

**BURDEN DISCLOSURE NOTICE**  
**FEMA FORM 080-0-3**

Public reporting burden for this form is estimated to average 2.5 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.**



2012

**Fire Prevention and Safety Grants**  
**Application**

**The electronic application period is from October 22, 2012 (beginning at 08:00 am EDT) to November 16, 2012 (ending at 5:00 pm EST).** It does not matter how early you submit your application, as long as it is prior to the deadline. All paper applications must be postmarked by November 13, **or otherwise received prior to the deadline.**

Department of Homeland Security has established a help desk to assist you during the application period. Technical assistance with completion of the application will be available by phone on our toll free hotline at (866) 274-0960 during the following hours:

- Monday through Friday from 8:00 am to 4:30 pm Eastern Time

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

There are two activities that can be funded under this offering: The **Fire Prevention and Safety** activity and the **Firefighter Safety Research and Development** activity. Fire departments are eligible to receive assistance only in the Fire Prevention and Safety activity. Private and public nonprofit organizations are eligible to apply in both the Fire Prevention and Safety activity and Firefighter Safety Research and Development activity.

1. **Fire Prevention and Safety activity.** The applicant can describe up to three “projects” to address their strategic risk based on FP&S needs.
2. **Firefighter Safety and Research and Development activity.** The purpose of this funding activity is to improve Firefighter health and life safety through research and development projects.

For more information about this program, visit [www.firegrantsupport.com](http://www.firegrantsupport.com)

**Firegrants Office**  
(866) 274 – 0960  
(866) 274 – 0942 Fax

## Preparer Information

The Fire Prevention and Safety grants provide funding for an array of prevention activities aimed at protecting the health and safety of the public and firefighting personnel. Grant funds are available to fire departments as well as national, state, local, or regional organizations that specialize in prevention activities.

**Please complete the information below about the preparer of this application and indicate if you are the appropriate person to be contacted regarding matters of this application.**

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

Preparer Information	
Prefix or Title	<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> N/A
* First Name	
Middle Initial	
* Last Name	
Organization Name	
* Address 1	
* City	
* State	
* Zip	
* Primary Phone	Ext. <input type="radio"/> home <input type="radio"/> work <input type="radio"/> cell (select one)
* Secondary Phone	Ext. <input type="radio"/> home <input type="radio"/> work <input type="radio"/> cell (select one)
Optional Phone	Ext. <input type="radio"/> home <input type="radio"/> work <input type="radio"/> cell (select one)
* Email	
* Is there a grant-writing fee associated with the preparation of this request?	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes above, what is the fee?	\$ _____ (whole dollar amounts only)

\* Are you the person to be contacted on matters involving this application?  Yes  No

If no, please specify who should be contacted:  Primary Contact  Alternate Contact

## Contact Information

Two contacts are required for each application. The Primary Contact, as listed below, is the person for which all exchanges of information will be made relative to the application. If you indicated on the Preparer Information page that you are the person to be contacted on matters involving this application please confirm your information in the Primary Contact section below. If you are not the person to be contacted please provide the appropriate person's contact information below. In addition to the Primary Contact information, please provide an Alternate point of contact. The Alternate contact should be able to answer any questions relative to this application in the event that Primary Contact is unavailable.

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

Primary Contact Information	
* Title	
Prefix (check one)	<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> N/A
* First Name	
Middle Initial	
* Last Name	
* Primary Phone	Ext. <input type="radio"/> home <input type="radio"/> work <input type="radio"/> cell (select one)
* Secondary Phone	Ext. <input type="radio"/> home <input type="radio"/> work <input type="radio"/> cell (select one)
Optional Phone	Ext. <input type="radio"/> home <input type="radio"/> work <input type="radio"/> cell (select one)
Fax (e.g. 123-456-7890)	
* Email (e.g. user@xyz.org)	

Alternate Contact Information	
* Title	
Prefix (check one)	<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> N/A
* First Name	
Middle Initial	
* Last Name	
* Primary Phone	Ext. <input type="radio"/> home <input type="radio"/> work <input type="radio"/> cell (select one)
* Secondary Phone	Ext. <input type="radio"/> home <input type="radio"/> work <input type="radio"/> cell (select one)
Optional Phone	Ext. <input type="radio"/> home <input type="radio"/> work <input type="radio"/> cell (select one)
Fax (e.g. 123-456-7890)	
* Email (e.g. user@xyz.org)	

## Applicant Information

Please complete the following information regarding your organization.

