



|   |  |
|---|--|
| <b>* 5. Generally the equipment purchased under this grant program: (select one)</b>  |  |
| <input type="radio"/>   | Will bring the organization into statutory compliance.<br>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.<br>Please explain how this equipment will bring the organization into voluntary compliance in the space provided to the right. |
| <b>* 6. 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>* 7. Will this equipment be used for wildland firefighting purposes?</b>   |  |
| <input type="radio"/> Yes <input type="radio"/> No  |  |
| <b>* 8. Is your department trained in the proper use of the equipment being requested?</b>  |  |
| <input type="radio"/> Yes <input type="radio"/> No  |  |
| <b>*9. Are you requesting funding for training? (Funding for requested training should be requested in the Equipment Additional Funding section).</b> |  |
| Yes <input type="radio"/> No  |  |
| <b>10. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?</b>      |  |
| <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                        |
| Basic Hand Tools                              | Electric/Gas Powered Saws/Tools             |
| Foam Eductors and foam concentrate            | Ropes, Harnesses, Carabiners, Pulleys, etc. |
| Hose- (3½ inches or less)                     | RIT Pack                                    |
| Hose- Large Diameter (LDH 4 inches or larger) | Wildland                                    |
| Hydrant and Spanner Wrenches                  | Complete air-fill system                    |
| Ladders                                       | Generator - Mobile                          |
| Nozzles                                       | Thermal Imaging Camera                      |
| Compressor/Cascade/Fill Station (Fixed)       |   |

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| <b>Communications</b>                                |  |
|--|--|
| Base Station   | Mobile Data Terminal (MDT)                 |
| Computer Aided Dispatch (CAD)                        | Pagers                                     |
| Computers  | Equipment to support dispatch              |
| Headsets   | Portable Radios (must be P-25 Compliant)   |
| Mobile Radios (must be P-25 Compliant)               | Repeaters                                  |
| <b>EMS/Rescue</b>                                    |  |
| ALS Airway Equipment                                 | ANSI Traffic Vest                          |
| BLS Airway Equipment                                 | Vest Extrication Devices                   |
| Power lift cots/stretchers                           | EMS/Rescue Equipment                       |
| Automated External Defibrillators (AEDs)             | Cutter                                     |
| Pulse Oximeters                                      | Spreader                                   |
| Blood Pressure Cuffs                                 | Combo-Tool                                 |
| Stethoscopes   | Power Unit                                 |
| Rehab Equipment                                      | Vehicle stabilization/air bags, RAMS, etc. |
| Stretchers, Backboards, Splint, etc.                 |  |
| <b>Haz-Mat</b>                                       |  |
| Decon, Clean-Up, Containment and Packaging Equipment | Spark Proof Tools                          |
| Monitoring and Sampling Devices                      | Suppression                                |
| Reference Library                                    | Haz-Mat                                    |
| <b>Investigation</b>                                 |  |
| Cameras  | Lights, Portable                           |
| Hand Tools   | Monitoring and Sampling Devices            |
| Investigation Tools                                  |  |
| <b>Specialized</b>                                   |  |
| Compressors/Cascade/Fill Station (Mobile)            | Skid Unit                                  |
| Portable/Mobile Generator                            | Washer/Extractor                           |
| Portable Pump  | Cascade/Oxygen                             |
| Class A Boats  | Oxygen refill systems                      |
| Class One Boats (20 feet or less)                    | Specialized Equipment                      |
| <b>CBRNE Equipment</b>                               |  |
| Biological Detection                                 | CBRNE-related Pharmaceuticals              |
| Auto-injectors                                       | CBRNE-related Equipment                    |

## Firefighting Equipment - Additional Funding (optional unless you're applying for Training funds)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

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

## Firefighter Equipment Narrative Statement

The program narratives 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 sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire 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:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** 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?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

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

### Project Description

\* **Section #1** Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.

**\* Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

**\* Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

**\* Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

## Operations and Firefighter Safety - Modify Facilities

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

**Note:** When requesting one or more multiple projects for one station (e.g. sprinklers & exhaust system) the total request cannot exceed \$100,000 per station. **For FY 2012, all projects must be entered as separate line-items regardless if the projects are in the same station.** If you wish to enter an additional project, please fill out another set of Operations and Firefighter Safety – Modify Facilities questions.

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

**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.

| Modify Facilities Details  |  |
|--|--|
| <p>* 1. On what type of modification will the funds be spent? (Add one line-item request per station being modified)</p>   | <p> <input type="radio"/> Source Capture Exhaust System(s)<br/> <input type="radio"/> Sprinkler System(s)<br/> <input type="radio"/> Smoke/Alarm System(s)<br/> <input type="radio"/> Emergency generator(s)<br/> <input type="radio"/> Air Quality System(s)                 </p> |
| <p>* Please provide further description of the item selected above.</p>  |  |
| <p>2. If you are installing an exhaust system, how many vehicles do you plan on attaching to the system (only include currently owned vehicles or vehicles on order – do not include equipment for future capacity)?</p> |  |
| <p>* 3. Does the facility you wish to modify have a drive through bay?</p>   | <p><input type="radio"/> Yes <input type="radio"/> No</p>  |

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|  |  |
|--|--|
| <p>* 4. Number of units: (whole number only)</p>   |  |
| <p>* 5. Cost per unit: (whole dollar amounts only)</p>   |  |
| <p>* 6. What is the age of the facility (in years) that is being modified?</p>   | <ul style="list-style-type: none"> <li><input type="radio"/> less than 5</li> <li><input type="radio"/> 5-10</li> <li><input type="radio"/> 11-15</li> <li><input type="radio"/> 16-20</li> <li><input type="radio"/> 21-25</li> <li><input type="radio"/> 26-30</li> <li><input type="radio"/> greater than 30</li> </ul>   |
| <p>* 7. What type of facility will be modified?</p>  | <ul style="list-style-type: none"> <li><input type="radio"/> Station(s) with sleeping quarters (to include marine fire facilities)</li> <li><input type="radio"/> Station(s) w/o sleeping quarters</li> <li><input type="radio"/> Training Facilities</li> <li><input type="radio"/> Dispatch/Administrative Offices/Maintenance Facilities/Storage Buildings</li> </ul> |
| <p>* 8. What is the level of occupancy for the facility you wish to modify?</p> <p>Note: The occupancy is defined by the number of hours the facility is used within a single 24 hour time period.</p> | <ul style="list-style-type: none"> <li><input type="radio"/> Full-Time (24/7)</li> <li><input type="radio"/> Part-Time (Daily, but not 24/7)</li> <li><input type="radio"/> Occasional</li> </ul>  |



