BURDEN DISCLOSURE NOTICE FEMA FORM 080-0-2a

Public reporting burden for this form is estimated to average 11 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-1660-0054) **NOTE: Do not send your completed form to this address.**

Operations and Firefighter Safety – Equipment

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

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

Note: Fields marked with an * are required.

Equipment Details			
* 1. What equipment will your organization purchase with this grant? (select or Equipment List on pages 17-18)	one from		
*Please provide further description of the item selected.			
* 2. Number of units: (whole number only)			
* 3. Cost per unit: (whole dollar amounts only)			
* 4. Generally the equipment purchased under this grant program will: (select	one)		
 Be bought for the first time Replace or upgrade old, obsolete, tattered, torn, or substandard equipment of Replace contaminated equipment Address a new risk Expand the capabilities of your organization into a new mission area Replace worn but usable equipment Replace used equipment Replace new equipment Increase your organization's available supply of this equipment to meet basi 	c mission		
If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.	e o 1 year o 2 years o 3 years o 4 years o 5 years o N/A	 6 years 7 years 8 years 9 years 10 or more years 	

* 5. Generally the equipment purchased under this grant program: (select one)			
 Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right. 			
• Will bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc.			
Please explain how this equipment will bring the organization into voluntary compliance in the space provided to the right.			
* 6. Will the item requested benefit other organizations or otherwise be available or Yes or No for use by other organizations?			
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 the equipment being requested? \circ Yes \circ No			
*9. Are you requesting funding for training? (Funding for requested training should be requested in the Equipment Additional Funding section).			
10. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources? \circ Yes \circ No			

Equipment List (select one to answer Equipment Details Q1)

Basic Equipment		
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)		

(continued on next page)

Communications		
Base Station	Mobile Date 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	
EMS/	Rescue	
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.		
Haz	-Mat	
Decon, Clean-Up, Containment and Packaging Equipme	nt Spark Proof Tools	
Monitoring and Sampling Devices	Suppression	
Reference Library	Haz-Mat	
Invest	igation	
Cameras	Lights, Portable	
Hand Tools	Monitoring and Sampling Devices	
Investigation Tools		
Speci	alized	
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	
CBRNE I	Equipment	
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		
* 1. On what type of modification will the funds be spent? (Add one line-item request per station being modified)	 Source Capture Exhaust System(s) Sprinkler System(s) Smoke/Alarm System(s) Emergency generator(s) Air Quality System(s) 	
* Please provide further description of the item selected above.		
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)?		
* 3. Does the facility you wish to modify have a drive through bay?		○ Yes ○ No

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* 4. Number of units: (whole number only)			
* 5. Cost per unit: (whole dollar amounts only)			
* 6. What is the age of the facility (in years) that is being modified?	 less than 5 5-10 11-15 16-20 21-25 26-30 greater than 30 		
* 7. What type of facility will be modified?	 Station(s) with sleeping quarters (to include marine fire facilities) Station(s) w/o sleeping quarters Training Facilities Dispatch/Administrative Offices/Maintenance Facilities/Storage Buildings 		
 * 8. What is the level of occupancy for the facility you wish to modify? Note: The occupancy is defined by the number of hours the facility is used within a single 24 hour time period. 	 Full-Time (24/7) Part-Time (Daily, but not 24/7) Occasional 		

Modify 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.

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		
* 1. Select the PPE that you propose to acquir (select one from PPE list on page 29)	e	
* Please provide further description of the item selected above or if you selected Other above, please specify.	1	
* 2. Number of units: (whole number only)		
* 3. Cost per unit: (whole dollar amounts only)	\$	
* 4. Please provide your percentage for the app	propriate question below:	
 For turnout requests, what percentage of your on-duty active members will have PPE that meets applicable NFPA and OSHA standards if this grant is awarded? 		%
	• If you are requesting new SCBA, what percentage of your seated riding positions <i>will have</i> compliant SCBA assigned to it if this grant	
 If you are asking for specialized PPE (of applicable members <i>will have</i> speci established standards if this grant is av 100-member department has a 10-men requesting 10 Haz-Mat suits, you are r applicable members. 	alized PPE that meets varded? For example, if your nber Haz-Mat team and you are	
* 5. What is the purpose of this request?	\circ to buy equipment for the first	t time (never owned before)
(select one)	◦ to replace or upgrade old/obs	
	minimum of 10 years or olde	-
	◦ to replace torn/tattered/damage	
	◦ to replace contaminated equi	pment
	◦ to meet new risk	
	• to replace worn, but usable e	quipment
	• to replace used equipment	
	• to replace new equipment	andle a new mission
	\circ to equip first responders to ha	available supply of this equipment
		available supply of this equipment

