2008

Assistance to Firefighters Grant Program
Application General Questions

The electronic application period is from Monday, March 3, 2008, beginning at 8:01 am EST to Friday, April 4, 2008 ending at 5:00 pm EDT. It does not matter how early you submit your application, as long as it is prior to the deadline. All paper applications must be postmarked by **April 1, 2008**, or otherwise received by the program office prior to the deadline.

The Office of Grants and Training and USFA has established a help desk to assist you during the application period. Technical assistance with completion of the application will be available by phone on our toll free hotline at (866) 274-0960 during the following hours:

- Monday - Friday from 8:00 a.m. to 8:00 p.m. EDT
- Saturdays from 10:00 a.m. to 4:30 p.m. EDT
- Sunday, March 30, from 10:30 a.m. to 4:30 p.m. EDT

In addition to the toll free hotline (866-274-0960) applicants can e-mail questions to **firegrants@dhs.gov**.

For more information about this program, visit www.firegrantsupport.com

AFG Program Office

(866) 274 – 0960

Overview

The Assistance to Firefighters Grant Program's objective is to provide funding directly to fire departments and nonaffiliated EMS organizations 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 program guidance for information on available program areas and for more information on the evaluation process and conditions of award.

***Did you attend one of the workshops conducted by DHS's regional fire program specialist?**

○ Yes, I have attended workshop

○ No, I have not attended workshop

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* **Are you a member, or are you currently involved in the management, of the fire department or non-affiliated EMS organization applying for this grant with this application?**

○ Yes, I am a member/officer of this applicant

○ No, I am a grant writer or otherwise not affiliated with this applicant

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If you are a grant writer or otherwise not affiliated with this applicant, please **complete** the information below.
Fields marked with an * are required.
If you are a member/officer of this applicant, please do **not** complete the information requested below.

Preparer Information	
* Preparer's Name	
* Address 1	
Address 2	
* City	
* State	
* Zip	

Contact Information

In addition to yourself, please provide 2 additional points of contact for this application. Between all of the contact information provided, 1 set of contact information should be for the chief officer of the applicant.

Note: Fields marked with an * are required.

Alternate Contact Information Number 1	
* Title	
Prefix (check one)	○ N/A ○ Dr. ○ Mr. ○ Mrs. ○ Ms.
* First Name	
Middle Initial	
* Last Name	
* Business Phone (e.g. 123-456-7890)	Ext.
* Home Phone (e.g. 123-456-7890)	Ext.
Mobile Phone/Pager (e.g. 123-456-7890)	
Fax (e.g. 123-456-7890)	
* Email (e.g. user@xyz.org)	

Alternate Contact Information Number 2	
* Title	
Prefix (check one)	○ N/A ○ Dr. ○ Mr. ○ Mrs. ○ Ms.
* First Name	
Middle Initial	
* Last Name	
* Business Phone (e.g. 123-456-7890)	Ext.
* Home Phone (e.g. 123-456-7890)	Ext.
Mobile Phone/Pager (e.g. 123-456-7890)	
Fax (e.g. 123-456-7890)	
* Email (e.g. user@xyz.org)	

Applicant Information

Please complete the following information regarding your department.

Note: Fields marked with an * are required.

* Organization Name	
* Type of Applicant	○ Fire Department/Fire District ○ Non-Affiliated EMS Organization ○ Regional Request
* Type of Jurisdiction Served	○ Airport/Port Authority ○ City ○ County ○ Indian Tribe ○ Parish ○ Private/for-profit Company ○ Town ○ Township ○ Unincorporated Community ○ Village ○ Other (explain)
If other, please enter the type of Jurisdiction	
* Employer Identification Number (e.g. 12-3456789)	
* DUNS number	○ Yes ○ No (call 1-866-705-5711 to get a DUNS number)
Headquarters or Main Station Physical Address	
* Physical Address 1	
Physical Address 2	
* City	
* State	
* Zip	
○ **Mailing Address is the same as the Physical Address**	
* Mailing Address 1	
Mailing Address 2	
* City	
* State	
* Zip	

