

BURDEN DISCLOSURE NOTICE
FEMA FORM 080-0-2b

Public reporting burden for this form is estimated to average 4.6 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.**

Firefighting Vehicle Program

Please provide the following information about the vehicle you want funded. **If your organization is applying for equipment and a vehicle, you must fill out a separate application for the equipment. If your organization is requesting multiple vehicles, then you must complete separate sheets for the Vehicle Details, Additional Funding, and Narrative of each vehicle you are requesting.**

Note: Fields marked with an * are required.

Vehicle Details					
* 1. What type or class of vehicle will you use the grant funds to purchase? (select one from list of Firefighting Vehicle Types on page 47)					
Please provide further description of the item selected above:					
* 2. Cost (whole dollar amounts only) \$					
* 3. Is the vehicle you propose to buy a refurbished, used or new response vehicle to meet current standards? <input type="radio"/> New (never owned before) <input type="radio"/> Refurbished (compliant to current standards) <input type="radio"/> Refurbished (compliant to the year of manufacturing) <input type="radio"/> Used (compliant to the year of manufacturing)					
* 4. What is the age of the vehicle being replaced?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years
* 5. What is the newest (age) vehicle you currently own in the class you are purchasing?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years
* 6. How old is the oldest (age) vehicle you own in the class you are purchasing?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years
* 7. What is the average age of all vehicles in your fleet?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years

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*8. Do you have a driver-training program equivalent to national or NFPA standards?	<input type="radio"/> Yes <input type="radio"/> No
If you answered No, will you develop one prior to receipt of the vehicle per the program guidance?	<input type="radio"/> Yes <input type="radio"/> No
*Are you requesting funding for training specific to the vehicle acquisition? (Funding for requested training should be requested in the Firefighting Vehicle Additional Funding section on page 49).	<input type="radio"/> Yes <input type="radio"/> No
If you are not requesting funding, will you obtain the appropriate training through other sources?	<input type="radio"/> Yes <input type="radio"/> No
*9. Is the vehicle you propose to buy:	<input type="radio"/> First time purchase for increased risk (do not currently own in this class) <input type="radio"/> Replacement of an existing apparatus <input type="radio"/> Addition to the fleet
*10. Is the vehicle you are replacing a converted vehicle not originally designed for its current use?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - First Time Purchase
*11. Does the vehicle you are replacing have an open cab configuration?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - First Time Purchase
*12. If awarded, will you permanently remove this substandard vehicle from service?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - First Time Purchase
If you are removing a vehicle from service, describe the vehicle you plan to remove in the space provided. Please enter the type, year, model.	
Please enter the VIN (Vehicle Identification Number) for the vehicle you are requesting to replace:	
*13. How long have you owned the vehicle you are replacing?	_____ Years (whole number only) <input type="radio"/> N/A
*14. If you are removing a vehicle from service, what is the number of calls that vehicle responded to during 2011 (documented through vehicle or dispatch logs)? (whole number only)	_____ <input type="radio"/> N/A
*15. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations.	<input type="radio"/> Yes <input type="radio"/> No
*16. Will this vehicle be used for automatic and/or mutual aid?	<input type="radio"/> Automatic Aid <input type="radio"/> Mutual Aid <input type="radio"/> Both <input type="radio"/> None
*17. What percentage of your annual budget goes to vehicle replacement?	(0-100%)

Firefighting Vehicle Types (select one for Vehicle Details Q1)

Engine	
Pumper/Engine (750 gpm or more and holds a minimum of 300 gallons or more)	
Pumper with CAFS	
Type I Engine Urban Interface	
Ambulance	
Ambulance	
Tanker	
Tanker/Tender (750 gpm or less and holds a minimum of 1000 gallons or more)	
Brush/Attack	
Brush Truck	
Patrol Unit (Pick up w/Skid Unit)	
Mini-Pumper	
Type II Engine	
Type III Engine	
Type IV Engine	
Type V Engine	
Type VI Engine	
Aerial	
Aerial Ladder Truck	
Telescoping	
Articulating	
Ladder Towers	
Platforms	
Tiller Ladder Truck	
Quint	
Rescue (non-transport)	
Rescue (Light, Medium, Heavy)	Technical Rescue Vehicle
Other/Specialized Vehicles	
ARFF (Aircraft Rescue Firefighting)	Hazardous Materials Unit
Command/Mobile Communications Vehicle	Rehab Unit
Air/Light Unit	Fire Rescue/Boat
Foam truck	Highway Safety Unit

Firefighting Vehicle Inventory

Please provide the following information.