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If you have indicated you are requesting PPE clarks of the specific ages of your equipment in years? If requesting SCBA, please select "NA", do not provide PPE ages here but continue on to the next question. Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace.	If you have indicated you are requesting DDE (ony)	DDE other	∘ N/A		
your equipment in years? If requesting SCBA, please select Less than 1 "N/A", do not provide PPE ages here but continue on to the next question. Please assure that you've accounted for ALL gear for ALL members declared in Department. Characteristics - not just the gear you wish to replace. Less than 1 "Automet of neuron sectors in the gear you wish to replace." 3 3 "At gear for ALL members declared in Department Characteristics - not just the gear you wish to replace." 3 3 "Automet of neuron sectors in the gear you wish to replace." 3 3 3 "At gear for ALL members declared in Department in vectors in the gear you wish to replace." 3 3 3 "Automet of neuron sectors in the gear you wish to replace." 8 3 3 3 3 "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. Please account for ALL SCBA currently in your department's inventry - not just the equipment you wish to replace. • N/A Year Number of NFPA Compliant SCBA 2007 Standard 2002 Standard 2002 Standard	your equipment in years? If requesting SCBA, please select			n (100mg)	Number of Itoms
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ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace. □ 3 □ 6 □ 7 □ 8 □ 9 □ 10 □ 11 □ 12 □ 13 □ 14 □ 15 □ 14 □ 15 □ 16 or more 0 Number of NFPA Compliant? If not 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. Please account for ALL SCBA currently in your department's inventory - not just the equipment you wish to replace. • N/A * 6. Is this PPE: • For use in Rescue incidents, vehicle extrication • For use in Haz-mat incidents • For use in Rescue incidents, vehicle extrication • For use in Haz-mat incidents f you acquested For some other use above, please specify • Yes • No * 7. Will this equipment be used for wildland firefighting puppose? • Yes • No * 8. Is your department raining for this equipment? • Yes • No * 7. Will this equipment be used for wildland firefighting puppose?			Less		
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(Funding for requested training should be requested in the PPE • Yes • No Additional Funding section on page 30). If you are not asking for training funds through this application, will you obtain training • Yes			-51801	· 162	UIT
for this againment through other sources?	(Funding for requested training should be requested in the P		PPE	∘ Yes	○ No
o No	If you are not asking for training funds through this application, will you obtai		n training	∘ Yes	
	for this equipment through other sources?			○ No	

Personal Protective Equipment List (select one to answer Q1)

Structural			
Boots	Goggles		
Coats	Helmets		
Complete Set of Turnout Gear	Hoods		
Flashlights	Pants		
Gloves	PASS Devices		
Respi	ratory		
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		
Wild	Wildland		
Jumpsuits/Coveralls Shelters			
Web Gear/Backpacks/Canteens			
Other PPE			
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)	

Firefighter PPE 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 - 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 (NPFA 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 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)
CBRNE Training
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)
Specialized CBRNE Training
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)

(continued on next page)

(continued from previous page)

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

Training Program

(continued from previous page)

Please provide the following information about the training you want funded. **Only whole dollar amounts are acceptable**. For each budget item, please fill out an additional page.

Training Program – Add Budget Item			
* Item: (select one)	Equipment		
	 Audio-Visual 		○ Library
	 Classroom 		\circ Reference Texts
	 Rescue 		○ Supplies
	• CPR Manikins		
		Programs & Contract In	struction
	∘Firefighter I		○ Investigator
	∘Firefighter II		 Public Educator
	oDriver/Operator	r	○ Haz-Mat
	∘EVOC		○ Marine
	∘EMT		○ Aircraft
	○Paramedic		\circ Wildland
	○Inspector		○ Officer I-IV
	 Specialized 		
		Props: Non-Constru	ction
	 Simulators 		
	∘Manufacturer B	Burn Simulator	
		nstruction	
* Please provide further descrip	tion of the item		
selected above.			
* Select Object Class:		○ Personnel	 Contractual
beleet object class.			 Construction
		• Fringe Benefits	
		○ Travel	• Indirect Charges
		○ Equipment	○ Other
		○ Supplies	• State Taxes
If you selected Other above, ple	ease specify:		
* Number of units:			
(whole number only)			
* Cost per unit:			
(whole dollar amounts only)			

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.