## Modify Facilities - 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. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

| Additional Funding  |    |
|---------------------|----|
| a. Personnel        | \$ |
| b. Fringe Benefits  | \$ |
| c. Travel           | \$ |
| d. Equipment        | \$ |
| e. Supplies         | \$ |
| f. Contractual      | \$ |
| g. Construction     | \$ |
| h. Other            | \$ |
| i. Indirect Charges | \$ |
| j. State Taxes      | \$ |

Explanation (Attach an additional sheet if necessary)

## Firefighter Modify Facilities Narrative Statement

The program narratives 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 sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire 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:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** 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?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

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

### Project Description

\* **Section #1** Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.

**\* Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

**\* Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

**\* Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

## 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  |   |
|--|---|
| <p>* 1. Select the PPE that you propose to acquire (select one from PPE list on page 29)</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: (whole number only)</p>   |   |
| <p>* 3. Cost per unit: (whole dollar amounts only)</p>   | \$  |
| <p>* 4. Please provide your percentage for the appropriate question below:</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 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> compliant SCBA assigned to it if this grant is awarded?</li> <li>• If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members <b>will have</b> specialized PPE that meets established standards if this grant is awarded? For example, if your 100-member department has a 10-member Haz-Mat team and you are requesting 10 Haz-Mat suits, you are requesting 100% of the applicable members.</li> </ul> | %   |
| <p>* 5. What is the purpose of this request? (select one)</p>  | <ul style="list-style-type: none"> <li><input type="radio"/> to buy equipment for the first time (never owned before)</li> <li><input type="radio"/> to replace or upgrade old/obsolete equipment (it must be a minimum of 10 years or older)</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 meet new risk</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> |

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|   |  |   |
|---|--|---|
| <p>If you have indicated you are requesting PPE (any PPE other than SCBA) in the Question 1, 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. <b>Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace.</b></p> | <input type="radio"/> N/A  |   |
|   | Age (in years)   | Number of Items                                       |
|   | Less than 1  |   |
|   | 1  |   |
|   | 2  |   |
|   | 3  |   |
|   | 4  |   |
|   | 5  |   |
|   | 6  |   |
|   | 7  |   |
|   | 8  |   |
|   | 9  |   |
|   | 10   |   |
|   | 11   |   |
|   | 12   |   |
|   | 13   |   |
|   | 14   |   |
| 15  |  |   |
| 16 or more  |  |   |
| Number of members without gear _____  |  |   |
| <p>If you have indicated you are requesting SCBA in the Question 1, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please select "N/A" and continue on to the next question. <b>Please account for ALL SCBA currently in your department's inventory - not just the equipment you wish to replace .</b></p>   | <input type="radio"/> N/A  |   |
|   | Year   | Number of NFPA Compliant SCBA                         |
|   | 2007 Standard  |   |
|   | 2002 Standard  |   |
| Older Standards   |  |   |
| <p>* 6. Is this PPE:</p>  |  |   |
| <input type="radio"/> For protection use against fire<br><input type="radio"/> For use in Haz-mat incidents   | <input type="radio"/> For use in Rescue incidents, vehicle extrication<br><input type="radio"/> For some other use |   |
| If you selected For some other use above, please specify _____  |  |   |
| <p>* 7. Will this equipment be used for wildland firefighting purposes?</p>   |  | <input type="radio"/> Yes <input type="radio"/> No    |
| <p>* 8. Is your department trained in the proper use of this equipment being requested?</p>   |  | <input type="radio"/> Yes <input type="radio"/> No    |
| <p>*9. Are you requesting funding for training for this equipment? (Funding for requested training should be requested in the PPE Additional Funding section on page 30).</p>   |  | <input type="radio"/> Yes <input type="radio"/> No    |
| <p>If you are not asking for training funds through this application, will you obtain training for this equipment through other sources?</p>  |  | <input type="radio"/> Yes<br><input type="radio"/> No |

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

| <b>Structural</b>   |   |
|---|---|
| Boots   | Goggles   |
| Coats   | Helmets   |
| Complete Set of Turnout Gear  | Hoods   |
| Flashlights   | Pants   |
| Gloves  | PASS Devices                                      |
| <b>Respiratory</b>  |   |
| Accountability Systems  | SCBA-45 minutes with face piece-With extra bottle |
| Air-Line Units  | SCBA-60 minutes with face piece-With extra bottle |
| Face Pieces   | Spare Cylinders-30 minutes                        |
| Respirators   | Spare Cylinders-45 minutes                        |
| SCBA-30 minutes with face piece-With extra bottle                   | Spare Cylinders-60 minutes                        |
| <b>Wildland</b>   |   |
| Jumpsuits/Coveralls   | Shelters  |
| Web Gear/Backpacks/Canteens   |   |
| <b>Other PPE</b>  |   |
| ANSI Traffic Vests  | Infection Control                                 |
| EMS Turnout   | Proximity and Entry Suits                         |
| Encapsulated Suits  | Splash Suits                                      |
| Extrication Clothing/Rescue Clothing                                | Wet and Dry Suits                                 |
| Chemical/Biological Suits (Must conform to NFPA 1994, 2001 edition) |   |

