

**PAPERWORK BURDEN DISCLOSURE NOTICE**

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**Activity Specific Questions for AFG Operations and Safety Applications**

**Operations and Firefighter Safety – Equipment**

Please provide the following information about the equipment you want funded. **Only whole dollar amounts are acceptable.**

**Note: For each piece of equipment, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

<b>Equipment Details</b>	
* 1. Are all of your active firefighters trained to NFPA 1001 or equivalent (Firefighter I/Firefighter II, or essentials)?	<input type="radio"/> Yes <input type="radio"/> No
If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources (if not, please address this training issue in your narrative)?	<input type="radio"/> Yes <input type="radio"/> No
* 2. What equipment will your organization purchase with this grant? (select one from Equipment List on page 17)	
Please provide further description of the item selected above or if you selected Other above, please specify.	
* 3. Number of units: (whole number only)	
* 4. Cost per unit: (whole dollar amounts only)	
* 5. Generally the equipment purchased under this grant program is: (select one)	
<input type="radio"/> The equipment is necessary for the organization’s basic mission, but has never been owned before <input type="radio"/> The equipment will replace old, obsolete, or substandard equipment currently owned by your organization <input type="radio"/> The equipment will increase your organization’s capabilities within existing mission areas or to address a new risk <input type="radio"/> The equipment will expand the capabilities of your organization into a new mission area <input type="radio"/> The equipment will increase your organization’s available supply of this equipment to meet basic mission	
If you selected "replacing equipment" (from Q5) above, please specify the age of equipment in years.	<input type="radio"/> 1 year <input type="radio"/> 4 years <input type="radio"/> 2 years <input type="radio"/> 5 years <input type="radio"/> 3 years <input type="radio"/> Over 5 years

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<b>* 6. Generally the equipment purchased under this grant program: (select one)</b>	
<input type="radio"/>	Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.
<input type="radio"/>	Will bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc. Please explain how this equipment will bring the organization into voluntary compliance in the space provided to the right.
<input type="radio"/>	Bring us into state or local compliance
<b>* 7. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>* 8. Will the item requested benefit other organizations or otherwise be available for use by other organizations?</b>	<input type="radio"/> Yes <input type="radio"/> No
If you answered Yes in the question above, please explain:	
<b>* 9. Will this equipment be used for wildland firefighting purposes?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>* 10. Is your department trained in the proper use of the equipment being purchased with grant funds?</b>	<input type="radio"/> Yes <input type="radio"/> No
If not, will you be asking for training funds for this purpose with this application, or will you obtain the appropriate training through other sources?	<input type="radio"/> Yes <input type="radio"/> No

## Equipment List (select one to answer Equipment Details Q1)

<b>Basic Equipment</b>	
Adapters, Wyes, & Siamese	Portable Deluge Sets
Foam Eductors and foam concentrate	Power Saws
Hose- (3½ inches or less)	Ropes, Harnesses, Carabiners, Pulleys, etc.
Hose- Large Diameter (LDH 4 inches or larger)	RIT Pack
Hydrant and Spanner Wrenches	Wildland
Ladders	Complete air-fill system
Nozzles	Generator - Mobile
Other Basic Equipment (explain)	
<b>Communications</b>	
Base Station	Mobile Data Terminal (MDT)
Computer Aided Dispatch (CAD)	Pagers
Computers	Two-Way Pagers
Headsets	Portable Radios
Mobile Radios	Repeaters
Other Communications (explain)	
<b>EMS</b>	
ALS Airway Equipment	Pulse Oximeters
BLS Airway Equipment	Stethoscopes
Suction	Thermometers
Automated External Defibrillators (AEDs)	Backboards
Defibrillator/Monitor	Cervical Collars
Blood Pressure Cuffs	Splints
Pen Lights	Vest Extrication Devices
Other EMS (explain)	
<b>EMS/Rescue</b>	
AEDs	Technical Rescue Equipment
Powered/Mechanical Extrication Tools/Equipment	Various Supplies
Stretchers, Backboards, Splint, etc.	Other EMS/Rescue (explain)
<b>Haz-Mat</b>	
Decon, Clean-Up, Containment and Packaging Equipment	Spark Proof Tools
Monitoring and Sampling Devices	Suppression
Reference Library	Other Haz-Mat (explain)

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<b>Investigation</b>	
Cameras	Lights, Portable
Hand Tools	Monitoring and Sampling Devices
Other Investigation (explain)	
<b>Specialized</b>	
All-Terrain Vehicles	Thermal Imaging Devices

Assistance to Firefighters Grant Program Application - Regional

Compressors/Cascade/Fill Station (Fixed)	Washer/Extractor
Compressors/Cascade/Fill Station (Mobile)	Cascade
Portable/Mobile Generator	Compressor
Portable Pump	Fill-station
Rehab Equipment	Complete air-fill system
Skid Unit	Other Specialized (explain)
<b>CBRNE Equipment</b>	
Real-time X-ray	Auto-injectors
Biological Detection	Other CBRNE-related Pharmaceuticals
Mini-cams	Other CBRNE-related Equipment



## Operations and Firefighter Safety - Modify Facilities

Please provide the following information about the Modify Facilities you want funded. **Only whole dollar amounts are acceptable.**

**Reminder:** You may be required to provide documentation about the nature of the facility, historical review, EPA review, flood plains, etc. prior to being considered for award.

Modifications are intended to mean changes within the existing structure or to existing props. Funding may not be used to change the existing exterior footprint of the building or add additional stories to the building. The original profile of the facility will remain essentially unchanged.

**Note:** Fields marked with an \* are required.

Note: For each request, attach an additional sheet.

