FEMA GO Initiate an Application (FIRE GRANT PROGRAMS)

This Guide provides instructions for External FEMA GO Users that are serving in one of the following roles: Authorized Organization Representative (AOR), Financial Member, Programmatic Member, or Grant Writer. Will guide the user thru logging in, stating an application and completing sections required to submit an application.
Introduction

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

1. Log into FEMA GO
2. Access to FEMA GO home page
3. Start an application
4. Complete sections required to submit an application.

Who is this for?

- Authorized Organization Representative (AOR)
- Financial Member
- Programmatic Member
- Grants Writer

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

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</tr>
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</tr>
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<td>Federal Report SF-425</td>
<td>75</td>
</tr>
<tr>
<td>21</td>
<td>Printing</td>
<td>89</td>
</tr>
</tbody>
</table>
Login
Section 1: Log in to the 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.*
Start an Application
An external user may under AFG, SAFER, or FP&S may start a grant application within FEMA GO.

Locate the grant you wish to apply for under “Apply for a grant”

Click “Start Application” link
Section 2: Start an application

- From the drop down select your organization/DUNS.
- Click the “Start your application" button.
Section 2: Continue an Application that is already started

- Click on EITHER “Grants” OR “View all grants” to view your grants. Both selections will bring you to the same screen.
Section 2: Continue an Application that is already started

- Enter the Grant ID number in either of the search field. The system will filter results as you type.
Section 2: Continue an Application that is already started

- Once your grant is displayed, Click the dropdown under "I WANT TO" and select “Continue application”.
My Application
Section 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

Application ID: EMW-2019-FG-00793

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

Link to 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

Informational Slide
Section 4: My application

- The page will show the left navigation panel (“left nav”) containing each section of the application.

- 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.
Section 4: My application: SAM.gov profile

- Review SAM.gov profile and check the box to confirm information is correct (mandatory).

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

FEMA GO has a nightly update with SAM.gov (updated info should appear within 72 hours). While you may proceed to other sections, SAM.gov information must be correct and verified before application can be submitted.
Applicant Information
Section 5: Applicant Information

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 Characteristics
- Drop Provide the following information about the applicant
- Drop For the Applicant type, click on the dropdown menu and select an option
Section 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

- 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?

- All Paid/Career

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

  - Attach a document

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

- Selecting “Yes” will trigger an attachment box (optional to attach)
## Step 6: Applicant Characteristics

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>12</td>
</tr>
<tr>
<td>How many of the active firefighters in your region are trained to the level of Firefighter I or equivalent?</td>
<td>6</td>
</tr>
<tr>
<td>How many of the active firefighters in your region are trained to the level of Firefighter II or equivalent?</td>
<td>6</td>
</tr>
</tbody>
</table>

**Federal Emergency Management Agency**
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**

- 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 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**

- 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.*
Operating Budget
Section 7: Operating Budget

- All questions in this section are required

### 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?

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Operating budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>$</td>
</tr>
<tr>
<td>2018</td>
<td>$</td>
</tr>
<tr>
<td>2017</td>
<td>$</td>
</tr>
</tbody>
</table>

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

\[%\]
Section 7: Operating Budget

- All questions are required in this section

<table>
<thead>
<tr>
<th>What percentage of the declared operating budget is derived from the following</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxes</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Bond issues</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>EMS billing</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Grants</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Donations</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Fund drives</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Fee for service</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Other</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Totals</td>
<td>0 % Must equal 100</td>
<td>0 % Must equal 100</td>
<td>0 % Must equal 100</td>
</tr>
</tbody>
</table>
Section 7: Operating Budget

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
Applicant and Community Trends
Section 8: Applicant and Community Trends

Provide the following additional information about the applicant.