**PPE - Additional Funding (optional unless you're applying for Training funds)**

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

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





**\* Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

**\* Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

**\* Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

## Operations and Firefighter Safety - Training

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. Which title most closely describes your requested program? (select one) |
| ---General Training---   |
| Operations (NFPA 472)  |
| Firefighter I, Firefighter II (NFPA 1001)                                    |
| Instructor Training (NFPA 1041)  |
| Driver/Operator (NFPA 1002)  |
| Officer Training (NFPA 1021)   |
| Basic Wildland Firefighting (NFPA 1051/NWCG)                                 |
| Wildland Firefighter Certification (NFPA 1051/NWCG)                          |
| Wildland Officer (NFPA 1051/1143/NWCG)                                       |
| Airport Rescue Firefighting (ARFF) (NFPA 1003)                               |
| RIT Training (NFPA 1407/29 CFR 1910.134g(4))                                 |
| Confined Space Rescue – Awareness level (NFPA 1670/29 CFR 1910.146)          |
| Vehicle Rescue (NFPA 1670)   |
| 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) |
| Haz-Mat – Technician/Specialist level (NFPA 472)                             |
| Infection Control (NFPA 1581)  |
| Medical First Responder Training (First Responder)                           |
| Emergency Medical Technician – Basic (EMT B)                                 |
| Emergency Medical Technician – Intermediate (EMT I)                          |
| Emergency Scene Rehab (NFPA 1500/1584)                                       |
| Paramedic Training (EMT-P)   |
| Mass Casualty Incident Training (MCI)  |
| NIMS (NFA/EMI/NWFCG)   |
| Incident Management Course (NFA/EMI/NWFCG)                                   |
| Integrated Emergency Management Course (NFPA 1561/IEMC)                      |
| Fire Inspector (NFPA 1031)   |
| Fire Investigator (NFPA 1033)  |
| Fire Educator (NFPA 1035)  |
| Telecommunications/Dispatcher (NFPA 1601)                                    |
| Safety Officer (NFPA 1521)   |

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|   |
|---|
| Physical Agility Program Training (NFPA 1583)   |
| Firefighter Safety and Survival Training (NFPA 1407/29 CRF 1910.146)                  |
| Fire Officer I,II, III, and/or IV (NFPA 1021)   |
| Fire Prevention (NFPA 1)  |
| Maritime (NFPA 1405/1005)   |
| Environmental (EPA Train/Learning Center)   |
| Exercises/Preparedness (NFA/EMI)  |
| <b>---CBRNE Training---</b>   |
| Operations-level Training (National Law Enforcement Training Agency)                  |
| Technician-level Training (National Law Enforcement Training Agency)                  |
| Other CBRNE Training (National Law Enforcement Training Agency)                       |
| Weapons of Mass Destruction – Awareness level (CBRNE)                                 |
| Weapons of Mass Destruction – Operations level (NFPA 472)                             |
| Weapons of Mass Destruction – Technician Level for Rural (NFPA 472)                   |
| Weapons of Mass Destruction Training – Technician Level for Urban/Suburban (NFPA 472) |
| Other/Specialized Weapons of Mass Destruction Training (NFPA 472)                     |
| <b>---Specialized CBRNE Training---</b>   |
| Specialist (National Law Enforcement Training Agency)                                 |
| EMS for Incidents Involving CBRNE (National Law Enforcement Training Agency)          |
| ICS for Terrorism (National Law Enforcement Training Agency)                          |
| Mass Decontamination (National Law Enforcement Training Agency)                       |
| Live Agent (National Domestic Preparedness Consortium)                                |
| Explosives and Secondary Device Awareness (National Domestic Preparedness Consortium) |

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|   |  |
|---|--|
| <p>* Please provide further description of the Training Program you selected.</p>   |  |
| <p>* 2. Generally, this program can best be categorized as: <b>(select one)</b></p>   |  |
| <p><input type="radio"/> Training that is evaluated/tested using a national or state standard<br/> <input type="radio"/> Non-certification training</p> |  |
| <p>* 3. What percentage of applicable personnel will be trained by this program?</p>  | <p>%</p>   |
| <p>* 4. Generally, the training program provided under this grant: <b>(select one)</b></p>  |  |
| <p><input type="radio"/> Will bring your department into compliance with recommended applicable NFPA or other standards, please specify:</p>            |  |
| <p><input type="radio"/> Will bring your department into compliance with mandated training requirements, please specify:</p>                            |  |
| <p><input type="radio"/> Will address an identified risk for your department or community, please specify:</p>  |  |
| <p>* 5. Will this training enhance your ability to perform mutual aid?</p>  | <p><input type="radio"/> Yes <input type="radio"/> No</p>  |
| <p>If you answered Yes to the question above, please explain</p>  |  |
| <p>* 6. Will this training include members from other fire departments and/or non-affiliated EMS organizations?</p>                                     | <p><input type="radio"/> Yes <input type="radio"/> No</p>  |
| <p>* 7. Will this training be:</p>  | <p><input type="radio"/> Instructor-led<br/> <input type="radio"/> Self/directed/test-validated<br/> <input type="radio"/> None of the above</p> |



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



**\* Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

**\* Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

**\* Section #4** In the space provided below include details regarding your organization's request not covered in any other section.



## Operations and Firefighter Safety – Wellness and Fitness

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? | Are you requesting funding for this activity in this application? | 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 Medical 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 |
| * Behavioral Health NFPA 1500 or equivalent<br>Behavioral health programs are described in NFPA 1500 chapter 11. If you have any questions call the AFG help desk at 866-274-0960. | <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 |

### Additional Wellness and Fitness (if you are requesting Wellness and Fitness activities outside of Initial Physical Exam, Job Related Immunization, Periodic Medical Exam/Health Screening and/or Behavioral Health):

|   |  |
|---|--|
| * 1. What will your program offer during the grant year? (select one) | <input type="radio"/> Formal fitness and injury prevention program<br><input type="radio"/> CISM Program<br><input type="radio"/> Employee assistance program<br><input type="radio"/> Injury/illness rehabilitation program |
| If you answered Other above, please specify.                          |  |
| * 2. Does your organization currently offer this activity?            | <input type="radio"/> Yes <input type="radio"/> No   |
| * 3. Are you requesting funding with this application?                | <input type="radio"/> Yes <input type="radio"/> No   |
| * 4. Will this program be mandatory?                                  | <input type="radio"/> Yes <input type="radio"/> No   |
| * 5. Will this program be offered to all?                             | <input type="radio"/> Yes <input type="radio"/> No   |