FEMA FORM 080-0-2a

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 Training 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?
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- 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 – 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.

Program Area	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	∘Yes ∘No	∘ Yes ∘ No	∘ Yes ∘ No	∘ Yes ∘ No
* Job Related Immunization Program	∘Yes ∘No	∘ Yes ∘ No	∘ Yes ∘ No	∘ Yes ∘ No
* Periodic Medical Exam/Health Screening	∘Yes ∘No	∘ Yes ∘ No	∘ Yes ∘ No	∘ Yes ∘ No
* Behavioral Health NFPA 1500 or equivalent Behavioral health programs are described in NFPA 1500 chapter 11. If you have any questions call the AFG help desk at 866-274- 0960.	∘Yes ∘No	∘ Yes ∘ No	∘ Yes ∘ No	∘ Yes ∘ 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 Behavorial Health):

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

additional sheets if necessary)		
* Item	Physicals/Medical Examinations	
	 Job Related Immunization Program 	
	○Initial Physical Exam	
	◦Behavioral Health NFPA 1500 or equivalent	
	○Periodic Physical Exam/Health Screening	5
	○Rehab and Therapy	
	Wellness –	
	○Exercise Equipment	◦ Aerobic Instructors
	○Nutrition	◦ Physical Trainers
	 Smoking Cessation 	○CISD Programs
	• Fitness Assessments and Counseling	○EAP Programs
* Please provide further description of the item		Ŭ
selected above.		
* Select Object Class:	○ Personnel	
	○ Fringe Benefits	
	○ Travel	
	 Equipment 	
	○ Supplies	
	• Contractual	
	• Construction	
	 Indirect Charges 	
	○ Other	
	○ State Taxes	
If you selected Other above, please		
specify		
* Number of units:		
(whole number only)		
* Cost per unit:		
(whole dollar amounts only)		
	1	

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

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.

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?
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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.

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

Please go directly to page 112 and Budget.

Operations and Safety – EMS Equipment

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

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

Note: Fields marked with an * are required.

Equipment Details		
* 1. What equipment will be purchased with	Communications	
grant funds?	\circ Mobile Radios (Must be P-25 Compliant)	
(select one)	• Portable Radios (Must be P-25 Compliant)	
	○ Pagers	
	• Base stations	
	◦ Computers/MDT	
	EMS	
	◦ Defibrillators	
	• Pulse Oximeters	
	• ALS/BLS equipment	
	• Power lift cots/stretchers	
	• ALS Airway Equipment	
	◦ BLS Airway Equipment	
	◦ Suction	
	• Stretchers, Backboards, Splints, etc.	
	• EMS/Rescue (explain)	
	Basic Equipment	
	 Powered/Mechanical Extrication Tools/Equipment 	
	Haz-Mat	
	\circ Decon, Clean-Up, Containment and Packaging Equipment	
	• Reference Library	
	○ Haz-Mat	
	Technical Rescue	
	 Technical Rescue Equipment 	
	CBRNE	
	 Monitoring and Sampling Devices 	
* Please provide further description of the item selected above.		
* 2. Number of units: (whole number only)		
* 3. Cost per unit: (whole dollar amounts only)	\$	

(continued on next page)

(continued from previous page)

* 4. Generally the equipment purchased under this grant pro-	* 4. Generally the equipment purchased under this grant program will: (select one)		
• Be bought for the first time (has never been owned before)			
• Replace or upgrade old, obsolete, tattered, torn, or substa	• Replace or upgrade old, obsolete, tattered, torn, or substandard equipment currently owned by your organization		
• Replace contaminated equipment			
• Address a new risk	• Address a new risk		
• Replace used or obsolete equipment			
• Expand the capabilities of your organization into a new r	nission area		
• Replace worn but usable equipment			
• Replace used equipment			
• Replace new equipment			
• Increase your organization's available supply of this equ	ipment to meet basic mission		
* 5. Will this equipment bring you into compliance with	○ Yes ○ No ○ N/A		
state or federal or local protocols, standards/regulations?			
*6. At what level of service will this equipment be used if awarded this grant?	• ALS (EMT-I and EMT-P)		
	• BLS (EMT-B)		
	 ALS/EMR (First Responder) Haz-Mat Ops/Tech 		
	 Rescue Ops/Tech 		
*7. Is your department trained in the proper use of the equipment being purchased with grant funds?	○ 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? (Funding for requested training should be requested in the Equipment Additional Funding section on page 50)	∘ Yes ∘ No		
Additional Funding section on page 59).			
10. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	∘ Yes ∘ No		

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 shee	t if necessary)	

EMS 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.