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Account Information	
* Type of bank account	○ Checking ○ Savings
* Bank routing number - 9 digit number on the bottom left hand corner of your check	(numbers only, no dashes)
* Your account number	(numbers only, no dashes)
Additional Information	
* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?	○ Yes ○ No
* If awarded the AFG grant, will your organization expend more than $500,000 in Federal funds during your organization's fiscal year in which this AFG grant was awarded?	○ Yes ○ No
* Is the applicant delinquent on any Federal debt? (This question applies to the applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.)	○ Yes ○ No
If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:	

Type of Organization

Eligible Organizations
- Airport/Port Authority if they also have first-due area of responsibility off airport property   - City   - County   - Fire District   - Indian Tribe   - Parish   - Town   - Township   - Unincorporated community   - Village   - Volunteer Fire Company
Ineligible Organizations
- Auxiliary   - Federal Fire Department   - Fire Buff Group or Museum   - Fire Chiefs, Fire Training, or Firefighters Association   - Fire Marshal's Office not affiliated with an organized fire department   - State Agency: Forest Service, Training, Fire Marshal, Correctional, University, Hospital, etc.   - For-profit fire departments   - EMS organizations affiliated with hospitals   - For-profit EMS organizations

Budget Object Class Definitions

The following definitions will allow you to complete your budget items appropriately.

Personnel	The costs in this area will cover salaries or wages of personnel that will work on the activity for which you are applying.
Fringe Benefits	Fringe benefits in the form of regular compensation paid to employees during periods of authorized absences from the job, such as vacation leave, sick leave, military leave, and the like, are allowable, provided such costs are absorbed by all organization activities in proportion to the relative amount of time or effort actually devoted to each.
	Fringe benefits in the form of employer contributions or expenses for social security, employee insurance, workmen's compensation insurance, pension plan costs and the like, are allowable, provided such benefits are granted in accordance with established written organization policies. Such benefits whether treated as indirect costs or as direct costs, shall be distributed to particular awards and other activities in a manner consistent with the pattern of benefits accruing to the individuals or group of employees whose salaries and wages are chargeable to such awards and other activities.
Travel	The costs in this area are for any allowed travel, example airfare, mileage, lodging, etc. The rates must be in accordance with your written department policy and cannot exceed the government-authorized rates.
Equipment	"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year.
Supplies	Supplies are expendable items with a useful life of less than one year. The costs of materials and supplies necessary to carry out an award are allowable. Such costs should be charged at their actual prices after deducting all cash discounts, trade discounts, rebates, and allowances received by the organization. Incoming transportation charges may be a proper part of material cost. Materials and supplies charged as a direct cost should include only the materials and supplies actually used for the performance of the contract or grant, and due credit should be given for any excess materials or supplies retained, or returned to vendors.
Contractual	The costs in this area should cover any contracts that you issue that are not already covered under equipment or supplies. For example, the costs incurred if you hire a grant writer or contractor to handle your Fire Prevention Program.
Construction	Construction is not eligible.
	Construction is the creation of a new structure or any modification to the footprint or profile of an existing structure. Changes or renovations to an existing structure that do not change the footprint or profile of the structure but exceeds either $10,000 or 50 percent of the value of that structure, is also considered construction. Changes or remodeling or renovations or modifications of an existing structure that does not exceed either $10,000 or 50 percent of the value of the structure and does not involve a change in the footprint or profile of the structure may be allowable if it is necessary for the fulfillment of the grant's scope of work.
Other	This area is for a cost that will not fit into the other areas, (e.g., administrative costs). If you put a cost in this category you must describe it in your program.
Indirect Costs	Indirect costs are those incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. A cost may not be allocated to an award as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been assigned to an award as a direct cost. Typical examples of indirect costs may include depreciation or use allowances on buildings and equipment, the costs of operating and maintaining facilities, general administration, and other general expenses such as the salaries and expenses of

| | executive officers, personnel administration, and accounting. |

Critical Infrastructure

Critical infrastructure includes any system or asset that if attacked would result in catastrophic loss of life or catastrophic economic loss. Critical infrastructure also includes the following:

