit price, budget category and description			

Additional Questions table 5: Wellness and Fitness Activity

Wellness and Fitness Activity			
1. Add Project to Wellness and Fitness Activity			
<p><i>Note: applicants that have some of the Priority 1 programs in place must apply for funds to implement the missing Priority 1 programs before applying for funds for any additional program or equipment within this activity. Please refer to FY 2021 AFG Program NOFO for additional information.</i></p>			
	Does your organization currently offer this activity?	Will this program be mandatory?	Will this program be offered to all?
Initial Physical Exam	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Related Immunization Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Periodic Physical Exam/Health Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral Health NFPA 1500 or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wellness and Fitness Activity			
Cancer Screening Program/Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
2. Add item to the selected Project Enter quantity, unit price, budget class and description			

Additional Questions table 6: Vehicle Acquisition Activity

Vehicle Acquisition Activity			
1. Add Item to Vehicle Acquisition Enter quantity, unit price, budget class and description <i>If applying for more than one vehicle, please select 'Add item to vehicle acquisition' again for separate narrative sections and questions.</i> <i>If Additional Funding for the vehicle acquisition is needed, please use '+Add cost' link located above vehicle description.</i>			
Please provide the model year, pumping capacity, and carrying capacity for each vehicle within your organization's inventory. The list of vehicles will be prepopulated based on your inputs to the Applicant and Community trends section of the application.			
Vehicle Type or Class	Model Year (e.g., 2002)	Pumping Capacity (GPM)	Carrying Capacity (gallons)
Add Item to Vehicle Acquisition Activity			
Is the vehicle you propose to buy		<input type="checkbox"/> Replacement of an existing apparatus <input type="checkbox"/> New purchase	
Do you have a driver-training program equivalent to national or NFPA standards?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you requesting funding for training specific to the vehicle acquisition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the recipient's apparatus must adhere to all traffic signs, signals, and state traffic regulations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Vehicle Acquisition Activity	
Will this vehicle be used on Automatic and/or Mutual Aid?	<input type="checkbox"/> Automatic Aid <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Both <input type="checkbox"/> None
<input type="checkbox"/> How many vehicles of this type or class in your fleet were manufactured prior to 2002?	
If applying for fire apparatus. <input type="checkbox"/> Was the vehicle you are requesting to replace built prior to the applicable NFPA vehicle standard from 1992?	