<b>Modify Facilities Details</b>	
* 1. Are all of your active firefighters trained to NFPA 1001 or equivalent (Firefighter I/Firefighter II, or essentials)?	<input type="radio"/> Yes <input type="radio"/> No
If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources (if not, please address this training issue in your narrative)?	<input type="radio"/> Yes <input type="radio"/> No
* 2. On what type of modification will the funds be spent?	<input type="radio"/> Exhaust System(s) <input type="radio"/> Sprinkler System(s) <input type="radio"/> Alarm System(s) <input type="radio"/> Smoke Detector <input type="radio"/> Fixed station generator(s)
Please provide further description of the item selected above.	
* 3. What is the age of the facility that is being modified?	_____ years
* 4. What type of facility will be modified?	<input type="radio"/> Station(s) with sleeping quarters <input type="radio"/> Station(s) without sleeping quarters <input type="radio"/> Training <input type="radio"/> Dispatch <input type="radio"/> Other: _____
If you answered other, above, please specify.	
* 5. What is the level of occupancy for the facility you wish to modify? Note: The occupancy is defined by the number of hours the facility is used within a single 24 hour time period.	<input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Occasional
* 6. Select Object Class	<input type="radio"/> Personnel <input type="radio"/> Supplies <input type="radio"/> Fringe Benefits <input type="radio"/> Contractual <input type="radio"/> Travel <input type="radio"/> Construction <input type="radio"/> Equipment <input type="radio"/> Indirect Charges <input type="radio"/> Other
If you selected other above, please specify:	

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**Modify Facilities** *(continued)*

<b>Modify Facilities – Add Budget Item</b>	
* Item:	
Select Object Class:	<input type="radio"/> Personnel <input type="radio"/> Fringe Benefits <input type="radio"/> Travel <input type="radio"/> Equipment <input type="radio"/> Supplies <input type="radio"/> Contractual <input type="radio"/> Construction <input type="radio"/> Indirect Charges <input type="radio"/> Other
If you selected other above, please specify:	
* Number of units: <i>(whole number only)</i>	
* Cost per unit: <i>(whole dollar amounts only)</i>	\$

## Operations and Firefighter Safety - Personal Protective Equipment

Please provide the following information about the personal protective equipment you want funded. **Only whole dollar amounts are acceptable.**

**Note: For each piece of equipment, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

Personal Protective Equipment Details	
* 1. Are all of your active firefighters trained to NFPA 1001 or equivalent (Firefighter I/ Firefighter II, or essentials)?	<input type="radio"/> Yes <input type="radio"/> No
If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?	<input type="radio"/> Yes <input type="radio"/> No
* 2. Select the PPE that you propose to acquire <b>(select one from PPE list on page 25)</b>	
Please provide further description of the item selected above or if you selected Other above, please specify.	
* 3. Number of units: <span style="color: blue;">(whole number only)</span>	
* 4. Cost per unit: <span style="color: blue;">(whole dollar amounts only)</span>	\$
* 5. <ul style="list-style-type: none"> <li>For turnout requests, what percentage of your on-duty active members have PPE that meets current applicable NFPA and OSHA standards in effect at the time of application?</li> <li>If you are requesting new SCBA, what percentage of your seated riding positions have compliant SCBA assigned to it?</li> <li>If you are asking for specialized PPE (e.g., HazMat), what percentage of applicable members have this specialized PPE that meets the established standards?</li> </ul>	%
* 6. <ul style="list-style-type: none"> <li>For turnout requests, what percentage of your on-duty active members <b>will have</b> PPE that meets current applicable NFPA and OSHA standards if this grant is awarded?</li> <li>If you are requesting new SCBA, what percentage of your seated riding positions <b>will have</b> specialized PPE that meets established standards if this grant is awarded?</li> <li>If you are asking for specialized PPE (e.g., HazMat), what percentage of applicable members <b>will have</b> specialized PPE that meets established standards if this grant is awarded?</li> </ul>	%