If you have 15 emergency response vehicles or less, list all of your Engines/Pumpers, Tankers, Aerials, Brush and Rescue Vehicles. List all vehicles providing the type, the age, the pump capacity (GPM) if applicable, the carrying capacity (gallons) if applicable.

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

If you have more than 15 emergency response vehicles - other than those categorized as "Other", please provide the oldest, newest, and average age for each type of vehicle.

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

Firefighting Vehicle - 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)	

Firefighting Vehicle Narrative Statement

The program narratives should provide all the information necessary for you to justify your needs and for the program office to make an award decision. In the program narrative sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire grant application.

Please ensure that your narrative clearly addresses each of the following areas to the best of your ability. Follow the sequence and specifically address each of the following topics:

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

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

Note: Fields marked with an * are required.

Project Description
<p>* 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.</p>
Empty space for the applicant's narrative

*** 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 page 112 and Total Budget.

EMS Vehicle Program

Please provide the following information about the vehicle you want funded. **If your organization is requesting multiple vehicles, then you must complete separate sheets for the Vehicle Details, Additional Funding, and Narrative of each vehicle you are requesting. If your organization is a fire department, go to page 45.**

Note: Fields marked with an * are required.

EMS Vehicle Details					
* 1. What type or class of vehicle will you use the grant funds to purchase?	<input type="radio"/> Ambulance <input type="radio"/> Non-Transport				
* Please provide further description of the item selected above.					
* 2. Cost (whole dollar amounts only)	\$				
* 3. Is the vehicle you propose to buy a refurbished, used or new response vehicle to meet current standards?	<input type="radio"/> New (never owned before) <input type="radio"/> Refurbished (compliant to current standards) <input type="radio"/> Refurbished (compliant to the year of manufacturing) <input type="radio"/> Used (compliant to the year of manufacturing)				
* 4. What is the age of the vehicle being replaced?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years
* 5. What is the newest (age) vehicle you currently own in the class you are purchasing?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years
* 6. How old is the oldest (age) vehicle you own in the class you are purchasing?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years
* 7. What is the average age of all vehicles in your fleet?	<input type="radio"/> N/A <input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years	<input type="radio"/> 5 years <input type="radio"/> 6 years <input type="radio"/> 7 years <input type="radio"/> 8 years <input type="radio"/> 9 years <input type="radio"/> 10 years <input type="radio"/> 11 years	<input type="radio"/> 12 years <input type="radio"/> 13 years <input type="radio"/> 14 years <input type="radio"/> 15 years <input type="radio"/> 16 years <input type="radio"/> 17 years <input type="radio"/> 18 years	<input type="radio"/> 19 years <input type="radio"/> 20 years <input type="radio"/> 21 years <input type="radio"/> 22 years <input type="radio"/> 23 years <input type="radio"/> 24 years <input type="radio"/> 25 years	<input type="radio"/> 26 years <input type="radio"/> 27 years <input type="radio"/> 28 years <input type="radio"/> 29 years <input type="radio"/> 30 years <input type="radio"/> More than 30 years

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*8. Do you have a formal driver-training program?	<input type="radio"/> Yes <input type="radio"/> No
If you answered No, will you develop one prior to receipt of the vehicle per the program guidance?	<input type="radio"/> Yes <input type="radio"/> No

EMS Vehicle Inventory

Please provide the following information.

If you have 15 emergency response vehicles or less, list all vehicles providing the type, the age, and if the vehicle is used for patient transportation.

Vehicle Type (possible terms: Ambulance or Non-Transport)	Age	Is this vehicle used for transport?
1		<input type="radio"/> Yes <input type="radio"/> No
2		<input type="radio"/> Yes <input type="radio"/> No
3		<input type="radio"/> Yes <input type="radio"/> No
4		<input type="radio"/> Yes <input type="radio"/> No
5		<input type="radio"/> Yes <input type="radio"/> No
6		<input type="radio"/> Yes <input type="radio"/> No
7		<input type="radio"/> Yes <input type="radio"/> No
8		<input type="radio"/> Yes <input type="radio"/> No
9		<input type="radio"/> Yes <input type="radio"/> No
10		<input type="radio"/> Yes <input type="radio"/> No
11		<input type="radio"/> Yes <input type="radio"/> No
12		<input type="radio"/> Yes <input type="radio"/> No
13		<input type="radio"/> Yes <input type="radio"/> No
14		<input type="radio"/> Yes <input type="radio"/> No
15		<input type="radio"/> Yes <input type="radio"/> No

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

Type or Class	Quantity	Oldest (age)	Newest (age)	Average (age)
Ambulance				
Non-Transport				

EMS Vehicle - 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 Vehicle 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.