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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.

EMS Operations and Safety - Modify Facilities

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

Reminder: 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 EMS Operations and Safety – Modify Facilities questions. You may be required to provide documentation about the nature of the facility, historical review, EPA review, flood plains, etc. prior to being considered for award.

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

Note: Fields marked with an * are required.

Note: For each request, attach an additional sheet.

Modify Facilities Details			
* 1. On what type of modification will the funds be spent?		 Source Capture Exhaust System(s) Sprinkler System(s) Smoke/Alarm System(s) Emergency Generator(s) Air Quality System(s) 	
*Please provide further description of the item selected above.			
* 2. What is the age of the facility that is being modified (in years)?		 less than 5 5-10 11-15 21-25 	 ○ 16-20 ○ 26-30 ○ greater than 30
 * 3. What type of facility will be modified? 4. If you are installing an exhaust extraction 	 Station(s) with sleeping quarters (to include marine fire facilities) Station(s) w/o sleeping quarters Training Facilities Dispatch/Administrative Offices/Maintenance Facilities/Storage Buildings 		
system (only include currently owned vehic capacity)?			
* 5. Number of units: (whole number only)			
* 6. Cost per unit: (whole dollar amounts only)			
* 7. What is the level of occupancy for the facility you wish to modify?Note: The occupancy is defined by the number of hours the facility is used within a single 24 hour time period.		 Full-Time (24/7) Part-Time (Daily, but not 24/7) Occasional 	
* Does the facility you wish to modify have a drive		◦ Yes	

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.

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)		

FEMA FORM 080-0-2a

EMS 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:

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Note: Fields marked with an * are required.

Project Description

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* 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:	• ANSI Traffic Vests		
	 Respirators Helmets 		
	◦ Boots		
	○ Goggles		
	○ Gloves		
	○ Face Pieces		
	• Hearing Protection		
	 EMS Turnout Coats EMS Turnout Pants 		
		SCBA	
	◦ SCBA-30 minutes with fa	ce piece-With extra bottle	
	◦ SCBA-45 minutes with fa	ce piece-With extra bottle	
	◦ SCBA-60 minutes with fa	-	
	◦ Spare Cylinders-30 minute		
	• Spare Cylinders-45 minute		
	• Spare Cylinders-60 minute	28	
	• Air-Line Units Specialized		
	◦ Respirators	operande	
	• Extrication Jumpsuits		
	○ Level-B De-con Suits		
* 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 q		question below:	
• For turnout requests, what percentage of your on-du PPE that meets applicable NFPA and OSHA standa		indards if this grant is awarded?	%
 If you are requesting new SCBA, what percentage of your seated riding positions will have compliant PPE that meets established standards if this grant is awarded? 			
• If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members <i>will have</i> specialized PPE that meets applicable NFPA and OSHA standards if this grant is awarded?			

* 5. What is the purpose of this	 ○ to buy equipment for the first time (never owned before) ○ to variate or variate		
request? (select one)	 to replace or upgrade old/obsolete equipment (it must be a minimum of 10 years or ol to replace torn/tattered/damaged equipment 		m of 10 years or older)
requesti (sereet one)		ent	
	 to replace contaminated equipment to meet new risk 		
	 to fileet new fisk to replace worn, but usable equipment 		
	 to replace word, but usable equipment to replace used equipment 		
	 ○ to replace used equipment ○ to replace new equipment 		
	 to replace new equipment to equip first responders to handle a new 	mission	
	 to equip first responders to name a new to increase the department's available su 		
If you have indicated y	you are requesting PPE (any PPE other	○ N/A	
	estion 1, what are the specific ages of your		Number of Items
equipment in years? I	f requesting SCBA, please select "N/A",	Age (in years)	INUITIDET OF ITEMS
	ges here but continue on to the next	Less than 1 year	
	re that you've accounted for ALL gear eclared in Department Characteristics –	1	
not just the gear you		2	
not just the gear you		3	
		4	
		5	
		6	
		7	
		8	
		9	
		10	
		11	
		12	
		13	
		14	
		15	
		16 or more	
		Number of members with	hout gear
			0