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<p>* 7. What is the purpose of this request? <b>(select one)</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> to buy equipment for the first time</li> <li><input type="radio"/> to meet new risk</li> <li><input type="radio"/> to replace old/obsolete equipment</li> <li><input type="radio"/> to replace torn/tattered/damaged equipment</li> <li><input type="radio"/> to replace contaminated equipment</li> <li><input type="radio"/> to replace worn, but usable equipment</li> <li><input type="radio"/> to replace used equipment</li> <li><input type="radio"/> to replace new equipment</li> <li><input type="radio"/> to equip first responders to handle a new mission</li> <li><input type="radio"/> to increase the department's available supply of this equipment</li> </ul>																																																				
<p>If you have indicated you are replacing PPE (any PPE other than SCBA) in Question 1 above, what are the specific ages of your equipment in years? If requesting SCBA, please select "N/A", do not provide PPE ages here but continue on to the next question. Please assure that you've accounted for all members as declared in Department Characteristics.</p>	<p><input type="radio"/> N/A</p>																																																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Age (in years)</th> <th style="width: 50%; text-align: center;">Number of Items</th> </tr> </thead> <tbody> <tr> <td>Less than 1 year</td> <td></td> </tr> <tr> <td>1 year</td> <td></td> </tr> <tr> <td>2 years</td> <td></td> </tr> <tr> <td>3 years</td> <td></td> </tr> <tr> <td>4 years</td> <td></td> </tr> <tr> <td>5 years</td> <td></td> </tr> <tr> <td>6 years</td> <td></td> </tr> <tr> <td>7 years</td> <td></td> </tr> <tr> <td>8 years</td> <td></td> </tr> <tr> <td>9 years</td> <td></td> </tr> <tr> <td>10 years</td> <td></td> </tr> <tr> <td>11 years</td> <td></td> </tr> <tr> <td>12 or more</td> <td></td> </tr> <tr> <td colspan="2" data-bbox="894 1339 1520 1381"> <p>Number of members with no gear _____</p> </td> </tr> <tr> <td data-bbox="131 1381 776 1652" rowspan="5"> <p>If you have indicated you are requesting SCBA in the question above, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please clicked on "N/A" and continue on to the next question.</p> </td> <td colspan="2" data-bbox="776 1381 1520 1428"> <p><input type="radio"/> N/A</p> </td> </tr> <tr> <td colspan="2" data-bbox="776 1428 1520 1474"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Year</th> <th style="width: 50%; text-align: center;">Number of NFPA Compliant SCBA</th> </tr> </thead> <tbody> <tr> <td>2007 standard</td> <td></td> </tr> <tr> <td>2002 standard</td> <td></td> </tr> <tr> <td>1997 standard</td> <td></td> </tr> <tr> <td>Older Standards</td> <td></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="2" data-bbox="776 1474 1520 1520"> </td> </tr> <tr> <td colspan="2" data-bbox="776 1520 1520 1566"> </td> </tr> <tr> <td colspan="2" data-bbox="776 1566 1520 1612"> </td> </tr> </tbody></table>		Age (in years)	Number of Items	Less than 1 year		1 year		2 years		3 years		4 years		5 years		6 years		7 years		8 years		9 years		10 years		11 years		12 or more		<p>Number of members with no gear _____</p>		<p>If you have indicated you are requesting SCBA in the question above, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please clicked on "N/A" and continue on to the next question.</p>	<p><input type="radio"/> N/A</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Year</th> <th style="width: 50%; text-align: center;">Number of NFPA Compliant SCBA</th> </tr> </thead> <tbody> <tr> <td>2007 standard</td> <td></td> </tr> <tr> <td>2002 standard</td> <td></td> </tr> <tr> <td>1997 standard</td> <td></td> </tr> <tr> <td>Older Standards</td> <td></td> </tr> </tbody> </table>		Year	Number of NFPA Compliant SCBA	2007 standard		2002 standard		1997 standard		Older Standards							
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<p>* 8. If purchasing a PASS device, what type of PASS device will you be purchasing?</p>
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Assistance to Firefighters Grant Program Application - Regional

<input type="radio"/> Integrated/Automatic PASS devices without accountability sys <input type="radio"/> Integrated/Automatic PASS devices with accountability sys <input type="radio"/> Not Applicable	
<b>* 9. Is this PPE:</b>	
<input type="radio"/> For protection use against fire <input type="radio"/> For use in Haz-mat incidents	<input type="radio"/> For use in Rescue incidents <input type="radio"/> For some other use
If you selected Other above, please specify _____	
<b>* 10. Will this equipment be used for wildland firefighting purposes?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>* 11. Is your department trained in the proper use of the equipment being purchased with grant funds?</b>	<input type="radio"/> Yes <input type="radio"/> No
If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?	<input type="radio"/> Yes <input type="radio"/> No

**Personal Protective Equipment List** (select one to answer Q1)

<b>Structural</b>	
Helmets	Hoods
Coats	Accountability Systems
Pants	Flashlights
Goggles	Boots
Gloves	Hearing Protection
PASS Devices	
<b>Respiratory</b>	
SCBA-30 minutes with face piece-No extra bottle	Spare Cylinders-30 minutes
SCBA-30 minutes with face piece-With extra bottle	Spare Cylinders-45 minutes
SCBA-45 minutes with face piece-No extra bottle	Spare Cylinders-60 minutes
SCBA-45 minutes with face piece-With extra bottle	Face Pieces
SCBA-60 minutes with face piece-No extra bottle	Respirators
SCBA-60 minutes with face piece-With extra bottle	Air-Line Units
<b>Wildland</b>	
Jumpsuits/Coveralls	Canteens
Shelters	Other CBRNE-related PPE
<b>Other PPE</b>	
EMS Turnout	Wet and Dry Suits
Encapsulated Suits	Infection Control
Tyveck Suits	Extrication Clothing/Rescue Clothing
Splash Suits	ANSI Traffic Vests
Escape Masks	SCBA/CBRN
Proximity and Entry Suits	Chemical/Biological Suits (Must conform to NFPA 1994, 2001 edition)
Other PPE (explain)	



## Firefighter Training Program

The Department of Homeland Security provides CBRNE training at the Awareness, Performance, Planning and Management levels FREE OF CHARGE for eligible applicants. This training is listed in the DHS Course Catalog and it may be obtained at [http://www.ojp.usdoj.gov/odp/training\\_catalog.htm](http://www.ojp.usdoj.gov/odp/training_catalog.htm) or by calling the DHS Help-line at 1-800-368-6498.

Please provide the following information about the training you want funded.

**Note: For each program, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

Training Details	
* 1. Are all of your active firefighters trained to NFPA 1001 or equivalent (Firefighter I/Firefighter II, or essentials)?	<input type="radio"/> Yes <input type="radio"/> No
If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?	<input type="radio"/> Yes <input type="radio"/> No
* 2. Which title most closely describes your requested program? ( <b>select one from Training Titles list on page 28</b> )	
Please provide further description of the item selected above or if you selected Other above, please specify.	
* 3. Generally, this program can best be categorized as: ( <b>select one</b> )	
<input type="radio"/> Training that is tested and results in a nationally sanctioned or State certification <input type="radio"/> Training on new equipment provided by an AFG grant <input type="radio"/> Training that results in certification of the trainee without testing <input type="radio"/> Training that does not lead to the certification of the trainee <input type="radio"/> Other training	
If you answered other above, please specify:	
* 4. What percentage of applicable personnel will be trained by this program?	%
* 5. Generally, the training program provided under this grant: ( <b>select one</b> )	
<input type="radio"/> Will bring your department into compliance with applicable NFPA or other standards, please specify:	
<input type="radio"/> Will bring your department into compliance with federal or state mandated training requirements, please specify:	
<input type="radio"/> Will address a specific, identified risk for your department or community, please specify:	
<input type="radio"/> Has no statutory requirement	
* 6. Will this training enhance your ability to perform mutual aid?	<input type="radio"/> Yes <input type="radio"/> No
If you answered Yes to the question above, please explain	
* 7. Will this training be instructor led?	<input type="radio"/> Yes <input type="radio"/> No