<table>
<thead>
<tr>
<th>Injuries and fatalities</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the total number of line of duty member fatalities in your region over the last three calendar years?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the total number of line of duty member injuries in your region over the last three calendar years?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

**Seated riding positions**
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.

<table>
<thead>
<tr>
<th>Type or class of vehicles</th>
<th>Number of frontline apparatus</th>
<th>Number of reserve apparatus</th>
<th>Number of seated riding positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulances for transport and/or emergency response.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tankers or tenders (water capacity of 1,000 gallons or more).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aerial apparatus: aerial ladder truck, telescoping, articulating, ladder towers, platform, tiller ladder truck, quint.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rescue vehicles: rescue squad, rescue (light, medium, heavy), technical rescue vehicle, hazardous materials unit.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 8: Applicant and Community Trends

☐ 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
Community Description
Step 9: Community Description

Please input square mileage

Select “Type of jurisdiction served” from drop down

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

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, wilderness, open space, or undeveloped properties
- Commercial and industrial purposes
- Residential purposes
- Total

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.
### Step 9: Community Description

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage (must sum to 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture, wildland, open space, or undeveloped properties</td>
<td>40</td>
</tr>
<tr>
<td>Commercial and industrial purposes</td>
<td>40</td>
</tr>
<tr>
<td>Residential purposes</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

#### 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.

Choosing “Yes” triggers a follow up question.

What is your seasonal increase in population?

Please fill in a number

Federal Emergency Management Agency
Call Volume
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.

<table>
<thead>
<tr>
<th>Summary of responses per year per category</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>NFIRS Series 100: Fire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NFIRS Series 300: Rescue &amp; Emergency Medical Service Incident</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NFIRS Series 400: Hazardous Condition (No Fire)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NFIRS Series 500: Service Call</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NFIRS Series 500: Good Intent Call</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NFIRS Series 700: False Alarm &amp; False Call</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NFIRS Series 500: Severe Weather &amp; Natural Disaster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NFIRS Series 500: Special Incident Type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## Step 10: Call Volume

### Fire

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

<table>
<thead>
<tr>
<th>How many responses per year per category?</th>
<th>2019</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the NFIRS Series 100 calls, how many are &quot;Structure Fire&quot; (NFIRS Codes 111-123)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of the NFIRS Series 100 calls, how many are &quot;Vehicle Fire&quot; (NFIRS Codes 130-138)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of the NFIRS Series 100 calls, how many are &quot;Vegetation Fire&quot; (NFIRS Codes 140-143)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>How many responses per year per category?</th>
<th>2019</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the NFIRS Series 300 calls, how many are &quot;Motor Vehicle Accidents&quot; (NFIRS Codes 322-324)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of the NFIRS Series 300 calls, how many are &quot;Extrications from Vehicles&quot; (NFIRS Code 352)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of the NFIRS Series 300 calls, how many are &quot;Rescues&quot; (NFIRS Codes 360, 361, 363-381)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many EMS-BLS Response Calls?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many EMS-ALS Response Calls?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many EMS-ALS Scheduled Transports?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many Community Paramedic Response Calls?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>How many responses per year per category?</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many times did organizations in your region receive Mutual Aid?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many times did organizations in your region receive Automatic Aid?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many times did organizations in your region provide Mutual Aid?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many times did organizations in your region provide Automatic Aid?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of the Mutual and Automatic Aid responses, how many were structure fires?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

- Please provide the following additional information about the applicant.
Grant Request Details
Section 11: Grant Request Details

Grant request details

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

Please select from drop down.
Section 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 to Request Details

Select item

- Equipment

- Confirm

- Cancel
Section 11: Grant Request Details

You must add at least one item to an activity.
Section 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](image)

This picture demonstrates adding an item to an Equipment activity.

![Remove section](image)

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

Federal Emergency Management Agency
Grant Request Summary
The table below summarizes the number of items and total costs within each activity for which you have requested funding.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of items</th>
<th>Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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.
Section 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

<table>
<thead>
<tr>
<th>Maximum File Size:</th>
<th>Accepted File Types:</th>
</tr>
</thead>
<tbody>
<tr>
<td>25mb</td>
<td>.pdf, .doc, .docx, .xls, .xlsx, .jpg</td>
</tr>
</tbody>
</table>

Upload from your computer

<table>
<thead>
<tr>
<th>Filename</th>
<th>Date uploaded</th>
<th>Description</th>
</tr>
</thead>
</table>

Federal Emergency Management Agency
Budget Summary
The Budget displays the financial information provided by category.

