

PAPERWORK BURDEN DISCLOSURE NOTICE

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Staffing for Adequate Fire and Emergency Response (General Questions All Applicants)



FEMA 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, Monday through Friday from 8:00 am to 4:30 pm EDT.

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

The programs, and associated activities, eligible in this year's grant program are as follows:

- 1. Hiring of New Firefighters Activity.** The goal of the hiring of firefighters activity is to award grants directly to volunteer, combination, and career fire departments to help the departments increase their cadre of frontline firefighters. Ultimately, the SAFER grants' goal is for grantees to enhance their ability to attain 24-hour staffing, thus assuring their communities have adequate protection from fire and fire-related hazards. **Career fire departments may apply for funding only in the Hiring of Firefighters Activity.** Volunteer and combination fire departments are eligible to apply for both the Hiring of Firefighters Activity and the Recruitment and Retention of Volunteer Firefighters Activity on the same application.
- 2. Recruitment and Retention of Volunteer Firefighters Activity.** The goal of this activity is to create a net increase in the number of trained, certified, and competent firefighters capable of responding safely to emergencies likely to occur within the fire department geographic response area. **Organizations that support volunteerism or otherwise have an interest in volunteer firefighters may apply only for the Recruitment and Retention of Volunteer Firefighters Activity.** Volunteer and combination fire departments are eligible to apply for both the Hiring of Firefighters Activity and the Recruitment and Retention of Volunteer Firefighters Activity on the same application.

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

SAFER Grant Program Office
(866) 274-0960
(866) 274-0962 Fax

Overview

The SAFER (Staffing for Adequate Fire and Emergency Response) objective is to provide funding directly to fire departments for the purpose of increasing the number of firefighters to help communities meet industry minimum standards and attain 24-hour staffing to provide adequate protection from fire and fire-related hazards, and to fulfill traditional missions of fire departments that antedate the creation of the Department of Homeland Security. Grant funds are available in two activities: Hiring Firefighters and Recruitment and Retention of Volunteer Firefighters. If selected for an award, you will be required to adhere to several terms and conditions of the award.

We encourage all applicants to obtain their own EIN (Employer Identification Number). If you are using another organization's EIN (i.e. a county), and that organization owes a Federal debt, your grant funding will be reduced or taken in whole to pay the debt that is owed to the government. To avoid this, obtaining a separate EIN number for your department is suggested. For information on obtaining an EIN number for your department please go the website www.irs.gov.

If awarded a grant, all grant funds must be requested and paid no later than September 30, 2012. Please note that payment requests can require several weeks to process. All funding for this program will no longer be available for use by the Federal government or grantees after September 30, 2012.

Are you a member, or are you currently involved in the management of the fire department or 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

If you answered No, please **complete** the information below. **If you answered Yes**, please do **not** complete the information requested below.

Note: If you answered **No** to the above question, the fields marked with an * are required.

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

* Is there a grant-writing fee associated with the preparation of this request? Yes No

If you answered yes above, what is the fee? (whole dollar amounts only)

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Contact Information

In addition to yourself, please provide two points of contact for this application. Among all of the contact information gathered, one set of contact information should be for the Fire Chief or head of your organization.

Note: Fields marked with an * are required.

Alternate Contact Information Number 1	
* Title	
Prefix (check one)	<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> N/A
* 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)	<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> N/A
* 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 provide the following information about your organization.

Note: Fields marked with an * are required.

