

PAPERWORK BURDEN DISCLOSURE NOTICE

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Assistance to Firefighters Grant Application Vehicle Acquisition Questions

Firefighting Vehicle Program

Please provide the following information about the vehicle you want funded. See list of eligible vehicles in the next section. **If your organization is applying for equipment and a vehicle, you must fill out a separate application for each.**

Note: Fields marked with an * are required.

Vehicle Details				
* 1. What type or class of vehicle will you use the grant funds to purchase? (select one from list of Firefighting Vehicle Types on page 35)				
Please provide further description of the item selected above or if you wrote Other above, please specify.				
* 2. Cost (whole dollar amounts only)	\$			
* 3. Is the vehicle you propose to buy a refurbished, used or new response vehicle to meet current standards?	<input type="radio"/> New <input type="radio"/> Refurbished (compliant to current standards) <input type="radio"/> Refurbished (compliant to the year of manufacturing) <input type="radio"/> Used (compliant to the year of manufacturing)			
* 4. What is the newest (age) vehicle you currently own in the class you are purchasing?	<input type="radio"/> N/A <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years	<input type="radio"/> 4 years <input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years	<input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 14+ years
* 5. How old is the oldest (age) vehicle you own in the class you are purchasing?	<input type="radio"/> N/A <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years <input type="radio"/> 5 years <input type="radio"/> 6 years	<input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years <input type="radio"/> 12 years	<input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 24+ years

2008 Assistance to Firefighters Grant Program Application - Fire

* 6. What is the average age of all vehicles in your fleet?	<input type="radio"/> N/A <input type="radio"/> 0-4 <input type="radio"/> 5-7 <input type="radio"/> 8-10 <input type="radio"/> 11-14 <input type="radio"/> 15-19 <input type="radio"/> 20+
*7. Do you have a formal driver-training program?	<input type="radio"/> Yes <input type="radio"/> No

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8. If not, will you be requesting funding under this application for driver training or will you obtain the appropriate training through other sources?	<input type="radio"/> Yes <input type="radio"/> No
*9. Is the vehicle you propose to buy:	<input type="radio"/> First time purchase for new mission (do not currently own) <input type="radio"/> Replacement of an existing apparatus <input type="radio"/> Addition to the fleet <input type="radio"/> For time purchase for the existing mission (do not currently own)
*10. Is the vehicle you are replacing a converted vehicle not originally designed for its current use?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - First Time Purchase
*11. Does the vehicle you are replacing have an open cab configuration?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - First Time Purchase
*12. If awarded, will you permanently remove this substandard vehicle from service?	<input type="radio"/> Yes <input type="radio"/> No
*13. Will this vehicle be used for automatic and/or mutual aid?	<input type="radio"/> Automatic Aid <input type="radio"/> Mutual Aid <input type="radio"/> Both <input type="radio"/> None
*14. What percentage of your annual budget goes to vehicle replacement?	(0-100%)

Firefighting Vehicle Types (select one for Vehicle Details Q1)

Engine	
Pumper	
Foam Pumper	
CAFS Pumper	
Quint (Aerial device of less than 76 feet)	
Type I Engine	
Tanker	
Tanker	
Foam Tanker	
Tender	
Foam Tanker/Tender	
Type I, Type II, Type IV Engine	
Brush/Attack	
Brush Truck	
Patrol Unit (Pick up w/Skid Unit)	
Mini-Pumper	
Type II, IV, V, VI, VII Engine	
Aerial	
Aerial Ladder Truck	
Telescoping	
Articulating	
Ladder Towers	
Platforms	
Tiller Ladder Truck	
Quint (Aerial device of 76 feet or greater)	
Rescue (non-transport)	
Rescue (Light, Medium, Heavy)	Technical Rescue Vehicle
Other/Specialized Vehicles	
Ambulance	Hazardous Materials Unit
ARFF (Aircraft Rescue Firefighting)	Air/Light Unit
Command/Mobile Communications Vehicle	Other Vehicle

Firefighting Vehicle Inventory

Please provide the following information.

If you have 15 emergency response vehicles or less, list all vehicles providing the type, the age, the pump capacity (GPM) if applicable, the carrying capacity (gallons) if applicable.