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$0.00</td>
</tr>
<tr>
<td>Fringe benefits</td>
<td>$0.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$0.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>$0.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>$0.00</td>
</tr>
<tr>
<td>Contribuables</td>
<td>$0.00</td>
</tr>
<tr>
<td>Construction</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total direct charges</td>
<td>$0.00</td>
</tr>
<tr>
<td>Indirect charges</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>56</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>56</td>
</tr>
<tr>
<td>Other sources</td>
<td>56</td>
</tr>
<tr>
<td>Remarks</td>
<td></td>
</tr>
</tbody>
</table>

**Non-federal resources discrepancy**

The undersigned will correct discrepancies and equalize the non-federal resources of 56.
Contact Information
Section 14: Contact Information

- Select “Yes” to provide contact information for an additional person on the application
- Select “No” to 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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Grant writer fee**

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

**Application participants**

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

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

**Add a participant**

Add at least one participant is required.

**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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

**Grant writer fee**

If you requested a grant writer fee, you need to list all individuals or organizations who assisted you with the application.
Section 14: Contact information

- The application should have both a primary and secondary contact
Section 14: Contact Information

Add secondary point of contact

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

Add a point of contact

Select

Title

Prefix

MR

First name

Middle initial

Optional

Last name

Primary phone

Ext

Optional

Type

Secondary phone

Ext

Optional

Type

Optional phone

Optional

Fax number

Optional

Email

Close
Assurances and Certifications
Section 15: Assurances and Certifications

☐ Check the box if the applicant is not currently required to submit the SF-LLL.

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)

Complete only if the applicant is required to do so by 44 C.F.R. part 18. Generally disclosure is required when applying for a grant of more than $100,000 and if any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency; a Member of Congress; an officer or employee of Congress; or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement. The undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Further, the recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event described in 44 C.F.R. § 18.110(c) that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the applicant.

☐ The applicant is not currently required to submit the SF-LLL.
Section 15: Assurances and Certifications

Please note: Selecting “Sub Awardee” adds more questions.
Section 15: Assurances and Certifications

- Many fields require a response.

Federal Emergency Management Agency
Section 15: Assurances and Certifications
Review Application
Section 16: Review Application

- Check marks indicate completed sections, while exclamation marks indicate sections that are incomplete.
Sign and Submit Application
Section 17: Sign and submit application

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

<table>
<thead>
<tr>
<th>Confirm AOR contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
</tr>
<tr>
<td><a href="mailto:aor@microsoft.test">aor@microsoft.test</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area code</th>
<th>Phone number</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>111</td>
<td>1111111</td>
<td>111</td>
</tr>
</tbody>
</table>

- I certify that my contact information is accurate

**Sign and submit**

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

Please enter your password

[Submit]  [Return to edit application]
Section 17: Sign and Submit Application

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

Submit application

Assurance and certifications

SF-424B: Assurances - Non-Construction Programs

- Check marks certify contact information is correct.

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

Password verifies that you are the AOR
Section 17: Sign and submit application

- Assurance and certification (SF-425B).
- Check the box then enter your FEMA GO password.

Certifications regarding lobbying
OMB No. 0440-0013
Expiration Date: 02/06/2022

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 documentation for all subawards at all levels (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients 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, our firm, 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.

Check marks indicates certifying contact information is correct. Password verifies that you are the AOR.
Section 17: Sign and submit application

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

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

“Sign” button won’t be active until both actions have been completed (checkbox and password).