**Add Budget Item (answer for each of the Wellness Activities you are requesting funding for, use additional sheets if necessary)**

|  |  |
|--|--|
| * Item   | <p style="text-align: center;"><b>-- Physicals/Medical Examinations --</b></p> <ul style="list-style-type: none"> <li>○ Job Related Immunization Program</li> <li>○ Initial Physical Exam</li> <li>○ Behavioral Health NFPA 1500 or equivalent</li> <li>○ Periodic Physical Exam/Health Screening</li> <li>○ Rehab and Therapy</li> </ul> <p style="text-align: center;"><b>-- Wellness --</b></p> <ul style="list-style-type: none"> <li>○ Exercise Equipment</li> <li>○ Nutrition</li> <li>○ Smoking Cessation</li> <li>○ Fitness Assessments and Counseling</li> <li>○ Aerobic Instructors</li> <li>○ Physical Trainers</li> <li>○ CISD Programs</li> <li>○ EAP Programs</li> </ul> |
| * Please provide further description of the item selected above. |  |
| * Select Object Class:   | <ul style="list-style-type: none"> <li>○ Personnel</li> <li>○ Fringe Benefits</li> <li>○ Travel</li> <li>○ Equipment</li> <li>○ Supplies</li> <li>○ Contractual</li> <li>○ Construction</li> <li>○ Indirect Charges</li> <li>○ Other</li> <li>○ State Taxes</li> </ul>   |
| If you selected Other above, please specify                      |  |
| * Number of units:<br>(whole number only)                        |  |
| * Cost per unit:<br>(whole dollar amounts only)                  |  |

**Wellness and Fitness - Additional Funding**

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

2012 Assistance to Firefighters Grant Program Application - Fire

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

## Firefighter Wellness and Fitness Narrative Statement

The program narratives 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 sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire 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:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** 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?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

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

### Project Description

\* **Section #1** Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.

\* **Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

\* **Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

\* **Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

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**Please go directly to page 112 and Budget.**

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## 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?<br/>(select one)</p> | <p style="text-align: center;"><b>---Communications---</b></p> <ul style="list-style-type: none"> <li>○ Mobile Radios (Must be P-25 Compliant)</li> <li>○ Portable Radios (Must be P-25 Compliant)</li> <li>○ Pagers</li> <li>○ Base stations</li> <li>○ Computers/MDT</li> </ul> <p style="text-align: center;"><b>---EMS---</b></p> <ul style="list-style-type: none"> <li>○ Defibrillators</li> <li>○ Pulse Oximeters</li> <li>○ ALS/BLS equipment</li> <li>○ Power lift cots/stretchers</li> <li>○ ALS Airway Equipment</li> <li>○ BLS Airway Equipment</li> <li>○ Suction</li> <li>○ Stretchers, Backboards, Splints, etc.</li> <li>○ EMS/Rescue (explain)</li> </ul> <p style="text-align: center;"><b>---Basic Equipment---</b></p> <ul style="list-style-type: none"> <li>○ Powered/Mechanical Extrication Tools/Equipment</li> </ul> <p style="text-align: center;"><b>---Haz-Mat---</b></p> <ul style="list-style-type: none"> <li>○ Decon, Clean-Up, Containment and Packaging Equipment</li> <li>○ Reference Library</li> <li>○ Haz-Mat</li> </ul> <p style="text-align: center;"><b>---Technical Rescue---</b></p> <ul style="list-style-type: none"> <li>○ Technical Rescue Equipment</li> </ul> <p style="text-align: center;"><b>---CBRNE---</b></p> <ul style="list-style-type: none"> <li>○ Monitoring and Sampling Devices</li> </ul> |
| <p>* Please provide further description of the item selected above.</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)

(continued from previous page)

|   |   |
|---|---|
| <p><b>* 4. Generally the equipment purchased under this grant program will: (select one)</b></p>  |   |
| <p> <input type="radio"/> Be bought for the first time (has never been owned before)<br/> <input type="radio"/> Replace or upgrade old, obsolete, tattered, torn, or substandard equipment currently owned by your organization<br/> <input type="radio"/> Replace contaminated equipment<br/> <input type="radio"/> Address a new risk<br/> <input type="radio"/> Replace used or obsolete equipment<br/> <input type="radio"/> Expand the capabilities of your organization into a new mission area<br/> <input type="radio"/> Replace worn but usable equipment<br/> <input type="radio"/> Replace used equipment<br/> <input type="radio"/> Replace new equipment<br/> <input type="radio"/> Increase your organization's available supply of this equipment to meet basic mission                 </p> |   |
| <p><b>* 5. Will this equipment bring you into compliance with state or federal or local protocols, standards/regulations?</b></p>   | <p> <input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> N/A                 </p>   |
| <p><b>*6. At what level of service will this equipment be used if awarded this grant?</b></p>   | <p> <input type="radio"/> ALS (EMT-I and EMT-P)<br/> <input type="radio"/> BLS (EMT-B)<br/> <input type="radio"/> ALS/EMR (First Responder)<br/> <input type="radio"/> Haz-Mat Ops/Tech<br/> <input type="radio"/> Rescue Ops/Tech                 </p> |
| <p><b>*7. Is your department trained in the proper use of the equipment being purchased with grant funds?</b></p>   | <p> <input type="radio"/> Yes   <input type="radio"/> No                 </p>   |
| <p><b>*8. Is your department trained in the proper use of this equipment being requested?</b></p>   | <p> <input type="radio"/> Yes   <input type="radio"/> No                 </p>   |
| <p><b>*9. Are you requesting funding for training? (Funding for requested training should be requested in the Equipment Additional Funding section on page 59).</b></p>   | <p> <input type="radio"/> Yes   <input type="radio"/> No                 </p>   |
| <p><b>10. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?</b></p>   | <p> <input type="radio"/> Yes   <input type="radio"/> No                 </p>   |

## EMS Equipment - Additional Funding (optional unless you're applying for Training funds)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

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



## EMS Equipment Narrative Statement

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The program narratives 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 sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire 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:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** 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?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

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

| Project Description   |
|---|
| <p>* <b>Section #1</b> Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.</p> |
|   |

**\* Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

**\* Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

**\* Section #4** In the space provided below include details regarding your organization's request not covered in any other section.



|              |  |
|--------------|--|
| through bay? |  |
|--------------|--|

### EMS Modification to Facilities - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

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

A large, empty rectangular box with a thin black border, occupying the upper half of the page. It is intended for the applicant to provide details about their fire department and the proposed grant project.