- Public water systems serving large population centers.
- Primary data storage and processing facilities, stock exchanges, or major banking centers.
- Chemical facilities located in close proximity to large population centers.
- Major power generation facilities that exceed 2,000 MW and support the regional electric grid.
- Hydroelectric facilities and dams that produce power in excess of 2,000 MW or could cause catastrophic loss of life if breached.
- Nuclear power plants.
- Electric substations 500 KV or larger, and substations 345 KV or larger, that are part of a critical system supporting populations in excess of one million.
- Rail and highway bridges over major waterways that, if destroyed, would cause catastrophic loss of life or catastrophic economic impact.
- Major natural gas transmission pipelines in excess of 3,000 bcf.
- Natural gas and liquid natural gas storage facilities.
- Major petroleum handling facilities such as pipelines, ports, refineries, and terminals.
- Telecommunications, Internet and cyber facilities.
- Facilities that support large public gatherings such as sporting events or concerts.

If your organization is applying as a Non-Affiliated EMS Organization**, please skip ahead to page 38.   If this is a** Regional Request**, please skip ahead to page 60.**

Fire Department Characteristics (Part I)

If you are applying on behalf of a Non-Affiliated EMS Organization go directly to page 38
If you are applying with a Regional Request go directly to page 60

Please provide the following additional information regarding your organization.
Note: Fields marked with an * are required.

* Are you a member of a Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property?	○Yes ○ No
* What kind of organization do you represent? Paid on Call/Career – An agency or organization in which all members receive financial compensation for their services. Combination – An agency or organization in which at least one member receives financial compensation for their services and/or at least one member does not receive financial compensation for their services, except as defined below. Volunteer – (Reserve) An agency or organization in which no member receives financial compensation for their services other than life/health insurance, workmen's compensation insurance. Paid on Call/Stipend – An agency or organization in which members receive a nominal fee based on per event basis.	○ All Paid/Career ○ All volunteer ○ Combination ○ Paid On Call/Stipend
If you answered combination, above, what is the percentage of career members in your organization? (Numbers only)	%
If you answered volunteer or combination or paid on-call, how many of your volunteer Firefighters are paid members from another career department? (Numbers only)	
* What type of community does your organization serve?	○ Rural ○ Suburban ○ Urban
* What is the square mileage of your first-due response area? (Numbers only)	
* What percentage of your response area is protected by hydrants? (Numbers only)	%
* 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?	
* Does your organization protect critical infrastructure of the state? (see definitions on page 7)	○ Yes ○ No
Percentages in three answers below must sum up to 100%:	
* How much of your jurisdiction's land use is for agriculture, wild land, open space, or undeveloped properties?	%
* What percentage of your jurisdiction's land use is for commercial, industrial, or institutional purposes?	%
* What percentage of your jurisdiction's land is used for residential purposes?	%

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* How many occupied structures (commercial, industrial, residential, or institutional) in your jurisdiction are more than four stories tall? Do not includes structures which are not regularly occupied such as silos, towers, steeples, etc. (Whole Numbers only)	
* What is the permanent resident population of your Primary/First Due Response Area or jurisdiction served? (Whole Numbers only) Primary/First Due Response Area is a geographical area proximate to a fire or rescue facility and normally served by the personnel and apparatus from that facility in the event of a fire or other emergency and does not include daily or seasonal population surges. Population shall be based upon the 2000 official census and shall include only those individuals who permanently reside within the jurisdiction served.	
* How many active firefighters does your department have who perform firefighting duties? (Whole Numbers only) Active Firefighter − A member in good standing who is qualified to respond to and extinguish fires and has actively participated in firefighting in the past year.	
* How many stations are in your organization? (Whole Numbers only)	
* Do you currently report to the National Fire Incident Reporting System (NFIRS)?	○ Yes ○ No
If you answered yes above, please enter your FDIN/FDID	