A “Signature accepted” confirmation will display for each signature.
Section 17: Sign and submit application

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

- Once all fields have been entered, the Submit button will become active.
Completed Application
Step 18: Completed – Application successfully submitted to FEMA

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

The Good Place

- Period of performance
- Federal resources awarded
- Requested non-federal resources
- Federal resources disbursed to recipient: $0
- Pending disbursements to recipient: $0
- Balance of federal resources available: $0

My to do list

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Date of status</th>
<th>Due date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMW-2019-FG-00084</td>
<td>Submitted to FEMA</td>
<td>02/05/2020</td>
<td>01/01/2021</td>
<td>Continue application</td>
</tr>
</tbody>
</table>
Step 18: Completed – Application successfully submitted to FEMA
Reopen Application
Section 19: Reopen Application

- Applications must be resubmitted to be considered for awards.
Section 19: Reopen Application

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

Notice the Status reflects that the application has been submitted to FEMA.
Section 19: Reopen An Application

- 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”.

![Image of the Grants tab in the FEMA website]

**Funding Opportunity**

- Fiscal Year (FY) 2019 Assistance to Firefighters Grants

**Grant ID**

- EMW-2019-FG-04636 (manage grant)

**Status**

- Submitted to FEMA

**Status Date**

- 03/06/2020

**I want to...**

- Select an action
- Reopen application
- View application

Federal Emergency Management Agency
Section 19: Reopen Application

- 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**
Section 19: Reopen Application

- Application has now been reopened in the editable form.

- **IMPORTANT REMINDER:** The application needs to be resubmitted before the submission deadline to be considered for an award.
Federal Financial Report (FFR) SF-425
When the Award has been accepted, you can then submit your Federal Financial Report SF-425 form.

**IMPORTANT NOTE:** Only the AOR CAN SUBMIT THE Federal Financial Report (FFR) SF-425 FORM to FEMA
Federal Financial Report (FFR) SF-425 Form

- Authorized users can either click on “Financial reports” on the left navigation bar to advance the screen up or simply scroll down on the right to so that the financial reports section is displayed.
Federal Financial Report (FFR) SF-425 Form

- Financial reports section – will display the following information
  - Report Name with period ending date
  - Due Date
  - Status of Report
  - Date of Status
  - Actions – Drop down selection

Click the Action drop down and select View
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.

Federal Financial Report (FFR) SF-425 Form

Report status will display – with due date
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.

<table>
<thead>
<tr>
<th>Organization legal name:</th>
<th>Org Ser001 LN 21041</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization (doing business as) name:</td>
<td>Org Ser001 DBA 21041</td>
</tr>
<tr>
<td>Mailing address:</td>
<td>21041 Org Ser001 Blvd Testington, TN 37201-</td>
</tr>
<tr>
<td>Physical address:</td>
<td>21041 Org Ser001 Blvd Testington, TN 37201-</td>
</tr>
<tr>
<td>Information current from SAM.gov as of:</td>
<td>02/01/2020</td>
</tr>
</tbody>
</table>

Is your organization delinquent on any federal debt?
SAM.gov registration status: Active as of 12/31/2019

5. ID Number (You may input an account number or other identification number for your records only. This number is not used by FEMA.)

Optional entry for your organizational use

6. Report type

semi-annual

Type of report will pre-populate
Federal Financial Report (FFR) SF-425 Form

There are a few sections that must be completed to submit the Federal Financial Report (FFR) 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

8. Project/Grant period

From: 10/31/2020
To: 10/30/2021

Items are pre-populated

9. Reporting period end date: 11/03/2020

Red blocks are mandatory input fields
Federal Financial Report (FFR) SF-425 Form

There are a few sections that must be completed to submit the Federal Financial Report (FFR) SF-425 form.