## EMS Modify Facilities Narrative Statement

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The program narratives 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 sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire 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:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** 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?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

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

| Project Description   |
|---|
| <p>* <b>Section #1</b> Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.</p> |
|   |

**\* Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

**\* Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

**\* Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

## 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   |   |
|---|---|
| * 1. Select the PPE that you propose to acquire:  | <p style="text-align: right;">---PPE---</p> <ul style="list-style-type: none"> <li><input type="radio"/> ANSI Traffic Vests</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"/> Face Pieces</li> <li><input type="radio"/> Hearing Protection</li> <li><input type="radio"/> EMS Turnout Coats</li> <li><input type="radio"/> EMS Turnout Pants</li> </ul> <p style="text-align: right;">---SCBA---</p> <ul style="list-style-type: none"> <li><input type="radio"/> SCBA-30 minutes with face piece-With extra bottle</li> <li><input type="radio"/> SCBA-45 minutes with face piece-With extra bottle</li> <li><input type="radio"/> SCBA-60 minutes with face piece-With extra bottle</li> <li><input type="radio"/> Spare Cylinders-30 minutes</li> <li><input type="radio"/> Spare Cylinders-45 minutes</li> <li><input type="radio"/> Spare Cylinders-60 minutes</li> <li><input type="radio"/> Air-Line Units</li> </ul> <p style="text-align: right;">---Specialized---</p> <ul style="list-style-type: none"> <li><input type="radio"/> Respirators</li> <li><input type="radio"/> Extrication Jumpsuits</li> <li><input type="radio"/> Level-B De-con Suits</li> </ul> |
| * Please provide further description of the item selected above.  |   |
| * 2. Number of units: (whole number only)   |   |
| * 3. Cost per unit: (whole dollar amounts only)   | \$  |
| * 4. Please provide your percentage for the appropriate question below: <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 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> compliant PPE that meets established standards if this grant is awarded?</li> <li>• If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members <b>will have</b> specialized PPE that meets applicable NFPA and OSHA standards if this grant is awarded?</li> </ul> | %   |



|   |   |                 |
|---|---|-----------------|
| <p>* 5. 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 (never owned before)</li> <li><input type="radio"/> to replace or upgrade old/obsolete equipment (it must be a minimum of 10 years or older)</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 meet new risk</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 requesting PPE (any PPE other than SCBA) in the Question 1, 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. <b>Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics – not just the gear you wish to replace.</b></p> | <input type="radio"/> N/A   |                 |
|   | Age (in years)  | Number of Items |
|   | Less than 1 year  |                 |
|   | 1   |                 |
|   | 2   |                 |
|   | 3   |                 |
|   | 4   |                 |
|   | 5   |                 |
|   | 6   |                 |
|   | 7   |                 |
|   | 8   |                 |
|   | 9   |                 |
|   | 10  |                 |
|   | 11  |                 |
| 12  |   |                 |
| 13  |   |                 |
| 14  |   |                 |
| 15  |   |                 |
| 16 or more  |   |                 |
| Number of members without gear _____  |   |                 |

(continued on next page)

(continued from previous page)

|  |  |                               |
|--|--|-------------------------------|
| If you have indicated you are requesting SCBA in the Question 1, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please select "N/A" and continue to next question. <b>Please account for ALL SCBA currently in your department's inventory – not just the equipment you wish to replace.</b> | Year   | Number of NFPA Compliant SCBA |
|  | ○ N/A  |                               |
|  | 2007 Standard  |                               |
|  | 2002 Standard  |                               |
|  | Older Standards  |                               |
| * 6. Is this PPE:  | <input type="radio"/> For daily use (station wear)<br><input type="radio"/> Against Blood borne pathogens or other contaminants<br><input type="radio"/> For use in Rescue incidents<br><input type="radio"/> For use in Haz-Mat incidents<br><input type="radio"/> For some other use |                               |
| If you selected For some other use above, please specify:  |  |                               |
| * 7. Is your department trained in the proper use of the equipment being requested?  | <input type="radio"/> Yes <input type="radio"/> No   |                               |
| * 8. Are you requesting funding for training for this equipment? ( <b>Funding for requested training should be requested in the EMS PPE Additional Funding section on page 69</b> ).   | <input type="radio"/> Yes <input type="radio"/> No   |                               |
| If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?  | <input type="radio"/> Yes <input type="radio"/> No   |                               |

## EMS PPE - Additional Funding (optional unless you're applying for Training funds)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

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

## **EMS PPE Narrative Statement**

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The program narratives 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 sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire 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:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** 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?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

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

| <b>Project Description</b>  |
|---|
| <p><b>* Section #1</b> Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.</p> |
|   |

**\* Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

**\* Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

**\* Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

## EMS Training Program

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?   | <input type="radio"/> ALS <input type="radio"/> BLS   |
| * 2. If awarded these funds, to what level will you be training your personnel?        | <input type="radio"/> EMT-I or EMT-P<br><input type="radio"/> EMT-B<br><input type="radio"/> First Responder/EMR<br><input type="radio"/> Haz-Mat Ops/Tech<br><input type="radio"/> Rescue Ops/Tech |
| * 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.

| Training Program – Add Budget Item                               |  |
|--|--|
| * Item: (select one)   | <p style="text-align: center;"><b>--- Equipment ---</b></p> <input type="radio"/> Audio-Visual <input type="radio"/> Library<br><input type="radio"/> Classroom <input type="radio"/> Reference Texts<br><input type="radio"/> Media <input type="radio"/> Supplies<br><p style="text-align: center;"><b>--- Programs &amp; Contract Instruction ---</b></p> <input type="radio"/> Driver/Operator <input type="radio"/> ALS<br><input type="radio"/> BLS <input type="radio"/> Haz-Mat<br><p style="text-align: center;"><b>--- Props: Non-Construction ---</b></p> <input type="radio"/> Simulators <input type="radio"/> CPR Manikins |
| * Please provide further description of the item selected above. |  |
| * Select Object Class:   | <input type="radio"/> Personnel<br><input type="radio"/> Fringe Benefits<br><input type="radio"/> Travel<br><input type="radio"/> Equipment<br><input type="radio"/> Supplies<br><input type="radio"/> Contractual<br><input type="radio"/> Construction<br><input type="radio"/> Indirect Charges<br><input type="radio"/> Other  |
| If you selected other above, please specify:                     |  |
| * Number of units: (whole number only)                           |  |
| * Cost per unit: (whole dollar amounts only)                     | \$   |

## EMS Training - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

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





## EMS Training Narrative Statement

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The program narratives 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 sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire 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:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** 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?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

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

| Project Description   |
|---|
| <p>* <b>Section #1</b> Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.</p> |
|   |