Vehicle	Type (possible terms: Engine or Pumper, Tanker, Aerial Apparatus, Brush/Quick Attack, Rescue Vehicles, or Other)	Year	GPM	Gallons
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

If you have more than 15 emergency response vehicles, please provide the oldest, newest, and average age for each type of vehicle.

Type or Class	Quantity	Oldest (age)	Newest (age)	Average (age)
Engines (or Pumpers)				
Tankers				
Aerial Apparatus				
Brush/Quick attack				
Rescue Vehicles				
Other Vehicles				

EMS Vehicle Program

Please provide the following information about the vehicle you want funded. **If your organization is a fire department, go to page 33.**

Note: Fields marked with an * are required.

EMS Vehicle Details				
* 1. What type or class of vehicle will you use the grant funds to purchase?	<input type="radio"/> Ambulance <input type="radio"/> Transport unit to support EMT-B <input type="radio"/> First responder non-transport vehicles <input type="radio"/> Special operations vehicles <input type="radio"/> Helicopters/planes <input type="radio"/> Command vehicles <input type="radio"/> Hovercraft <input type="radio"/> EMS Chase Vehicle <input type="radio"/> Other special access vehicles			
Please provide further description of the item selected above or if you selected Other above, please specify.				
* 2. Cost (whole dollar amounts only)	\$			
* 3. Is the vehicle you propose to buy a refurbished, used or new response vehicle to meet current standards?	<input type="radio"/> New <input type="radio"/> Refurbished (compliant to current standards) <input type="radio"/> Refurbished (compliant to the year of manufacturing) <input type="radio"/> Used (compliant to the year of manufacturing)			
* 4. What is the newest (age) vehicle you currently own in the class you are purchasing?	<input type="radio"/> N/A <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years	<input type="radio"/> 4 years <input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years	<input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 14+ years
* 5. How old is the oldest (age) vehicle you own in the class you are purchasing?	<input type="radio"/> N/A <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years <input type="radio"/> 5 years <input type="radio"/> 6 years	<input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years <input type="radio"/> 12 years	<input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 24+ years

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2008 Assistance to Firefighters Grant Program Application - EMS

<p>* 6. What is the average age of all vehicles in your fleet?</p>	<p> <input type="radio"/> N/A <input type="radio"/> 0-4 <input type="radio"/> 5-7 <input type="radio"/> 8-10 <input type="radio"/> 11-14 <input type="radio"/> 15-19 <input type="radio"/> 20+ </p>
<p>*7. Do you have a formal driver-training program?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>If not, will you be requesting funding under this application for driver training or will you obtain the appropriate training through other sources?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>*8. Is the vehicle you propose to buy:</p>	<p> <input type="radio"/> First time purchase for new mission (do not currently own) <input type="radio"/> Replacement of an existing apparatus <input type="radio"/> Addition to the fleet <input type="radio"/> First time purchase for the existing mission (do not currently own) </p>
<p>*9 Is the vehicle you are replacing a converted vehicle not originally designed for its current use?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - First Time Purchase </p>
<p>*10. If awarded, will you permanently remove this substandard vehicle from service?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>*11. Will this vehicle be used for automatic and/or mutual aid?</p>	<p> <input type="radio"/> Automatic Aid <input type="radio"/> Mutual Aid <input type="radio"/> Both <input type="radio"/> None </p>
<p>*12. What percentage of your annual budget goes to vehicle replacement?</p>	<p style="text-align: right;">(0-100%)</p>

EMS Vehicle Inventory

Please provide the following information.

If you have 15 emergency response vehicles or less, list all vehicles providing the type, the age, the pump capacity (GPM) if applicable, the carrying capacity (gallons) if applicable, and number of riding positions.

Vehicle	Type (possible terms: Ambulance, Rescue Vehicle, Other)	Year	GPM	Gallons
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

If you have more than 15 emergency response vehicles, please provide the oldest, newest, and average age for each type of vehicle.

Type or Class	Quantity	Oldest (age)	Newest (age)	Average (age)
Ambulance				
Rescue Vehicle				
Other Vehicles				