* Organization Name	
<p>* What kind of organization do you represent?</p> <p>All paid career department – An agency of organization in which all members receive financial compensation for their services on a full-time basis.</p> <p>All volunteer fire department - An agency or organization in which no member receives financial compensation (salary, wages) for their services other than life and health insurance and workers' compensation insurance. Firefighters that are paid stipends or paid-on-call are considered to be volunteers for the purposes of this program.</p> <p>Combination (mostly volunteer) - A fire department where more than 50 percent of its membership is made up of personnel who do not receive financial compensation for their services.</p> <p>Combination (mostly career) - A fire department where 50 percent or more of its membership is made up of personnel who are salaried staff.</p> <p>Local or State volunteer firefighter interest organization - Statewide and local firefighter interest groups are organizations that are in existence to support or represent the interests of firefighters in front of legislative bodies at the local, State, and Federal level. Such organizations include State or local firefighter and/or fire chiefs associations, fire department auxiliaries, volunteer firefighter relief organizations, and associations. DHS shall make the final determination as to whether an applicant is an appropriate firefighter interest group.</p>	<p><input type="radio"/> All Paid/Career</p> <p><input type="radio"/> All Volunteer</p> <p><input type="radio"/> Combination (Majority Volunteer)</p> <p><input type="radio"/> Combination (Majority Paid/Career)</p> <p><input type="radio"/> State/Local Volunteer interest organization</p>
If you answered combination, above, what is the percentage of career members in your organization? (Numbers only)	%
* Type of Jurisdiction Served	<p><input type="radio"/> City</p> <p><input type="radio"/> County</p> <p><input type="radio"/> Indian Tribe</p> <p><input type="radio"/> Parish</p> <p><input type="radio"/> Private/for-profit Company</p> <p><input type="radio"/> Town</p> <p><input type="radio"/> Township</p> <p><input type="radio"/> Unincorporated Community</p> <p><input type="radio"/> Village</p> <p><input type="radio"/> State or local organization serving interest of volunteer firefighters</p> <p><input type="radio"/> Other</p>
If other, please enter the type of Jurisdiction	
* 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?	
* Employer Identification Number (e.g. 12-3456789)	
* Are you sharing an EIN with another organization?	<p><input type="radio"/> Yes <input type="radio"/> No</p>
If yes, please enter the name of the entity with whom you share an EIN	

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* Does your organization have a DUNS number?	<input type="radio"/> Yes <input type="radio"/> No (call 1-866-705-5711 to get a DUNS number)
If yes, please enter the DUNS Number	
Headquarters Physical Address	
* Physical Address 1	
Physical Address 2	
* City	
* State	
* Zip	
<input type="radio"/> Mailing Address is the same as the Physical Address	
* Mailing Address 1	
Mailing Address 2	
* City	
* State	
* Zip	
Account Information	
* Type of bank account	<input type="radio"/> Checking <input type="radio"/> 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 jurisdiction receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?	<input type="radio"/> Yes <input type="radio"/> No
* If awarded this grant, will your jurisdiction expend greater than \$500,000 in Federal share funds during the Federal fiscal year in which the grant was awarded?	<input type="radio"/> Yes <input type="radio"/> 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.)	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes to any of the additional questions above, please provide an explanation in the space provided below (attach additional sheet if necessary):	

If you selected **State or Local Volunteer Firefighter Interest Organization** as your organization, *Applicant Characteristics I & II and Department Call Volume* sections are not applicable. Please skip ahead to page 11.

Applicant Characteristics (Part I)

Please provide the following information regarding your Fire Department.

Note: Fields marked with an * are required.

* Are you a member of a Fire Department or authorized representative of a Fire Department? <small>Fire Department – An agency or organization that has a formally recognized arrangement with a territory, tribe, or local authority (city, county, parish, fire district, township, town, or other governing body) to provide fire suppression on a first-due basis to a fixed geographical area. Fire departments may be comprised of members who are all volunteer, all career, or combination of volunteer and career.</small>	○ Yes ○ No
* 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
* Does your organization protect critical infrastructure of the state?	○ Yes ○ No
* Please indicate the type of community your organization serves.	○ 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)	%
* 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?	%
* How many occupied structures (commercial, industrial, residential, or institutional) in your jurisdiction are more than four stories tall? Do not include 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) <small>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.</small>	
* How many stations are in your organization? (Whole Numbers only)	