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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. Please		Year		er of NFPA bliant SCBA
		○ N/A		
account for ALL SCBA currently in your	150	2007 Standard		
department's inventory – not just the equipme	ent	2002 Standard		
you wish to replace.		Older Standards		
* 6. Is this PPE:	◦ For	daily use (station wear)		
	• Aga	ainst Blood borne pathogens or	other contar	ninants
	◦ For	> For use in Rescue incidents		
	○ For	or use in Haz-Mat incidents		
	○ For			
If you selected For some other use above, please specify:				
* 7. Is your department trained in the proper use of the equipment being requested?		○ Yes	○ No	
* 8. Are you requesting funding for training for this equipment? (Funding for requested training should be requested in the EMS PPE Additional Funding section on page 69).		∘ Yes	∘ No	
If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?		○ Yes	○ 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

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.

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?	◦ ALS ◦ BLS	
* 2. If awarded these funds, to what level will you be training your personnel?	 EMT-I or EMT-P EMT-B First Responder/EMR Haz-Mat Ops/Tech Rescue Ops/Tech 	
* 3. Are you asking for the funds for equipment to go with the level of your training?	◦ Yes ◦ 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)	Equipment	
	○ Audio-Visual	\circ Library
	◦ Classroom	 Reference Texts
	○ Media	 Supplies
	Programs & Contract	Instruction
	○ Driver/Operator	• ALS
	\circ BLS	○ Haz-Mat
	Props: Non-Cons	truction
	○ Simulators	 CPR Manikins
* Please provide further description of the item selected		
above.		
* Select Object Class:	○ Personnel	
	○ Fringe Benefits	
	○ Travel	
	○ Equipment	
	○ Supplies	
	○ Contractual	
	◦ Construction	
	○ Indirect Charges	
	○ 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

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.

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.

Program Area	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	∘Yes ∘No	∘Yes ∘No	∘ Yes ∘ No	∘ Yes ∘ No
* Job Related Immunization Program	∘Yes ∘No	∘Yes ∘No	∘ Yes ∘ No	∘ Yes ∘ No
* Periodic Medical Exam/Health Screening	∘Yes ∘No	∘ Yes ∘ No	∘ Yes ∘ No	∘ Yes ∘ No
* Behavioral Health NFPA 1500 or equivalent Behavioral health programs are described in NFPA 1500 chapter 11. If you have any questions call the AFG help desk at 866-274- 0960.	∘ Yes ∘ No	∘Yes ∘No	∘ Yes ∘ No	∘ Yes ∘ 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)	 Formal fitness and injury prevention program CISM program Employee assistance program Injury/illness rehabilitation program
* 2. Does your organization currently offer this activity?	∘ Yes ∘ No
* 3. Are you requesting funding with this application?	∘ Yes ∘ No
* 4. Will this activity be mandatory?	◦ Yes ◦ No
* 5. Will this activity be offered to all?	◦ Yes ◦ No

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

* Item	Physicals/Medical Examinations	
	○Job Related Immunization Program	
	○Initial Physical Exam	
	○Behavioral Health NFPA 1500 or equivalent	
	•Periodic Physical Exam/Health Screening	
	•Rehab and Therapy	
	Wellness –	
	○Exercise Equipment	• Aerobic Instructors
	○Nutrition	 Physical Trainers
	 Smoking Cessation 	 CISD Programs
	• Fitness Assessments and Counseling	○EAP Programs
* Please provide further description of the item selected above.		
* Select Object Class:	 Personnel Fringe Benefits	
	○ Travel	
	○ Equipment	
	○ Supplies	
	◦ Contractual	
	\circ Construction	
	○ Indirect Charges	
	○ Other	
	○ State Taxes	
If you selected Other above, please specify		
* Number of units: (whole number only)		
* Cost per unit: (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

* 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.

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.