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

* Organization Name		
* Type of Applicant (select one)	<input type="radio"/> County <input type="radio"/> Fire Department <input type="radio"/> Independent School District <input type="radio"/> Indian Tribe <input type="radio"/> Municipal <input type="radio"/> National <input type="radio"/> Non-Profit	<input type="radio"/> Private University <input type="radio"/> For-Profit <input type="radio"/> Regional <input type="radio"/> State <input type="radio"/> State controlled institute of higher learning <input type="radio"/> Town/Township <input type="radio"/> Other (please explain)
If other, please enter the type of Applicant		
* Are you a Fire Department?	<input type="radio"/> Yes <input type="radio"/> No	
* What type of organization do you represent? <b>All paid career department</b> - An agency or organization in which all members receive financial compensation for their services on a full-time basis. <b>All volunteer</b> fire department - An agency or organization in which no member receives financial compensation (salary, wages) for their services other than life and health insurance and workers' compensation insurance. <b>Paid-on-call:</b> Firefighters that are paid stipends or paid-on-call are considered to be volunteers for the purposes of this program. <b>Combination (mostly volunteer)</b> - A fire department where more than 50 percent of its membership is made up of personnel who do not receive financial compensation for their services. <b>Combination (mostly career)</b> - A fire department where 50 percent or more of its membership is made up of personnel who are salaried staff. <b>Local or State volunteer firefighter interest organization</b> - Statewide and local firefighter interest groups are organizations that are in existence to support or represent the interests of firefighters in front of legislative bodies at the local, State, and Federal level. Such organizations include State or local firefighter and/or fire chiefs associations, volunteer firefighter relief organizations, and associations. DHS shall make the final determination as to whether an applicant is an appropriate firefighter interest group.		<input type="radio"/> All Paid/Career <input type="radio"/> All Volunteer <input type="radio"/> Combination (Majority Volunteer) <input type="radio"/> Combination (Majority Paid/Career) <input type="radio"/> State/Local/Volunteer Interest Organization
If you answered combination, above, what is the percentage of career members in your organization?		
* Are you a non-fire based EMS?	<input type="radio"/> Yes <input type="radio"/> No	
* Type of community served?	<input type="radio"/> Rural <input type="radio"/> Suburban	<input type="radio"/> Urban <input type="radio"/> N/A
* Employer Identification Number (e.g. 12-3456789)		
* What is your Organization's DUNS Number? (call 1-866-705-5711 to get a DUNS number)		
* Have you registered with the System for Award Management (SAM)?		<input type="radio"/> Yes <input type="radio"/> No (register at <a href="http://www.sam.gov">www.sam.gov</a> )
* Please describe your organization and/or community that you serve. (maximum 4,000 characters, attach additional sheet if necessary)		

*(continued from previous page)*

<p>* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only) NOTE: if you are <b>not</b> a fire department or EMS organization, you may enter a zero)</p>	
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<p>* In the space provided below, please provide a brief synopsis of the proposed project and then identify the specific goals and objectives of your project(s). (maximum 2,500 characters, attach additional sheet if necessary)</p>

<p>* Please describe your organization's need for Federal financial assistance. (maximum 4,000 characters, attach additional sheet if necessary)</p>

Headquarters Physical Address	
* Physical Address 1	
Physical Address 2	
* City	
* State	
* Zip	

*(continued on next page)*

(continued from previous page)