**\* Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

**\* Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

**\* Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

## EMS Wellness and Fitness

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? | Are you requesting funding for this activity in this application? | 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 Medical 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 |
| * Behavioral Health NFPA 1500 or equivalent<br>Behavioral health programs are described in NFPA 1500 chapter 11. If you have any questions call the AFG help desk at 866-274-0960. | <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 |

### Additional Wellness and Fitness (if you are requesting Wellness and Fitness activities outside of Initial Physical Exam, Job Related Immunization, Periodic Medical Exam/Health Screening and/or Behavioral Health):

|   |  |
|---|--|
| * 1. What will your program offer during the grant year? (select one) | <input type="radio"/> Formal fitness and injury prevention program<br><input type="radio"/> CISM program<br><input type="radio"/> Employee assistance program<br><input type="radio"/> Injury/illness rehabilitation program |
| * 2. Does your organization currently offer this activity?            | <input type="radio"/> Yes <input type="radio"/> No   |
| * 3. Are you requesting funding with this application?                | <input type="radio"/> Yes <input type="radio"/> No   |
| * 4. Will this activity be mandatory?                                 | <input type="radio"/> Yes <input type="radio"/> No   |
| * 5. Will this activity be offered to all?                            | <input type="radio"/> Yes <input type="radio"/> No   |

(continued on next page)

(continued from previous page)

**Add Budget Item** (answer for each of the Wellness Activities you are requesting funding for, use additional sheets if necessary)

|  |  |
|--|--|
| * Item   | <p style="text-align: center;"><b>-- Physicals/Medical Examinations --</b></p> <ul style="list-style-type: none"> <li>○ Job Related Immunization Program</li> <li>○ Initial Physical Exam</li> <li>○ Behavioral Health NFPA 1500 or equivalent</li> <li>○ Periodic Physical Exam/Health Screening</li> <li>○ Rehab and Therapy</li> </ul> <p style="text-align: center;"><b>-- Wellness --</b></p> <ul style="list-style-type: none"> <li>○ Exercise Equipment</li> <li>○ Nutrition</li> <li>○ Smoking Cessation</li> <li>○ Fitness Assessments and Counseling</li> <li>○ Aerobic Instructors</li> <li>○ Physical Trainers</li> <li>○ CISD Programs</li> <li>○ EAP Programs</li> </ul> |
| * Please provide further description of the item selected above. |  |
| * Select Object Class:   | <ul style="list-style-type: none"> <li>○ Personnel</li> <li>○ Fringe Benefits</li> <li>○ Travel</li> <li>○ Equipment</li> <li>○ Supplies</li> <li>○ Contractual</li> <li>○ Construction</li> <li>○ Indirect Charges</li> <li>○ Other</li> <li>○ State Taxes</li> </ul>   |
| If you selected Other above, please specify                      |  |
| * Number of units:<br>(whole number only)                        |  |
| * Cost per unit:<br>(whole dollar amounts only)                  |  |

## EMS Wellness and Fitness - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

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



## EMS Wellness and Fitness Narrative Statement

---

The program narratives 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 sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire 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:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** 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?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

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

| Project Description   |
|---|
| <p>* <b>Section #1</b> Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.</p> |
|   |



**\* Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

**\* Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

**\* Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

Please continue to Budget on page 112.

## 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> <ul style="list-style-type: none"> <li><input type="radio"/> Base Station</li> <li><input type="radio"/> Computer Aided Dispatch (CAD)</li> <li><input type="radio"/> Mobile Data Terminal (MDT)</li> <li><input type="radio"/> Mobile Radios (Must be P-25 compliant)</li> <li><input type="radio"/> Portable Radios (Must be P-25 compliant)</li> <li><input type="radio"/> Repeaters</li> <li><input type="radio"/> Communications Systems</li> </ul> <p style="text-align: center;"><b>-- EMS --</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Defibrillators</li> <li><input type="radio"/> EMS</li> </ul> <p style="text-align: center;"><b>-- EMS/Rescue --</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Haz-Mat</li> <li><input type="radio"/> Investigation</li> </ul> <p style="text-align: center;"><b>-- Specialized --</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Specialized</li> </ul> |                              |                               |                               |                               |                               |                               |                               |                               |                               |                                     |
| <p>* Please provide further description of the item selected above.</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 will: <b>(select one)</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Be bought for the first time (has never been owned before)</li> <li><input type="radio"/> Replace or upgrade old, obsolete, tattered, torn, or substandard equipment currently owned by your organization</li> <li><input type="radio"/> Replace contaminated equipment</li> <li><input type="radio"/> Address a new risk</li> <li><input type="radio"/> Expand the capabilities of your organization into a new mission area</li> <li><input type="radio"/> Replace worn but usable equipment</li> <li><input type="radio"/> Replace used equipment</li> <li><input type="radio"/> Replace new equipment</li> <li><input type="radio"/> Increase your organization’s available supply of this equipment to meet basic mission</li> </ul> |   |                              |                               |                               |                               |                               |                               |                               |                               |                               |                                     |
| <p>If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.</p>   | <table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> 1 year</td> <td><input type="radio"/> 6 years</td> </tr> <tr> <td><input type="radio"/> 2 years</td> <td><input type="radio"/> 7 years</td> </tr> <tr> <td><input type="radio"/> 3 years</td> <td><input type="radio"/> 8 years</td> </tr> <tr> <td><input type="radio"/> 4 years</td> <td><input type="radio"/> 9 years</td> </tr> <tr> <td><input type="radio"/> 5 years</td> <td><input type="radio"/> Over 10 years</td> </tr> </table>   | <input type="radio"/> 1 year | <input type="radio"/> 6 years | <input type="radio"/> 2 years | <input type="radio"/> 7 years | <input type="radio"/> 3 years | <input type="radio"/> 8 years | <input type="radio"/> 4 years | <input type="radio"/> 9 years | <input type="radio"/> 5 years | <input type="radio"/> Over 10 years |
| <input type="radio"/> 1 year  | <input type="radio"/> 6 years   |                              |                               |                               |                               |                               |                               |                               |                               |                               |                                     |
| <input type="radio"/> 2 years   | <input type="radio"/> 7 years   |                              |                               |                               |                               |                               |                               |                               |                               |                               |                                     |
| <input type="radio"/> 3 years   | <input type="radio"/> 8 years   |                              |                               |                               |                               |                               |                               |                               |                               |                               |                                     |
| <input type="radio"/> 4 years   | <input type="radio"/> 9 years   |                              |                               |                               |                               |                               |                               |                               |                               |                               |                                     |
| <input type="radio"/> 5 years   | <input type="radio"/> Over 10 years   |                              |                               |                               |                               |                               |                               |                               |                               |                               |                                     |