### Training Program Titles List (select one to answer Q1)

Operations (NFPA 472)
Firefighter I, Firefighter II (NFPA 1001)

Assistance to Firefighters Grant Program Application - Regional

Instructor Training (NFPA 1041)
Driver/Operator (NFPA 1002)
Officer Training (NFPA 1021)
Basic Wildland Firefighting
Wildland Firefighter Certification
Airport Rescue Firefighting (ARFF) (NFPA 1003)
RIT Training
Confined Space Rescue – Awareness level
Vehicle Rescue
Technical Rescue/Urban Search and Rescue – Awareness level (NFPA 1670/1006)
Technical Rescue/Urban Search and Rescue – Operations level (NFPA 1670/1006)
Technical Rescue/Urban Search and Rescue – Technician level (NFPA 1670/1006)
Hazmat – Technician/Specialist level
Infection Control (NFPA 1581)
Medical First Responder Training
Emergency Medical Technician – Basic (EMT B)
Emergency Medical Technician – Intermediate (EMT I)
Paramedic Training (EMT-P)
Mass Casualty Incident Training (MCI)
NIIMS (Unified Command)
Incident Management Course (IMC)
Integrated Emergency Management Course (IEMC)
Fire Inspector (NFPA 1031)
Fire Investigator (NFPA 1033)
Fire Educator (NFPA 1035)
Telecommunications/Dispatcher
Weapons of Mass Destruction – Awareness level (CBRNE)
Safety Officer
First Responder
Firefighter Safety and Survivor Training

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Officer
Weapons of Mass Destruction Technician Level for Rural
Other/Specialized Weapons of Mass Destruction Training
Weapons of Mass Destruction Operations
Weapons of Mass Destruction Training Technician Level for Urban/Suburban
Fire Prevention
<b>CBRNE Training</b>
Operations-level Training
Technician-level Training
<b>Other Specialized CBRNE Training</b>
Specialist
EMS for Incidents Involving CBRNE
ICS for Terrorism
Mass Decontamination
Live Agent
Explosives and Secondary Device Awareness
Seaport
Environmental
Exercises/Preparedness
Other CBRNE-related Training
Other Training

## Training Program *(continued)*

Please provide the following information about the programs you want funded. **Only whole dollar amounts are acceptable.**

Note: For each item, attach an additional sheet.

<p>* Item: (select one)</p>	<p style="text-align: center;"><b>-- Equipment --</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Basic Training PPE</li> <li><input type="radio"/> Basic Training FFE</li> <li><input type="radio"/> Audio-Visual</li> <li><input type="radio"/> Classroom</li> <li><input type="radio"/> Media</li> <li><input type="radio"/> Rescue</li> <li><input type="radio"/> CPR Manikins</li> <li><input type="radio"/> Library</li> <li><input type="radio"/> Reference Texts</li> <li><input type="radio"/> Supplies</li> <li><input type="radio"/> Other Equipment</li> </ul> <p style="text-align: center;"><b>-- Programs &amp; Contract Instruction --</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Firefighter I</li> <li><input type="radio"/> Firefighter II</li> <li><input type="radio"/> Driver/Operator</li> <li><input type="radio"/> EVOC</li> <li><input type="radio"/> EMT</li> <li><input type="radio"/> Paramedic</li> <li><input type="radio"/> Inspector</li> <li><input type="radio"/> Other Programs &amp; Contract Instruction</li> <li><input type="radio"/> Public Educator</li> <li><input type="radio"/> Hazmat</li> <li><input type="radio"/> Marine</li> <li><input type="radio"/> Aircraft</li> <li><input type="radio"/> Wildland</li> <li><input type="radio"/> Officer I-IV</li> <li><input type="radio"/> Specialized</li> <li><input type="radio"/> Investigator</li> </ul> <p style="text-align: center;"><b>-- Props: Non-Construction --</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Simulators</li> <li><input type="radio"/> Flashover Simulators</li> <li><input type="radio"/> Other Props: Non-Construction</li> </ul>
<p>Please provide further description of the item selected above or If you selected other above, please specify.</p>	
<p>Select Object Class:</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Personnel</li> <li><input type="radio"/> Fringe Benefits</li> <li><input type="radio"/> Travel</li> <li><input type="radio"/> Equipment</li> <li><input type="radio"/> Supplies</li> <li><input type="radio"/> Contractual</li> <li><input type="radio"/> Construction</li> <li><input type="radio"/> Indirect Charges</li> <li><input type="radio"/> Other</li> </ul>
<p>If you selected other above, please specify:</p>	
<p>* Number of units: <i>(whole number only)</i></p>	
<p>* Cost per unit: <i>(whole dollar amounts only)</i></p>	\$



## Firefighter Wellness and Fitness Program

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Please provide the following information about the program you want funded.

**Note: For each program, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

<b>Program Area</b>	Does your organization currently offer this activity?	Will your organization fund with grant?	Will the activity be mandatory?	Will this activity be offered to all members?
* Initial Physical Exam	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Job Related Immunization Program	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Periodic Physical Exam/Health Screening	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

## Wellness and Fitness Program *(continued)*

Please provide the following information about the programs you want funded. **Only whole dollar amounts are acceptable. You must have at least one item for each new Wellness program area being requested.**

Note: For each item, attach an additional sheet.