* What services does your organization provide?		
○ Structural Fire Suppression	○ Medical First Response	○ Hazmat Operational Level
○ Wildland Fire Suppression	○ Basic Life Support	○ Hazmat Technical Level
○ Airport Rescue Firefighting (ARFF)	○ Advanced Life Support	○ Rescue Operational Level
○ Occasional Fire Prevention Program	○ Formal/Year Round Fire Prevention Program	○ Rescue Technical Level

Fire Department Characteristics (Part II)

Please provide the following additional information regarding your organization.

Note: Fields marked with an * are required.

* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three years? (Whole Numbers only)	2007	2006	2005
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three years? (Whole Numbers only)	2007	2006	2005
* What is the total number of line of duty member fatalities in your jurisdiction over the last three years? (Whole Numbers only)	2007	2006	2005
* What is the total number of line of duty member injuries in your jurisdiction over the last three years? (Whole Numbers only)	2007	2006	2005
* Over the last three years, what was your organization's average operating budget? (Numbers only)			
* What percentage of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?			%
* What percentage of your annual operating budget is derived from: (Enter numbers only; percentages must sum up to 100%)			
Taxes?			%
Grants?			%
Donations?			%
Fund drives?			%
Fee for Service?			%
Other?			%
If you entered a value into Other field (other than 0), please explain:			

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*How many vehicles does your organization have in each of the types 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. **(Enter numbers only and enter 0 if you do not have any of the vehicles below)**		
Type or Class of Vehicle	**Total Number**	**Number of Riding Positions**
Engines (or Pumpers): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Quint (Aerial device of less than 76 feet), Type I, Type II, Type III Engine		
Tankers: Tanker, Tender, Foam Tanker/Tender (greater than 1,250 gallon tank capacity)		
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint (Aerial device of 76 feet or greater)		
Brush/Quick Attack: Brush Truck, Patrol Unit (Pick up w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type IV, Type V, Type VI Engine		
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit		
Other: 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, Other Vehicle		

Fire Department Call Volume

Please provide the total number of incidents that your department responded to for each of three year period (Jan – Dec). Include only those alarms which your department was a primary responder and not second due or giving mutual aid.

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.)

How many responses per year by category? (Enter whole numbers only: If you have no calls for any of the categories, enter 0)			
Working Structural Fires - Includes cooking fires, chimney fires, and trash and rubbish fires that spread to a structure(s).	2007	2006	2005
False Alarms/Good Intent Calls Good Intent: Includes canceled enroute, authorized burning calls, prescribed fire calls, smoke scares. False Alarm: Making a false report of a fire or other emergency via telephone to 911 or other emergency number, the false activation of a manual or automatic fire alarm system, and/or the transmission of a malicious false alarm via a dedicated public alarm system (telephone, telegraph, or radio call box).	2007	2006	2005
Vehicle Fires- Includes all vehicle fires except those that were inside a structure.	2007	2006	2005
Vegetation Fires- Includes wildland fires, brush fires, and grass fires.	2007	2006	2005
EMS-BLS Response Calls- Includes medical assists, EMS calls, vehicle accident EMS calls, sickness/injuries, vehicle/pedestrian EMS calls, etc.	2007	2006	2005
EMS-ALS Response Calls- Calls that require and advanced level of treatment typically provided by an Advanced Life Support Provider (EMT-I or EMT-P). Examples: cardiac/respiratory arrest/distress, traumatic injury, I.V. treatment, trouble breathing, chest pains, unconscious/unresponsive, cardiac monitoring, intubation.	2007	2006	2005
EMS-BLS Scheduled Transports-Non-critical patient transports, ALS/critical transports, transports from one medical facility to another, etc.	2007	2006	2005
EMS-ALS Scheduled Transports- Pre-scheduled transports of patients to or from a medical facility that requires monitoring or treatment typically administered by an Advanced Life Support Provider (EMT-P or EMT-I). Examples: cardiac/respiratory distress, traumatic injury, I.V. treatment, trouble breathing, chest pains, unconscious/unresponsive, cardiac monitoring, intubation.	2007	2006	2005
Vehicle Accidents w/o Extrication- Response to incidents involving any motorized vehicle (automobiles, motorcycles, trucks, etc…) with or without injury, where there is no entrapment of the occupants	2007	2006	2005
Vehicle Extrications- Vehicle extrication is the process of removing a person(s) from a vehicle that has been involved in an accident which has resulted in making ordinary means of exit impractical. Vehicle extrication is typically accomplished by utilizing hydraulic cutting, spreading, and stabilization tools.	2007	2006	2005