Equipment Details			
* 1. What equipment will you purchase with this		Communicatio	ons
grant? (select one)	◦ Base Station		
	• Computer Aide	d Dispatch (CAD)	
	○ Mobile Data Te	erminal (MDT)	
	• Mobile Radios	(Must be P-25 com	ipliant)
	• Portable Radios	s (Must be P-25 cor	mpliant)
	 Repeaters 		
	• Communication	ns Systems	
		EMS	
	 Defibrillators 		
	○ EMS		
		EMS/Rescu	e
	○ Haz-Mat		
	 Investigation 		
		Specialized	
	• Specialized		
* 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. Generally the equipment purchased under this gr	ant program will: (s	elect one)	
• Be bought for the first time (has never been owned		,	
• Replace or upgrade old, obsolete, tattered, torn, or	•	ent currently owne	d by your organization
• Replace contaminated equipment			
 Address a new risk 			
• Expand the capabilities of your organization into a	new mission area		
 Replace worn but usable equipment 			
 Replace used equipment 			
 Replace new equipment 			
• Increase your organization's available supply of th	is equipment to mee	et basic mission	
If you selected "replacing equipment" (from Q4) above, please		○ 1 year	○ 6 years
specify the age of equipment in years.	· 1	• 2 years	• 7 years
		• 3 years	• 8 years
		• 4 years	• 9 years
		◦ 5 years	• Over 10 years
		- ,	

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* 5. Generally the equipment purchased under this grant program is: (select one)			
0	Will bring the region into statutory compliance. Please explain how this equipment will bring the region into statutory compliance in the space provided to the right.		
0	Will bring the region into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc. Please explain how this equipment will bring the region into voluntary compliance in the space provided to the right.		
1	* 6. Will the item requested benefit other organizations or otherwise be available for use by other organizations?		
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? (Funding for requested training should be requested in the Regional Equipment - Additional Funding section on page 96).		∘ 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 shee	t if necessary)	

Regional 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.

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 (from the list on page 101)		
* 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: For turnout requests, what percentage of your on-duty active members <i>will have</i> PPE that meets applicable NFPA and OSHA standards if this grant is awarded? If you are requesting new SCBA, what percentage of your seated riding positions <i>will have</i> compliant SCBA assigned to it if this grant is awarded? 		
 If you are asking for specialized PPE (e of applicable members <i>will have</i> special NFPA and OSHA standards if this gran 	lized PPE that meets applicable	
 * 5. What is the purpose of this request? (select one) 	 to buy equipment for the first time (never owned before) to replace or upgrade old/obsolete equipment (it must be a minimum of 10 years or older) to replace torn/tattered/damaged equipment to replace contaminated equipment to meet new risk to replace worn, but usable equipment to replace used equipment to replace new equipment to equip first responders to handle a new mission to increase the department's available supply of this equipment 	

(continued from previous page)			
If you have indicated you are replacing PPE (any F	∘ N/A		
than SCBA) in Question 5, what are the specific ages of your equipment in years? If requesting SCBA, please select "N/A",		Age (in	n years) Number of Items
do not provide PPE ages here but continue on to		Less t	han 1
question. Please assure that you've accounted	for ALL	1	L
gear for ALL members declared in Dep	•	2	2
Characteristics - not just the gear you wish to repl	ace.	3	3
		4	1
		5	5
		6	5
		7	7
		8	3
		g)
		1	0
		1	1
		1	2
	13		3
	14	4	
		1	5
		16 or	more
		Number of r	nembers without gear
If you have indicated you are requesting SCBA in	○ N/A		
the Question 1, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA,	Y	'ear	Number of NFPA Compliant SCBA
please select "N/A" and continue on to the next	2007 Sta	ndard	
question. Please account for ALL SCBA	2002 Sta	ndard	
currently in your department's inventory - not just the equipment you wish to replace .	Older Sta	andards	
* 6. Is this PPE:			
\circ For protection use against fire	• For use	e in Rescue i	ncidents, vehicle extrication
• For use in Haz-mat incidents	\circ For so	me other use	
If you selected For some other use above, please spec	cify		
* 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 reque		ested?	◦ Yes ◦ No
* 9. Are you requesting funding for training for this e	equipment?		◦ Yes ◦ No
If you are not requesting training funds through this application, training for this equipment through other sources?		will you obt	ain o Yes o No

(continued from previous page)

Structural			
Boots	Goggles		
Coats	Helmets		
Complete Set of Turnout Gear	Hoods		
Flashlights	Pants		
Gloves	PASS Devices		
Respin	ratory		
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		
Wild	lland		
Jumpsuits/Coveralls	Shelters		
Web Gear/Backpacks/Canteens			
Specialized PPE			
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 Personal Protective Equipment List (select one to answer Q1)

Regional 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)		

Regional PPE 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.