<p>* <b>Item</b> (select one):</p>	<p style="text-align: center;"><b>-- Physicals/Medical Examinations --</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Entry</li> <li><input type="radio"/> Annual</li> <li><input type="radio"/> Health Screenings</li> <li><input type="radio"/> Other Physicals/Medical Examinations</li> </ul> <p style="text-align: center;"><b>-- Wellness --</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Immunizations</li> <li><input type="radio"/> Rehab and Therapy</li> <li><input type="radio"/> Exercise Equipment</li> <li><input type="radio"/> Nutrition</li> <li><input type="radio"/> Diet Programs</li> <li><input type="radio"/> Smoking Cessation</li> <li><input type="radio"/> Fitness Assessments and Counseling</li> <li><input type="radio"/> Other Wellness</li> <li><input type="radio"/> Aerobic Instructors</li> <li><input type="radio"/> Physical Trainers</li> <li><input type="radio"/> CISD Programs</li> <li><input type="radio"/> EAP Programs</li> </ul>
<p>If you selected other above, please specify.</p>	
<p>Select Object Class:</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Personnel</li> <li><input type="radio"/> Fringe Benefits</li> <li><input type="radio"/> Travel</li> <li><input type="radio"/> Equipment</li> <li><input type="radio"/> Supplies</li> <li><input type="radio"/> Contractual</li> <li><input type="radio"/> Construction</li> <li><input type="radio"/> Indirect Charges</li> <li><input type="radio"/> Other</li> </ul>
<p>If you selected other, above, please specify:</p>	
<p>* Number of units: <i>(whole number only)</i></p>	
<p>* Cost per unit: <i>(whole dollar amounts only)</i></p>	<p>\$</p>

**Please go directly to page 74 and Budget**

## EMS 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. You can apply for as many activities within a program as you need. If you are interested in applying under both Vehicle Acquisition and EMS Operations and Safety, and/or regional application **you will need to submit separate applications.**

Program Name	Activities Available
<input type="radio"/> <b>EMS Operations and Safety (page 43)</b>	[Equipment] [Modify Facilities] [Personal Protective Equipment] [Training] [Wellness and Fitness Programs]
<input type="radio"/> <b>Vehicle Acquisition (page 56)</b>	[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)

## Operations and Safety – EMS Equipment

Please provide the following information about the equipment you want funded. **Only whole dollar amounts are acceptable.**

**Note: For each piece of equipment, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

Equipment Details	
<p>* 1. What equipment will be purchased with grant funds? (select one)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Defibrillators</li> <li><input type="radio"/> BLS/ALS equipment</li> <li><input type="radio"/> Mobile Radios</li> <li><input type="radio"/> Portable Radios</li> <li><input type="radio"/> Computers</li> <li><input type="radio"/> Other</li> <li><input type="radio"/> ALS Airway Equipment</li> <li><input type="radio"/> BLS Airway Equipment</li> <li><input type="radio"/> Suction</li> <li><input type="radio"/> Automated External Defibrillators (AEDs)</li> <li><input type="radio"/> Defibrillator/Monitor</li> <li><input type="radio"/> Blood Pressure Cuffs</li> <li><input type="radio"/> Pulse Oximeters</li> <li><input type="radio"/> Backboards</li> <li><input type="radio"/> Other EMS (explain)</li> <li><input type="radio"/> AEDs</li> <li><input type="radio"/> Powered/Mechanical Extrication Tools/Equipment</li> <li><input type="radio"/> Stretchers, Backboards, Splint, etc.</li> <li><input type="radio"/> Technical Rescue Equipment</li> <li><input type="radio"/> Various Supplies</li> <li><input type="radio"/> Other EMS/Rescue (explain)</li> <li><input type="radio"/> Decon, Clean-Up, Containment and Packaging Equipment</li> <li><input type="radio"/> Monitoring and Sampling Devices</li> <li><input type="radio"/> Reference Library</li> <li><input type="radio"/> Suppression</li> <li><input type="radio"/> Other Haz-Mat (explain)</li> </ul>
<p>If you answered other, above, please specify</p>	
<p>* 2. Number of units: (whole number only)</p>	
<p>* 3. Cost per unit: (whole dollar amounts only)</p>	<p>\$</p>

(continued on next page)

Assistance to Firefighters Grant Program Application - Regional

(continued from previous page)

<b>* 4. What is the reason for this equipment purchase?</b>	
<input type="radio"/> Upgrade service <input type="radio"/> New service <input type="radio"/> Expanded service <input type="radio"/> To meet new risk <input type="radio"/> Replace used or obsolete equipment	
<b>* 5. Will this equipment bring you into compliance with State or Federal or local protocols, standards/regulations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>*6. Up to what level of patient care will this equipment bring your department?</b>	<input type="radio"/> First Responder <input type="radio"/> EMT-B <input type="radio"/> EMT-I <input type="radio"/> EMT-P <input type="radio"/> Physicians Assistant <input type="radio"/> Hazmat Ops <input type="radio"/> Rescue Ops
<b>*7. Is your department trained in the proper use of the equipment being purchased with grant funds?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?</b>	<input type="radio"/> Yes <input type="radio"/> No

## **EMS Equipment - Additional Funding (optional)**

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Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. Please note that this section is **optional**.

<b>Additional Funding</b>	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
Explanation (Attach an additional sheet if necessary)	

## EMS Operations and Safety - Modify Facilities

Please provide the following information about the Modify Facilities you want funded. **Only whole dollar amounts are acceptable.**

**Reminder:** You may be required to provide documentation about the nature of the facility, historical review, EPA review, flood plains, etc. prior to being considered for award.

Modifications are intended to mean changes within the existing structure or to existing props. Funding may not be used to change the existing exterior footprint of the building or add additional stories to the building. The original profile of the facility will remain essentially unchanged.