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Other Rescue- Includes lock-ins, searches, rescues, and extrications.	2007	2006	2005
Hazardous Condition/Materials Calls- Includes spills and leaks, chemical releases, electrical transmission and service lines down.	2007	2006	2005
Service Calls- Includes persons in distress calls, water problem calls, smoke odor calls, animal rescue calls, public service assist calls, and unauthorized burning calls.	2007	2006	2005
Other Calls and Incidents- Anything that doesn't fit in another category.	2007	2006	2005
Total	2007	2006	2005
What is the total acreage of all vegetation fires?	2007	2006	2005
* Please indicate the number of times your department provides or receives mutual aid. Do not include first-due responses claimed above.			
In a particular year, how many times does your organization receive mutual/automatic aid?	2007	2006	2005
In a particular year, how many times does your organization provide mutual/automatic aid?	2007	2006	2005

Request Information

Program Selection

Please use this section to select the program for which you want to apply and provide the additional information requested.

* 1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application **you will need to submit separate applications**.	
Program Name	Activities Available
○ **Operations and Firefighter Safety (page 15)**	[Equipment] [Modify Facilities] [Personal Protective Equipment] [Training] [Wellness and Fitness Programs]
○ **Vehicle Acquisition (page 32)**	[Vehicle Acquisition]
* 2. Will this grant benefit more than one organization?	
○ Yes ○ No	
If you answered Yes to Question 2 above, please explain. (attach additional sheet if necessary)	
* 3. Enter Grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee. (This amount will be included under Other Budget Object Class section of Budget page)	

Regional Characteristics (Part I)

You only need to fill out this part if you are applying with a Regional Request. All other applicants should proceed to page 74 and Total Budget.

Please provide the following information regarding your organization.
Note: Fields marked with an * are required.

* What kind of organization do you represent? Paid on Call/Career – An agency or organization in which all members receive financial compensation for their services. Combination – An agency or organization in which at least one member receives financial compensation for their services and/or at least one member does not receive financial compensation for their services, except as defined below. Volunteer – (Reserve) An agency or organization in which no member receives financial compensation for their services other than life/health insurance, workmen's compensation insurance. Paid on Call/Stipend – An agency or organization in which members receive a nominal fee based on per event basis.	○ All Paid/Career ○ All volunteer ○ Combination ○ Paid On Call/Stipend
If you answered combination, above, what is the percentage of career members in your organization? (Numbers only)	%
* What type of community will your regional project serve (what is the make up of the majority of the region affected by the project)?	○ Rural ○ Suburban ○ Urban
* What is the square mileage of the region affected by the project? (Numbers only)	
* In what county/parish is the host applicant physically located? If you have more than one station, in what county/parish is your main station located?	
* Does your region protect critical infrastructure of the state?	○ Yes ○ No
Percentages in three answers below must sum up to 100%:	
* How much of your region's land use is for agriculture, wildland, open space, or undeveloped properties?	%
* What percentage of your region's land use is for commercial, industrial, or institutional purposes?	%
* What percentage of your region's land is used for residential purposes?	%