(continued from previous page)

|  |  |
|--|--|
| * 5. Generally the equipment purchased under this grant program is: <b>(select one)</b>  |  |
| ○  | Will bring the region into statutory compliance.<br>Please explain how this equipment will bring the region into statutory compliance in the space provided to the right.  |
| ○  | Will bring the region into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc.<br>Please explain how this equipment will bring the region into voluntary compliance in the space provided to the right. |
| * 6. Will the item requested benefit other organizations or otherwise be available for use by other organizations?   |  |
| ○ Yes ○ No   |  |
| If you answered Yes in the question above, please explain:   |  |
| * 7. Will this equipment be used for wildland firefighting purposes?   |  |
| ○ Yes ○ No   |  |
| * 8. Is your department trained in the proper use of this equipment being requested?   |  |
| ○ Yes ○ No   |  |
| * 9. Are you requesting funding for training? ( <b>Funding for requested training should be requested in the Regional Equipment - Additional Funding section on page 96</b> ). |  |
| ○ Yes ○ No   |  |
| 10. If you are not requesting training funds through this application, will you obtain the appropriate training for this equipment through other sources?                      |  |
| ○ Yes ○ No   |  |

## Regional Equipment - Additional Funding (optional unless you're applying for Training funds)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

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



**\* Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

**\* Section #3** Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

**\* Section #4** In the space provided below, include details regarding your organization's request not covered in any other section.

## Regional - 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. Select the PPE that you propose to acquire <b>(from the list on page 101)</b>   |   |
| * Please provide further description of the item selected above.   |   |
| * 2. Number of units: <i>(whole number only)</i>   |   |
| * 3. Cost per unit: <i>(whole dollar amounts only)</i>   | \$  |
| * 4. Please provide your percentage for the appropriate question below: <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 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> compliant SCBA assigned to it if this grant is awarded?</li> <li>• If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members <b>will have</b> specialized PPE that meets applicable NFPA and OSHA standards if this grant is awarded?</li> </ul> | %   |
| * 5. What is the purpose of this request? <b>(select one)</b>  | <ul style="list-style-type: none"> <li><input type="radio"/> to buy equipment for the first time (never owned before)</li> <li><input type="radio"/> to replace or upgrade old/obsolete equipment (it must be a minimum of 10 years or older)</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 meet new risk</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> |

(continued from previous page)

| <p>If you have indicated you are replacing PPE (any PPE other than SCBA) in Question 5, 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. <b>Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace.</b></p> | <input type="radio"/> N/A  |  |
|--|--|--|
|  | Age (in years)   | Number of Items                                    |
|  | Less than 1  |  |
|  | 1  |  |
|  | 2  |  |
|  | 3  |  |
|  | 4  |  |
|  | 5  |  |
|  | 6  |  |
|  | 7  |  |
|  | 8  |  |
|  | 9  |  |
|  | 10   |  |
|  | 11   |  |
|  | 12   |  |
|  | 13   |  |
|  | 14   |  |
| 15   |  |  |
| 16 or more   |  |  |
| Number of members without gear _____   |  |  |
| <p>If you have indicated you are requesting SCBA in the Question 1, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please select "N/A" and continue on to the next question. <b>Please account for ALL SCBA currently in your department's inventory - not just the equipment you wish to replace .</b></p>  | <input type="radio"/> N/A  |  |
|  | Year   | Number of NFPA Compliant SCBA                      |
|  | 2007 Standard  |  |
|  | 2002 Standard  |  |
| Older Standards  |  |  |
| <p>* 6. Is this PPE:</p>   |  |  |
| <input type="radio"/> For protection use against fire<br><input type="radio"/> For use in Haz-mat incidents  | <input type="radio"/> For use in Rescue incidents, vehicle extrication<br><input type="radio"/> For some other use |  |
| If you selected For some other use above, please specify _____   |  |  |
| <p>* 7. Will this equipment be used for wildland firefighting purposes?</p>  |  | <input type="radio"/> Yes <input type="radio"/> No |
| <p>* 8. Is your department trained in the proper use of this equipment being requested?</p>  |  | <input type="radio"/> Yes <input type="radio"/> No |
| <p>* 9. Are you requesting funding for training for this equipment?</p>  |  | <input type="radio"/> Yes <input type="radio"/> No |
| If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?  |  | <input type="radio"/> Yes <input type="radio"/> No |



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

| <b>Structural</b>   |   |
|---|---|
| Boots   | Goggles   |
| Coats   | Helmets   |
| Complete Set of Turnout Gear  | Hoods   |
| Flashlights   | Pants   |
| Gloves  | PASS Devices                                      |
| <b>Respiratory</b>  |   |
| Accountability Systems  | SCBA-45 minutes with face piece-With extra bottle |
| Air-Line Units  | SCBA-60 minutes with face piece-With extra bottle |
| Face Pieces   | Spare Cylinders-30 minutes                        |
| Respirators   | Spare Cylinders-45 minutes                        |
| SCBA-30 minutes with face piece-With extra bottle                   | Spare Cylinders-60 minutes                        |
| <b>Wildland</b>   |   |
| Jumpsuits/Coveralls   | Shelters  |
| Web Gear/Backpacks/Canteens   |   |
| <b>Specialized PPE</b>  |   |
| ANSI Traffic Vests  | Infection Control                                 |
| Chemical/Biological Suits (Must conform to NFPA 1994, 2001 edition) | Proximity and Entry Suits                         |
| EMS Turnout   | Splash Suits                                      |
| Encapsulated Suits  | Wet and Dry Suits                                 |
| Extrication Clothing/Rescue Clothing                                |   |

## Regional PPE - Additional Funding (optional unless you're applying for Training funds)

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Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

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

## **Regional PPE Narrative Statement**

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The program narratives 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 sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire 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:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** 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?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

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

| Project Description   |
|---|
| <p>* <b>Section #1</b> Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.</p> |
|   |

**\* Section #2 Cost/Benefit:** In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

**\* Section #3 Statement of Effect:** How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community?

**\* Section #4** In the space provided below, include details regarding your organization's request not covered in any other section.