**Note:** Fields marked with an \* are required.

Note: For each request, attach an additional sheet.

Modify Facilities Details	
* 1. On what type of modification will the funds be spent?	<input type="radio"/> Exhaust System(s) <input type="radio"/> Sprinkler System(s) <input type="radio"/> Alarm System(s) <input type="radio"/> Smoke Detector <input type="radio"/> Fixed Station Generator(s)
Please provide further description of the item selected above.	
* 2. What is the age of the facility that is being modified?	_____ years
* 3. What type of facility will be modified?	<input type="radio"/> Station(s) with sleeping quarters <input type="radio"/> Station(s) w/o sleep quarters <input type="radio"/> Training <input type="radio"/> Dispatch <input type="radio"/> Other (explain)
If you answered other, above, please specify	
* 4. What is the level of occupancy for the facility you wish to modify? Note: The occupancy is defined by the number of hours the facility is used within a single 24 hour time period.	<input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Occasional
* 5. Select Object Class	<input type="radio"/> Personnel <input type="radio"/> Supplies <input type="radio"/> Fringe Benefits <input type="radio"/> Contractual <input type="radio"/> Travel <input type="radio"/> Construction <input type="radio"/> Equipment <input type="radio"/> Indirect Charges <input type="radio"/> Other
If you selected Other above, please specify:	

(continued on next page)

**EMS Modify Facilities** *(continued)*

Modify Facilities – Add Budget Item	
* Item:	
Select Object Class:	<input type="radio"/> Personnel <input type="radio"/> Fringe Benefits <input type="radio"/> Travel <input type="radio"/> Equipment <input type="radio"/> Supplies <input type="radio"/> Contractual <input type="radio"/> Construction <input type="radio"/> Indirect Charges <input type="radio"/> Other
If you selected other above, please specify:	
* Number of units: <i>(whole number only)</i>	
* Cost per unit: <i>(whole dollar amounts only)</i>	\$



## EMS Operations and Safety - Personal Protective Equipment

Please provide the following information about the personal protective equipment you want funded. **Only whole dollar amounts are acceptable.**

**Note: For each piece of equipment, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

Personal Protective Equipment Details	
<p>* 1. Select the PPE that you propose to acquire</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Hearing Protection</li> <li><input type="radio"/> Respirators</li> <li><input type="radio"/> Helmets</li> <li><input type="radio"/> Boots</li> <li><input type="radio"/> Goggles</li> <li><input type="radio"/> Gloves</li> <li><input type="radio"/> Pants</li> <li><input type="radio"/> Coats</li> <li><input type="radio"/> Jumpsuits/Coveralls</li> <li><input type="radio"/> Accountability Systems</li> <li><input type="radio"/> Encapsulated Suits</li> <li><input type="radio"/> Tyveck Suits</li> <li><input type="radio"/> Splash Suits</li> <li><input type="radio"/> Escape Masks</li> <li><input type="radio"/> Infection Control</li> <li><input type="radio"/> ANSI Traffic Vests</li> <li><input type="radio"/> Suspenders</li> <li><input type="radio"/> Other PPE (explain)</li> </ul>
<p>Please provide further description of the item selected above or if you selected other above, please specify.</p>	
<p>* 2. Number of units: (whole number only)</p>	
<p>* 3. Cost per unit: (whole dollar amounts only)</p>	<p>\$</p>
<p>* 4.</p> <ul style="list-style-type: none"> <li>• For EMS protective clothing requests, what percentage of your on-duty active members have PPE that meets current applicable NFPA and OSHA standards in effect at the time of application?</li> <li>• If you are requesting new SCBA, what percentage of your seated riding positions have compliant SCBA assigned to it?</li> <li>• If you are asking for specialized PPE (e.g., HazMat), what percentage of applicable members have this specialized PPE that meets the established standards?</li> </ul>	<p>%</p>

(continued from previous page)

<p>* 5.</p> <ul style="list-style-type: none"> <li>• For turnout requests, what percentage of your on-duty active members <b>will have</b> PPE that meets current applicable NFPA and OSHA standards if this grant is</li> </ul>	<p>%</p>
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Assistance to Firefighters Grant Program Application - Regional

<p>awarded?</p> <ul style="list-style-type: none"> <li>• If you are requesting new SCBA, what percentage of your seated riding positions <b>will have</b> compliant PPE that meets established standards if this grant is awarded?</li> <li>• If you are asking for specialized PPE (e.g., HazMat), what percentage of applicable members <b>will have</b> specialized PPE that meets established standards if this grant is awarded?</li> </ul>		
<p>* 6. What is the purpose of this request? (select one)</p>	<ul style="list-style-type: none"> <li>○ to buy equipment for the first time</li> <li>○ to meet new risk</li> <li>○ to replace old/obsolete equipment</li> <li>○ to meet regional interoperability</li> <li>○ to replace torn/tattered/damaged equipment</li> <li>○ to replace contaminated equipment</li> <li>○ to replace worn, but usable equipment</li> <li>○ to replace used equipment</li> <li>○ to replace new equipment</li> <li>○ to equip first responders to handle a new mission</li> <li>○ to increase the department's available supply of this equipment</li> </ul>	
<p>If you have indicated you are replacing PPE (any PPE other than SCBA) in the Question above, what are the specific ages of your equipment in years? If requesting SCBA, please select "N/A", do not provide PPE ages here but continue on to the next question. Please assure that you've accounted for all members as declared in Department Characteristics.</p>	<ul style="list-style-type: none"> <li>○ N/A</li> </ul>	
	Age (in years)	Number of Items
	Less than 1 year	
	1 year	
	2 years	
	3 years	
	4 years	
	5 years	
	6 years	
	7 years	
	8 years	
	9 years	
	10 years	
	11 years	
12 or more		
<p>Number of members with no gear _____</p>		