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? (select one from list on pages 107-108)			
Please provide further description of the Training Program you selected.	m		
* 2. Generally, this program can best be categorized as (see	elect one):		
 Training that is evaluated/tested using a national or stat Non-certification training 	te standard		
* 3. What percentage of applicable personnel will be train by this program?	ned %		
* 4. Generally, the training program provided under this a	grant: (select one)		
 Will bring your region into compliance with recommended applicable NFPA or other standards, please specify: 			
 Will bring your region into compliance with federal or state mandated training requirements, please specify: 			
• Will address an identified risk for your region or community, please specify:			
* 5. Will this training enhance your ability to perform mu aid?	itual ° Yes ° No		
If you answered Yes to the question above, please explain	n		
* 8. Will this training be:	 Instructor Led Self-directed/test-validated None of the above 		

(continued on next page)

Training Program – Add Budget Item			
* Item: (select one)			
	• Audio-Visual	◦ Library	
	○ Classroom	 Reference Texts 	
	○ Rescue	◦ Supplies	
	 CPR Manikins 		
	Progra	ms & Contract Instruction	
	∘Firefighter I	 Investigator 	
	○Firefighter II	 Public Educator 	
	 Driver/Operator 	 Haz-Mat 	
	∘EVOC	 Marine 	
	∘EMT	 Aircraft 	
	○Paramedic	\circ Wildland	
	oInspector	 Officer I-IV 	
	○Specialized		
		ops: Non-Construction	
	○Simulators		
	•Manufacturer Burn Simulator		
	• Props: Non-Construction		
*Please provide further description			
* Select Object Class:		• Personnel	
		• Fringe Benefits	
		• Travel	
		EquipmentSupplies	
		 Contractual 	
		• Construction	
		 Indirect Charges 	
		• Other	
		 State Taxes 	
If you selected Other above, please specify:			
	sicule opecity.		
* Number of units: (whole number only)			
* Cost per unit: (whole dollar amounts only)			

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 (NPFA 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 CRF 1910.146

Training Items List (select one to answer Q1)

(continued on next page)

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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) CBRNE Training 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 – Technician Level for Urban/Suburban (NFPA 472) Other/Specialized Weapons of Mass Destruction Training (NFPA 472) Other/Specialized CBRNE Training Specialist (National Law Enforcement Training Agency) EMS for Incidents Involving CBRNE (National Law Enforcement Training Agency) ICS for Terrorism (National Law Enforcement Training Agency) ICS for Terrorism (National Law Enforcement Training Agency) Mass Decontamination (National Law Enforcement Training Agency)			
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Exercises/Preparedness (NFA/EMI) CBRNE Training 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) Other/Specialized CBRNE Training Specialist (National Law Enforcement Training Agency) EMS for Incidents Involving CBRNE (National Law Enforcement Training Agency) ICS for Terrorism (National Law Enforcement Training Agency)	Maritime (NFPA 1405/1005)		
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Other/Specialized Weapons of Mass Destruction Training (NFPA 472) Specialized CBRNE Training Specialist (National Law Enforcement Training Agency) EMS for Incidents Involving CBRNE (National Law Enforcement Training Agency) ICS for Terrorism (National Law Enforcement Training Agency)	Weapons of Mass Destruction – Technician Level for Rural (NFPA 472)		
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Specialist (National Law Enforcement Training Agency) EMS for Incidents Involving CBRNE (National Law Enforcement Training Agency) ICS for Terrorism (National Law Enforcement Training Agency)	Other/Specialized Weapons of Mass Destruction Training (NFPA 472)		
EMS for Incidents Involving CBRNE (National Law Enforcement Training Agency) ICS for Terrorism (National Law Enforcement Training Agency)	Specialized CBRNE Training		
ICS for Terrorism (National Law Enforcement Training Agency)	Specialist (National Law Enforcement Training Agency)		
	EMS for Incidents Involving CBRNE (National Law Enforcement Training Agency)		
Mass Decontamination (National Law Enforcement Training Agency)	ICS for Terrorism (National Law Enforcement Training Agency)		
(individue de la contrainination (individual de la contraining rigeney)	Mass Decontamination (National Law Enforcement Training Agency)		
Live Agent (National Domestic Preparedness Consortium)	Live Agent (National Domestic Preparedness Consortium)		
Explosives and Secondary Device Awareness (National Domestic Preparedness Consortium)	Explosives and Secondary Device Awareness (National Domestic Preparedness Consortium)		

Regional Training 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.

Regional 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	t if necessary)	