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<p>* Please indicate if your department has an automatic/mutual aid agreement with another community or fire department and the type of agreement that exists.</p>		<p><input type="radio"/> Automatic aid <input type="radio"/> Mutual aid <input type="radio"/> Both automatic and mutual aid <input type="radio"/> No aid</p>
<p>* What services does your organization provide?</p>		
<p><input type="radio"/> Structural Fire Suppression <input type="radio"/> Wildland Fire Suppression <input type="radio"/> Medical First Response</p>	<p><input type="radio"/> Basic Life Support <input type="radio"/> Advanced Life Support <input type="radio"/> Hazmat Operational Level</p>	<p><input type="radio"/> Hazmat Technical Level <input type="radio"/> Rescue Operational Level <input type="radio"/> Rescue Technical Level</p>
<p>Active Firefighting Staff, use these definitions to answer the questions about “firefighter” positions.</p>		
<p>Active Firefighter Position</p>	<p>An individual having the legal authority and responsibility to engage in fire suppression; being employed by a fire department of a municipality, county, or fire district; being engaged in the prevention, control, and extinguishing of fires; and/or responding to emergency situations in which life, property, or the environment is at risk. This individual must be trained in fire suppression, but may also be trained in emergency medical care, hazardous materials awareness, rescue techniques, and any other related duties provided by the fire department.</p>	
<p>Full-time Paid Firefighter Position</p>	<p>Full-time positions are those that are funded for at least 2,080 hours per year (i.e., 40 hours per week, 52 weeks per year.) The program office will also consider funding the sharing of a full-time position with sufficient justification. A job-share position is a full-time position that is occupied by more than one person but no more than four (4).</p>	
<p>Volunteer Firefighter Position</p>	<p>Volunteer firefighters receive no financial compensation for their services other than life/health insurance, workers compensation insurance, and/or stipend per call.</p>	
<p>* How many active firefighters does your department have who perform firefighting duties? (Whole Numbers only)</p>		
<p>The goal for SAFER is to assure grantees’ communities have adequate protection from fire and fire-related hazards. The following questions are designed to help us understand the changes that will occur in departments in receiving grants.</p>		
<p>* At the time of application, how many authorized and funded active, full-time uniformed career positions are in your department? (Whole Numbers only)</p>		
<p>* Of those career positions indicated in the field above, how many of those serve in officer-level (both command and company) positions?</p>		
<p>* Of those career positions indicated in the first field above (total number of authorized and funded positions), how many are assigned to field or response apparatus positions that directly support NFPA 1710 (Section 5.2.4.2 – Initial Full Alarm Assignment Capability) or NFPA 1720 (Section 4.3 – Staffing and Deployment) compliance? For more information regarding these standards please go to www.nfpa.org/saferactgrant</p>		
<p>* At the time of application, how many active volunteer firefighters are in your department? (Whole Numbers only)</p>		
<p>* If awarded this grant, how many authorized and funded active, full-time firefighter positions will be in your department? (Whole Numbers only)</p>		
<p>* If awarded this grant, how many active volunteer firefighters will be in your department? (Whole Numbers only)</p>		

* Do you currently report to the National Fire Incident Reporting System (NFIRS)?	<input type="radio"/> Yes <input type="radio"/> No
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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.

Applicant Characteristics (Part II)

Please provide the following additional information regarding your Fire Department. **If you are applying on behalf of a State or Local Volunteer Firefighter Interest Organization please go directly to page 9.**

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
Current Year			
* What is your department's operating budget (including personnel costs) for your current fiscal year and what was your budget for the last three fiscal years?	2007		
	2006		
	2005		
* 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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<p>*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)</p>		
Type or Class of Vehicle	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		

Department Call Volume

Please provide the number of incidents your department responded to in each of the following categories on an annual basis.

Note: Fields marked with an * are required.

How many responses per year by category? (Enter whole numbers only; if you have no calls for any of the categories, enter 0.)			
Structural Fires includes cooking fires, chimney fires, and trash and rubbish fires that spread to a structure(s).	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 includes medical assists, EMS calls, vehicle accident EMS calls, sickness/injuries, vehicle/pedestrian EMS calls, etc.	2007	2006	2005
Rescue includes searches, water and ice rescues, and extrications of trapped victims.	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
Good Intent Calls includes canceled en route, authorized burning calls, prescribed fire calls, smoke scares.	2007	2006	2005
False Alarms 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
Other Calls and Incidents anything that doesn't fit in another category.	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 an average year, how many times does your organization receive mutual/automatic aid? (Whole Numbers only)			
In an average year, how many times does your organization			

provide mutual/automatic aid? (Whole Numbers only)	
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Request Information (all applicants)

Activity Selection

Please use this section to select the award program for which you want to apply and provide some additional information requested. **All Volunteer or Combination Fire Departments are eligible for the activities listed in the table below; Career departments are only eligible for the Hiring Firefighters activity, and Volunteer Firefighter Interest Organizations are only eligible for the Recruitment and Retention of Volunteer Firefighters activity.** 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 precise. You are encouraged to research current prices (check with at least two vendors) before you provide your estimated cost. 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).

* 1. Select an activity for which you are applying.	
Activity Name	Eligible Organizations:
○ Hiring Firefighters	[Volunteer Fire Departments] [Combination Fire Departments] [Career Fire Departments]
○ Recruitment and Retention of Volunteer Firefighters	[Volunteer Fire Departments] [Combination Fire Departments] [Local Volunteer Firefighter Interest Organizations] [State Volunteer Firefighter Interest Organizations]

If you are only applying for the Recruitment and Retention of Volunteer Firefighters activity, please go directly to page 18.