(continued from previous page)

<p>If you have indicated you are requesting SCBA in Question 1 above, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please clicked on "N/A" and continue to next question.</p>	<ul style="list-style-type: none"> <li>○ N/A</li> </ul>	
	Year	Number of NFPA Compliant SCBA
	2007 standard	
	2002 standard	
	1997 standard	

Assistance to Firefighters Grant Program Application - Regional

	Older Standards	
* 7. Is this PPE:	<input type="radio"/> Against Blood borne pathogens or other contaminants <input type="radio"/> For use in Haz-mat incidents <input type="radio"/> For use in Rescue incidents <input type="radio"/> For some other use	
If you selected Other above, please specify:		
* 8. Will this equipment be used for wildland firefighting purposes?	<input type="radio"/> Yes	<input type="radio"/> No
* 9. Is your department trained in the proper use of the new equipment being purchased with grant funds?	<input type="radio"/> Yes	<input type="radio"/> No
If not, will you be asking for training funds for this purpose with this application, or will you obtain the appropriate training through other sources?	<input type="radio"/> Yes	<input type="radio"/> No



## EMS Training Program

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The Department of Homeland Security (DHS) provides CBRNE training at the Awareness, Performance, Planning and Management levels FREE OF CHARGE for eligible applicants. This training is listed in the DHS Course Catalog and it may be obtained at [http://www.ojp.usdoj.gov/odp/training\\_catalog.htm](http://www.ojp.usdoj.gov/odp/training_catalog.htm) or by calling the DHS Help-line at 1-800-368-6498.

Please provide the following information about the training you want funded.

**Note: For each program, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

Training Details	
* 1. What type of training will this be?	
* 2. If awarded these funds, to what level will you be training your personnel?	<input type="radio"/> First Responder <input type="radio"/> EMT-B <input type="radio"/> EMT-I <input type="radio"/> EMT-P <input type="radio"/> Physicians Assistant <input type="radio"/> Hazmat Ops <input type="radio"/> Rescue Ops
* 3. Are you asking for the funds for equipment to go with the level of your training?	<input type="radio"/> Yes <input type="radio"/> No

**Note:** Eligible expenses include: instructional costs for EMS training, books and materials, training equipment and supplies, exam and course fees, certification and re-certification expenses and continuing education.

Medications and communications centers constitute ineligible expenses.



## EMS Wellness and Fitness Program

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Please provide the following information about the program you want funded.

**Note: For each program, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

<b>Program Area</b>	Does your organization currently offer this activity?	Will your organization fund with grant?	Will this activity be mandatory?	Will this activity be offered to all members?
* Initial Physical Exam	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Job Related Immunization Program	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Periodic Physical Exam/Health Screening	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

## EMS Wellness and Fitness Program *(continued)*

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Please provide the following information about the programs you want funded. **Only whole dollar amounts are acceptable. You must have at least one item for each new Wellness program area being requested.**

**Note: For each item, attach an additional sheet.**

* Item (select one):	<b>Physicals/Medical Examinations</b>	
	Entry	Immunizations
	Annual	Rehab and Therapy
	Health Screenings	Other Physicals/Medical Examinations
	<b>Wellness</b>	
	Exercise Equipment	Aerobic Instructors
	Nutrition	Physical Trainers
	Diet Programs	CISD Programs
	Smoking Cessation	EAP Programs
	Fitness Assessments and Counseling	Other Wellness
Please provide further description of the item selected above or If you selected other above, please specify.		
Select Object Class:	<input type="radio"/> Personnel <input type="radio"/> Fringe Benefits <input type="radio"/> Travel <input type="radio"/> Equipment <input type="radio"/> Supplies <input type="radio"/> Contractual <input type="radio"/> Construction <input type="radio"/> Indirect Charges <input type="radio"/> Other	
If you selected other, above, please specify:		
* Number of units: <i>(whole number only)</i>		
* Cost per unit: <i>(whole dollar amounts only)</i>	\$	

Please continue to Budget on page 74

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## Regional Request Information

### Activity Selection

Please use this section to select the program for which you want to apply and provide some additional information requested. If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item. The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates) before you submit your estimated costs. If you do not have these estimates, you can come back and modify this area at any point **before** you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction.

<p>* 1. Select a program for which you are applying. <b>Regional applications are not eligible for modification of facilities, wellness and fitness programs, or vehicles.</b> You can apply for as many activities within a program as you need.</p>	
<p>Program Name</p>	<p>Activities Available</p>
<p><input type="radio"/> <b>Operations and Safety</b></p>	<p>[Equipment] [Training]</p>
<p>* 2. Will this grant benefit more than one organization?</p>	
<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>If you answered Yes to Question 2 above, please explain. (attach additional sheet if necessary)</p>	
<p>* 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)</p>	

## **Regional Operations and Safety - Equipment**

Please provide the following information about the equipment you want funded. **Note:** Fields marked with an \* are required.

Note: For each piece of equipment, attach an additional sheet.