Transactions (cumulative)

Federal cash overview

- 10a. Cash Receipts
- 10b. Cash Disbursements (this is the federal share of what you spent based on the total cost of all your requests).
- 10c. Total cash on hand

Red blocks are mandatory input fields

10d. Total federal funds authorized

10e. Federal share of expenditures

Pre-populated – Read only

Pre-populated – Read only

10f. Federal share of unliquidated obligations

10g. Total federal funds

10h. Unobligated balance of federal funds

10e – will only appear if you have submitted a previous FFR-SF425

Federal Emergency Management Agency
### Federal Financial Report (FFR) SF-425 Form

- **Additional section that must be completed to submit the Federal Financial Report (FFR) SF-425 Form**

#### Recipient share

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10i.</td>
<td>Total recipient share required</td>
<td>Pre-populated – Read only $10,001.90</td>
</tr>
<tr>
<td>10j.</td>
<td>Recipient share of expenditures</td>
<td>$</td>
</tr>
<tr>
<td>10k.</td>
<td>Remaining recipient share</td>
<td>Calculated – Read only $10,001.90</td>
</tr>
</tbody>
</table>

#### Program income

**Did your organization earn income as a result of the work performed under this grant?**

- Yes
- No

- **10l.** Enter the amount of the federal share of program income earned. (Do not report any program income here that is allocated as part of the recipient's cost sharing amount listed above) $ 

**How was your program income used?**

- To reduce the federal share of the total project costs
- To add to the committed total project costs and was used for other eligible activities

- **10o.** Unexpended program income (Auto-calculated by the program income information you provided above) $0

**Section only appear if previous complete is yes**

**Red blocks are mandatory input fields**
Federal Financial Report (FFR)- SF-425 Form

- Additional sections that must be completed to submit the Federal Financial Report (FFR) SF-425 form.

**Indirect expenses**

Does your organization have an indirect cost rate agreement with the federal government?

- Yes
- No

Red blocks are mandatory input fields

Additional questions only appear if the answer to this question is yes
Additional sections that must be completed to submit the Federal Financial Report (FFR) SF-425 form.

Indirect expense 1

11a. What type of rate is this?
- Select
- Provisional
- Predetermined
- Final
- Fixed

11b. What is the indirect cost rate as stated in your organization's indirect cost share agreement?

11c. When does this rate apply?
- Start date
- End date

11d. Enter the amount of the base against which the rate(s) was applied

11e. Indirect cost amount charged

11f. Of the amount charged, what is the federal share?

Red blocks are mandatory input fields.
Federal Financial Report (FFR) SF-425 Form

- Last step requires an authorized representative to sign and submit a password
Once completing your Federal Financial Report (FFR) SF-425 you will see the following screen:

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Org Ser001 LN 21024</td>
<td></td>
</tr>
<tr>
<td>Period of performance</td>
<td>10/31/2020 - 10/30/2021</td>
</tr>
<tr>
<td>Federal resources awarded</td>
<td>$200,038.10</td>
</tr>
<tr>
<td>Required non-federal resources</td>
<td>$10,001.90</td>
</tr>
<tr>
<td>Federal resources disbursed to recipient</td>
<td>$0</td>
</tr>
<tr>
<td>Pending disbursements to recipient</td>
<td>$0</td>
</tr>
<tr>
<td>Balance of federal resources available</td>
<td>$200,038.10</td>
</tr>
</tbody>
</table>
- If you start a SF-425 and do not click submit – it will appear on your “My to do list” with a Status of Pending submission.

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Date of status</th>
<th>Due date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Financial Report for period ending 11/03/2020</td>
<td>Pending submission</td>
<td>11/03/2020</td>
<td>11/03/2020</td>
<td>Actions</td>
</tr>
</tbody>
</table>

- From here you can select “Continue Federal Financial Report”
Printing
Select the application you desire to print. Below is a read only version of the application.

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:
DUNS (includes DUNS+4):
Employer Identification Number (EIN):
Organization legal name:
Organization (doing business as) name:
Mailing address:
Physical address:
Is your organization delinquent on any federal debt?
SAM.gov registration status:

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

Active as of 12/31/2019

FEMA

Federal Emergency Management Agency
After selecting the Application link from the left navigation bar below is the image you will see.

![System for Award Management (SAM.gov) profile](image-url)
Section 21: Printing

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 been “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
Please send any questions to:
FEMAGO@fema.dhs.gov
1-877-585-3242