## Regional Training Program

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. Which title most closely describes your requested program? <b>(select one from list on pages 107-108)</b>                                 |   |
| Please provide further description of the Training Program you selected.   |   |
| * 2. Generally, this program can best be categorized as <b>(select one)</b> :  |   |
| <input type="radio"/> Training that is evaluated/tested using a national or state standard<br><input type="radio"/> Non-certification training |   |
| * 3. What percentage of applicable personnel will be trained by this program?  | %   |
| * 4. Generally, the training program provided under this grant: <b>(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 into compliance with federal or state mandated training requirements, please specify:             |   |
| <input type="radio"/> Will address an identified risk for your region or community, please specify:  |   |
| * 5. 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  |   |
| * 8. Will this training be:  | <input type="radio"/> Instructor Led<br><input type="radio"/> Self-directed/test-validated<br><input type="radio"/> None of the above |

*(continued on next page)*

| Training Program – Add Budget Item  |   |
|---|---|
| <p><b>* Item: (select one)</b></p>  | <p style="text-align: center;"><b>-- Equipment --</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Audio-Visual</li> <li><input type="radio"/> Classroom</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> </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"/> EVOG</li> <li><input type="radio"/> EMT</li> <li><input type="radio"/> Paramedic</li> <li><input type="radio"/> Inspector</li> <li><input type="radio"/> Specialized</li> <li><input type="radio"/> Investigator</li> <li><input type="radio"/> Public Educator</li> <li><input type="radio"/> Haz-Mat</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> </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"/> Manufacturer Burn Simulator</li> <li><input type="radio"/> Props: Non-Construction</li> </ul> |
| <p><i>*Please provide further description of the item selected above.</i></p> |   |
| <p><b>* Select Object Class:</b></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> <li><input type="radio"/> State Taxes</li> </ul>  |
| <p>If you selected Other above, please specify:</p>                           |   |
| <p><b>* Number of units:</b> <i>(whole number only)</i></p>                   |   |
| <p><b>* Cost per unit:</b> <i>(whole dollar amounts only)</i></p>             |   |

**Training Items List (select one to answer Q1)**

|  |
|--|
| <b>---General Training---</b>  |
| Operations (NFPA 472)  |
| Firefighter I, Firefighter II (NFPA 1001)                                    |
| Instructor Training (NFPA 1041)  |
| Driver/Operator (NFPA 1002)  |
| Officer Training (NFPA 1021)   |
| Basic Wildland Firefighting (NFPA 1051/NWCG)                                 |
| Wildland Firefighter Certification (NFPA 1051/NWCG)                          |
| Wildland Officer (NFPA 1051/1143/NWCG)                                       |
| Airport Rescue Firefighting (ARFF) (NFPA 1003)                               |
| RIT Training (NFPA 1407/29 CFR 1910.134g(4))                                 |
| Confined Space Rescue – Awareness level (NFPA 1670/29 CFR 1910.146)          |
| Vehicle Rescue (NFPA 1670)   |
| 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) |
| Haz-Mat – Technician/Specialist level (NFPA 472)                             |
| Infection Control (NFPA 1581)  |
| Medical First Responder Training (First Responder)                           |
| Emergency Medical Technician – Basic (EMT B)                                 |
| Emergency Medical Technician – Intermediate (EMT I)                          |
| Emergency Scene Rehab (NFPA 1500/1584)                                       |
| Paramedic Training (EMT-P)   |
| Mass Casualty Incident Training (MCI)  |
| NIMS (NFA/EMI/NWFCG)   |
| Incident Management Course (NFA/EMI/NWFCG)                                   |
| Integrated Emergency Management Course (NFPA 1561/IEMC)                      |
| Fire Inspector (NFPA 1031)   |
| Fire Investigator (NFPA 1033)  |
| Fire Educator (NFPA 1035)  |
| Telecommunications/Dispatcher (NFPA 1601)                                    |
| Safety Officer (NFPA 1521)   |
| Physical Agility Program Training (NFPA 1583)                                |
| Firefighter Safety and Survival Training (NFPA 1407/29 CFR 1910.146)         |



*(continued on next page)*

*(continued from previous page)*

|   |
|---|
| Fire Officer I,II, III, and/or IV (NFPA 1021)   |
| Fire Prevention (NFPA 1)  |
| Maritime (NFPA 1405/1005)   |
| Environmental (EPA Train/Learning Center)   |
| Exercises/Preparedness (NFA/EMI)  |
| <b>---CBRNE Training---</b>   |
| Operations-level Training (National Law Enforcement Training Agency)                  |
| Technician-level Training (National Law Enforcement Training Agency)                  |
| Other CBRNE Training (National Law Enforcement Training Agency)                       |
| Weapons of Mass Destruction – Awareness level (CBRNE)                                 |
| Weapons of Mass Destruction – Operations level (NFPA 472)                             |
| Weapons of Mass Destruction – Technician Level for Rural (NFPA 472)                   |
| Weapons of Mass Destruction Training – Technician Level for Urban/Suburban (NFPA 472) |
| Other/Specialized Weapons of Mass Destruction Training (NFPA 472)                     |
| <b>---Specialized CBRNE Training---</b>   |
| Specialist (National Law Enforcement Training Agency)                                 |
| EMS for Incidents Involving CBRNE (National Law Enforcement Training Agency)          |
| ICS for Terrorism (National Law Enforcement Training Agency)                          |
| Mass Decontamination (National Law Enforcement Training Agency)                       |
| Live Agent (National Domestic Preparedness Consortium)                                |
| Explosives and Secondary Device Awareness (National Domestic Preparedness Consortium) |

## Regional Training Narrative Statement

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The program narratives 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 sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire 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:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** 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?
- **Section #4** Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.

Your narrative should be detailed but concise. You may either type your project narrative in the space provided below; or create the text in your word processing system then copy it into the space provided below. Images are **not** allowed, attach additional pages if necessary.

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

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|---|
| <p>* <b>Section #1</b> Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.</p> |
|   |

**\* Section #2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items.

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**\* Section #4** In the space provided below include details regarding your organization's request not covered in any other section.

## Regional Training - 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. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**. Definitions can be found on page 6 of this application.

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