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* What is the permanent resident population of your region served? (Whole Numbers only) Primary/First Due Response Area is a geographical area proximate to a fire or rescue facility and normally served by the personnel and apparatus from that facility in the event of a fire or other emergency and does not include daily or seasonal population surges. Population shall be based upon the 2000 official census and shall include only those individuals who permanently reside within the jurisdiction served.	
* How many active firefighters (including firefighters dual trained in EMS) and active EMS members are in your region? (Whole Numbers only)	
* How many active does your region have that meet the minimum EMS certification standards as dictated by your jurisdiction or State? (Whole Numbers only)	
* How many stations are in your region? (Whole Numbers only)	

* What services are provided by your organization or the organizations participating in the regional application?		
○ Medical First Response	○ Hazmat Operational Level	○ Basic Life Support Transport
○ Hazmat Technical Level	○ Advanced Life Support Transport	○ Rescue Operational Level
○ Basic Life Support Non-Transport	○ Rescue Fire Suppression	○ BLS/ALS Schedule Transport
○ Advanced Life Support Non-Transport	○ Swift Water Rescue	○ Vehicle Extraction
○ Structural Fire Suppression	○ Wildland Fire Suppression	○ Rescue Technical Level
○ Airport Rescue Firefighting (ARFF)		

Regional Characteristics (Part II)

Please provide the following additional information regarding your organization.
Note: Fields marked with an * are required.

* What is the total number of line of duty member fatalities in your region over the last three years? (Whole Numbers only)	2007	2006	2005
* What is the total number of line of duty member injuries in your region over the last three years? (Whole Numbers only)	2007	2006	2005
* What is the cumulative total of the three-year average budgets of all participating organizations in this project? (Numbers only)			
* What percentage of this declared budget is dedicated to personnel costs (salary, fringe, and overtime)?			%
* What percentage of the declared operating budget is derived from: (Enter numbers only; percentages must sum up to 100%)			
Taxes?			%
Grants?			%
Donations?			%
Fund drives?			%
Fee for Service?			%
Other?			%
If you entered a value into Other field (other than 0), please explain:			

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*How many vehicles does your organization have in each of the types 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. (Enter numbers only and enter 0 if you do not have any of the vehicles below)	**Total Number**	**Total Number of Riding Positions**
Engines (or Pumpers): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Quint (Aerial device of less than 76 feet), Type I, Type II, Type III Engine		
Tankers: Tanker, Tender, Foam Tanker/Tender (greater than 1,250 gallon tank capacity)		
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint (Aerial device of 76 feet or greater)		
Brush/Quick Attack: Brush Truck, Patrol Unit (Pick up w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type IV, Type V, Type VI Engine		
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit		
Other: 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, Other Vehicle		

Regional Call Volume

Please provide the number of incidents your region responded to in each of the following categories last year (2005)- do not include incidents in which you were called as the second-due or for mutual aid.

Note: Each incident must be counted only once regardless of the number of units 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.)