<input type="radio"/> <b>Mailing Address is the same as the Physical Address</b>	
* Mailing Address 1	
Mailing Address 2	
* City	
* State	
* Zip	
<b>Account Information</b>	
* Type of bank account	<input type="radio"/> Checking <input type="radio"/> Savings
* Bank routing number - 9 digit number on the bottom left hand corner of your check	(numbers only, no dashes)
* Your account number	(numbers only, no dashes)
<b>Additional Information</b>	
* This fiscal year, are you receiving Federal funding from any other grant program for the same purpose for which you are applying for this grant?	<input type="radio"/> Yes <input type="radio"/> No
* This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?	<input type="radio"/> Yes <input type="radio"/> No
* Is the applicant delinquent on any federal debt?	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes to any of the additional questions above, please provide an explanation in the space provided below: (maximum 4,000 characters, attach additional sheet if necessary)	

## Budget Object Class Definitions

The following definitions will allow you to complete your budget items appropriately.

<b>Construction</b>	<p>The creation of a new structure or any modification of the footprint or profile of an existing structure. Changes or renovations to an existing structure that do not change the footprint or profile of the structure but exceeds either \$10,000 or 50 percent of the value of that structure, is also considered major construction.</p> <p>Changes or alterations or modifications of an existing structure that does not exceed either \$10,000 or 50 percent of the value of the structure and does not involve a change in the footprint or profile of the structure.</p>
<b>Contractual</b>	<p>The costs in this area should cover any contracts that you issue that are not already covered under equipment or supplies. For example, the costs incurred if you hire a grant writer or a contractor to handle your Fire Prevention Program.</p>
<b>Equipment</b>	<p>"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5000.</p>
<b>Fringe Benefits</b>	<p>Fringe benefits in the form of regular compensation paid to employees during periods of authorized absences from the job, such as vacation leave, sick leave, military leave, and the like, are allowable, provided such costs are absorbed by all organization activities in proportion to the relative amount of time or effort actually devoted to each.</p> <p>Fringe benefits in the form of employer contributions or expenses for social security, employee insurance, workmen's compensation insurance, pension plan costs, and the like, are allowable, provided such benefits are granted in accordance with established written organization policies. Such benefits whether treated as indirect costs or as direct costs, shall be distributed to particular awards and other activities in a manner consistent with the pattern of benefits accruing to the individuals or group of employees whose salaries and wages are chargeable to such awards and other activities.</p>
<b>Indirect Charges</b>	<p>These costs are allowed but you must have a Federally approved indirect cost rate agreement.</p>
<b>Other</b>	<p>This area is for a cost that will not fit into the other areas, (e.g. administrative costs). If you put a cost in this category you must describe it in your program.</p>
<b>Personnel</b>	<p>The costs in this area will cover personnel costs within your department, if they are allowed. (The program narrative should list the Employee Title, hours x hourly rate.)</p>
<b>Supplies</b>	<p>The costs of materials and supplies necessary to carry out an award are allowable. Such costs should be charged at their actual prices after deducting all cash discounts, trade discounts, rebates, and allowances received by the organization. Incoming transportation charges may be a proper part of material cost. Materials and supplies charged as a direct cost should include only the materials and supplies actually used for the performance of the contract or grant, and due credit should be given for any excess materials or supplies retained, or returned to vendors.</p>
<b>Travel</b>	<p>The costs in this area are for any allowed travel, example airfare, mileage, lodging, etc. The rates must be in accordance with your written department policy and cannot exceed the government-authorized rates.</p>

## Request Information

### Activity Selection

Please use this section to select the award activity for which you want to apply.

* 1. Select one of the choices listed below. You can apply for a maximum of 3 projects within an activity.	
Activity Name	Eligibility
<input type="radio"/> <b>Fire Prevention and Safety</b> (continue to page 8)	All organizations are eligible for projects in this activity.
<input type="radio"/> <b>Fire Prevention and Safety and Research and Development</b> (continue to page 8)	You may apply for as many as three projects within each activity. <b>Fire and EMS Departments may not apply for projects in this activity.</b>
<input type="radio"/> <b>Research and Development</b> (please skip to page 33)	<b>Fire and EMS Departments may not apply for projects in this activity.</b>