<b>Equipment Details</b>	
<p>* 1. What equipment will you purchase with this grant? <b>(select one)</b></p>	<p style="text-align: center;"><b>-- Communications --</b></p> <p> <input type="radio"/> Base Station                      <input type="radio"/> Computer Aided Dispatch (CAD)  <input type="radio"/> Mobile Radios                      <input type="radio"/> Mobile Data Terminal (MDT)  <input type="radio"/> Portable Radios                      <input type="radio"/> Repeaters  <input type="radio"/> Other Communications (explain)  <span style="padding-left: 100px;">-- EMS --</span>  <input type="radio"/> Other EMS (explain)  <span style="padding-left: 100px;"><b>-- EMS/Rescue --</b></span>  <input type="radio"/> Other Haz-Mat (explain)  <input type="radio"/> Other Investigation (explain)  <span style="padding-left: 100px;"><b>-- Specialized --</b></span>  <input type="radio"/> Other Specialized (explain)                 </p>
<p>Please provide further description of the item selected above or if you selected Other above, please specify.</p>	
<p>* 2. Number of units: <i>(whole number only)</i></p>	
<p>* 3. Cost per unit: <i>(whole dollar amounts only)</i></p>	
<p>* 4. Generally the equipment purchased under this grant program is: <b>(select one)</b></p>	
<p> <input type="radio"/> The equipment is necessary for the region's basic mission, but has never been owned before  <input type="radio"/> The equipment will replace old, obsolete, or substandard equipment currently owned by your region  <input type="radio"/> The equipment will increase the region's capabilities within existing mission areas  <input type="radio"/> The equipment will expand the capabilities of your region into a new mission area  <input type="radio"/> The equipment will increase your region's available supply of this equipment to meet basic mission                 </p>	
<p>If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.</p>	<p> <input type="radio"/> 1 year                      <input type="radio"/> 4 years  <input type="radio"/> 2 years                      <input type="radio"/> 5 years  <input type="radio"/> 3 years                      <input type="radio"/> Over 5 years                 </p>

*(continued on next page)*

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<b>* 5. Generally the equipment purchased under this grant program: (select one)</b>	
<input type="radio"/>	Will bring the region into statutory compliance. Please explain how this equipment will bring the region into statutory compliance in the space provided to the right.
<input type="radio"/>	Will bring the region into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc. Please explain how this equipment will bring the region into voluntary compliance in the space provided to the right.
<input type="radio"/>	Bring us into State or local compliance
<b>* 6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.</b>	
<input type="radio"/> Yes <input type="radio"/> No	
<b>* 7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?</b>	
<input type="radio"/> Yes <input type="radio"/> No	
If you answered Yes in the question above, please explain:	
<b>* 8. Will this equipment be used for wildland firefighting purposes?</b>	
<input type="radio"/> Yes <input type="radio"/> No	
<b>* 9. Is your department trained in the proper use of the equipment being purchased with grant funds?</b>	
<input type="radio"/> Yes <input type="radio"/> No	
If not, will you be asking for training funds for this purpose with this application, or will you obtain the appropriate training through other sources?	
<input type="radio"/> Yes <input type="radio"/> No	



## Regional Training Program

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The Department of Homeland Security provides CBRNE training at the Awareness, Performance, Planning and Management levels FREE OF CHARGE for eligible applicants. This training is listed in the DHS Course Catalog and it may be obtained at [http://www.ojp.usdoj.gov/odp/training\\_catalog.htm](http://www.ojp.usdoj.gov/odp/training_catalog.htm) or by calling the DHS Help-line at 1-800-368-6498.

Please provide the following information about the training you want funded.

**Note: For each program, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

Training Details	
<p>* 1. Which title most closely describes your requested program? <b>(select one)</b></p>	<p><input type="radio"/> Other Training (explain)</p>
<p>Please provide further description of the item selected above or if you selected other above, please specify.</p>	
<p>* 2. Generally, this program can best be categorized as <b>(select one)</b>:</p>	
<p> <input type="radio"/> Training that is tested and results in a nationally sanctioned or State certification  <input type="radio"/> Training on new equipment provided by an AFG grant  <input type="radio"/> Training that results in certification of the trainee without testing  <input type="radio"/> Training that does not lead to certification of the trainee  <input type="radio"/> Other training                 </p>	
<p>If you answered other above, please specify:</p>	
<p>* 3. What percentage of applicable personnel will be trained by this program?</p>	<p>%</p>

( continued on next page )

( continued from previous page )

<b>* 4. Generally, the training program provided under this grant: (select one)</b>	
<input type="radio"/> Will bring your region into compliance with recommended applicable NFPA or other standards, please specify:	
<input type="radio"/> Will bring your region compliance with federal or state mandated training requirements, please specify:	
<input type="radio"/> Will address a specific, identified risk for your region or community, please specify:	
<input type="radio"/> Has no statutory requirement	
<b>* 5. Will this training enhance your ability to perform mutual aid?</b>	<input type="radio"/> Yes <input type="radio"/> No
If you answered Yes to the question above, please explain	
<b>* 6. Will this training be instructor-led?</b>	<input type="radio"/> Yes <input type="radio"/> No

## Training Program *(continued)*

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Please provide the following information about the programs you want funded. **Only whole dollar amounts are acceptable.**

**Note: For each item, attach an additional sheet.**

* Item: (see next page for Training Items list)	
Please provide further description of the item selected above or If you selected other above, please specify.	
* Select Object Class:	<input type="radio"/> Personnel <input type="radio"/> Fringe Benefits <input type="radio"/> Travel <input type="radio"/> Equipment <input type="radio"/> Supplies <input type="radio"/> Contractual <input type="radio"/> Construction <input type="radio"/> Indirect Charges <input type="radio"/> Other
If you selected other above, please specify:	
* Number of units: (whole number only)	
* Cost per unit: (whole dollar amounts only)	\$

**Training Items List** (select one)

<b>Equipment</b>
Basic Training PPE
Basic Training FFE
Audio-Visual
Classroom
Media
Rescue
CPR Manikins
Library
Reference Texts
Supplies
Other Equipment
<b><i>Programs &amp; Contract Instruction</i></b>
Firefighter I
Firefighter II
Driver/Operator
EVOG
EMT
Paramedic
Inspector
Investigator
Public Educator
Hazmat
Marine
Aircraft
Wildland
Officer I-IV
Specialized
Other Programs & Contract Instruction
<b>Props: Non-Construction</b>
Simulators
Flashover Simulators
Other Props: Non-Construction