How many responses per year by category? (Enter whole numbers only: If you have no calls for any of the categories, enter 0)			
Working Structural Fires - Includes cooking fires, chimney fires, and trash and rubbish fires that spread to a structure(s).	2007	2006	2005
False Alarms/Good Intent Calls Good Intent: Includes canceled enroute, authorized burning calls, prescribed fire calls, smoke scares. False Alarm: Making a false report of a fire or other emergency via telephone to 911 or other emergency number, the false activation of a manual or automatic fire alarm system, and/or the transmission of a malicious false alarm via a dedicated public alarm system (telephone, telegraph, or radio call box).	2007	2006	2005
Vehicle Fires- Includes all vehicle fires except those that were inside a structure.	2007	2006	2005
Vegetation Fires- Includes wildland fires, brush fires, and grass fires.	2007	2006	2005
EMS-BLS Response Calls- Includes medical assists, EMS calls, vehicle accident EMS calls, sickness/injuries, vehicle/pedestrian EMS calls, etc.	2007	2006	2005
EMS-ALS Response Calls- Calls that require and advanced level of treatment typically provided by an Advanced Life Support Provider (EMT-I or EMT-P). Examples: cardiac/respiratory arrest/distress, traumatic injury, I.V. treatment, trouble breathing, chest pains, unconscious/unresponsive, cardiac monitoring, intubation.	2007	2006	2005
EMS-BLS Scheduled Transports-Non-critical patient transports, ALS/critical transports, transports from one medical facility to another, etc.	2007	2006	2005
EMS-ALS Scheduled Transports- Pre-scheduled transports of patients to or from a medical facility that requires monitoring or treatment typically administered by an Advanced Life Support Provider (EMT-P or EMT-I). Examples: cardiac/respiratory distress, traumatic injury, I.V. treatment, trouble breathing, chest pains, unconscious/unresponsive, cardiac monitoring, intubation.	2007	2006	2005
Vehicle Accidents w/o Extrication- Response to incidents involving any motorized vehicle (automobiles, motorcycles, trucks, etc…) with or without injury, where there is no entrapment of the occupants	2007	2006	2005
Vehicle Extrications- Vehicle extrication is the process of removing a person(s) from a vehicle that has been involved in an accident which has resulted in making ordinary means of exit impractical. Vehicle extrication is typically accomplished by utilizing hydraulic cutting, spreading, and stabilization tools.	2007	2006	2005

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Other Rescue- Includes lock-ins, searches, rescues, and extrications.	2007	2006	2005
Hazardous Condition/Materials Calls- Includes spills and leaks, chemical releases, electrical transmission and service lines down.	2007	2006	2005
Service Calls- Includes persons in distress calls, water problem calls, smoke odor calls, animal rescue calls, public service assist calls, and unauthorized burning calls.	2007	2006	2005
Other Calls and Incidents- anything that doesn't fit in another category.	2007	2006	2005
Total	2007	2006	2005
What is the total acreage of all vegetation fires?			

Assistance to Firefighters Grant Application Project Narrative

Narrative Statement (All applicants)

The program narrative should provide all the information necessary for you to justify your needs and for the program office to make an award decision. In the program narrative, please explain what your needs are and what you will be using the grant funds for. **The program narrative must also demonstrate the financial need for the assistance and how the costs expended under this program will benefit the firefighters' and/or public's safety.** A panel of your peers will review the narrative you provide as the major part of their evaluation of your grant application.

Please ensure that your narrative clearly addresses each of the following areas to the best of your ability. Follow the sequence and specifically address each of the following topics:
  • Project description: What you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.?
  • Financial need: Why can't this project be funded solely through local funding resources?
  • Cost/Benefit: What will be the benefits your department or your community will realize if the project described is funded? What would be the consequences if the project is not funded?
  • Statement of effect: How would this award affect the daily operations of your department and how would this award affect your department's ability to protect lives and property in your community?

Your narrative should be detailed but concise. Your narrative may **not** exceed **five** pages of text. You may either type your project narrative in the space provided below; or create the text in your word processing system and provide the floppy disk if possible. Images are **not** allowed, attach additional pages if necessary.

Note: Fields marked with an * are required.

* Please indicate which of these Target Capabilities your request outlined in this application will satisfy. Select all that apply:

○ Responder Safety and Health   ○ Firefighting Operations/Support
○ Hazardous Materials Response   ○ Search and Rescue
○ Emergency Medical Services   ○ Communications

Project Description

* Please provide your narrative statement in the space provided below. Include in your narrative, details regarding **(1) your project's description and budget, (2) your organization's financial need, (3) the benefit to be derived from the cost of your project, and (4) how the activities requested in your application will help your organization's daily operations and how this grant will protect life and property**:

* Please describe ALL grants that you have received from DHS including any AFG grant received from DHS or FEMA, for example, 2002 AFG grant for vehicle or 2003 ODP grant for exercises. (Enter "N/A" if Not Applicable)