

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
**ACTIVITY SPECIFIC QUESTIONS FOR FIRE PREVENTION
AND SAFETY APPLICANTS**

OMB No.: 1660-0054
Expiration Date: February 29 2016

PAPERWORK BURDEN DISCLOSURE NOTICE

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  FY 2015 Fire Prevention and Safety Grant
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Applicant's Acknowledgements

Application 0% complete

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- I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.
- As required per 2 CFR § 25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.
- I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's Period of Performance (POP).
- I certify that the applicant organization is aware that this application period is open from 01/16/2015 to 01/01/2017 and will close at 5 PM EDT; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.
- I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd_ehp_screening_form_51815.pdf
- I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

Note: the Primary Point of Contact will be responsible for signing and submitting the application. Fields marked with an * are required.

By checking the box below and providing your password, you are providing your digital signature.

*Password:

I am hereby providing my signature for this application as of 13-Jan-2016.



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Overview

Application 0% complete

The FP&S (Fire Prevention and Safety) program intends to enhance the safety of the public and firefighters with respect to fire and fire-related hazards by assisting fire prevention programs and supporting firefighter health and safety research and development. Grant funds are available in two activities: Fire Prevention and Safety Activity and Research and Development Activity. Please review the Notice of Funding Opportunity for information on available categories within each activity area and for more information on the evaluation process and conditions of award.

*** Are you a member, or are you currently involved in the management of the fire department or organization applying for this grant with this application?**

- Yes, I am a member/officer/employee of this applicant
- No, I am a grant writer or otherwise not affiliated with this applicant

If you answered "No", please **complete** the information below. If you answered "Yes", please skip the Preparer Information section.

Note: Fields marked with an * are required.

Preparer Information	
Preparer's Name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State	Select a State <input type="button" value="v"/>
Zip	<input type="text"/> - <input type="text"/> (i.e. 12345-6789) Need help for ZIP+4?
Primary Phone	<input type="text"/> (i.e. 123-456-7890) Ext. <input type="text"/> <input type="button" value="Select"/>
Email	<input type="text"/> (i.e. user@xyz.org)

In the space below please list the person your organization has selected to be the **Primary Point of Contact** for this grant. This should be an officer or member of the fire department or an employee of the organization applying for the grant that will see this grant through completion and has the authority to make decisions on and to act upon this grant application.

The Primary Contact, as listed below, is the person for which all exchanges of information will be made relative to the application; all information provided must be specific to the contact listed. The Primary Contact must be an employee of the fire department or organization applying for the grant and shall not be a grant writer or a non-employee of the fire department or organization.

In addition to the Primary Contact information, you will be asked to provide two (2) Alternate Points of Contact on the next page. The Alternate contacts must be familiar with the application and should be able to answer any questions relative to this application in the event that Primary Point of Contact is unavailable. When you are finished, click the Save and Continue button below.

Reminder: Please list only phone numbers and email addresses where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.

Note: Fields marked with an * are required.



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Email	<input type="text" value=""/> <small>(i.e. user@xyz.org)</small>
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In the space below please list the person your organization has selected to be the **Primary Point of Contact** for this grant. This should be an officer or member of the fire department or an employee of the organization applying for the grant that will see this grant through completion and has the authority to make decisions on and to act upon this grant application.

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Reminder: Please list only phone numbers and email addresses where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.

Note: Fields marked with an * are required.

Primary Point of Contact	
* Title	<input type="text"/>
Prefix	Select <input type="button" value="v"/> <small>Select N/A if not applicable</small>
* First Name	<input type="text"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text"/>
* Primary Phone	<input type="text"/> <small>(i.e. 123-456-7890)</small> Ext. <input type="text"/> Type <input type="button" value="Select"/> <input type="button" value="v"/>
* Secondary Phone	<input type="text"/> <small>(i.e. 123-456-7890)</small> Ext. <input type="text"/> Type <input type="button" value="Select"/> <input type="button" value="v"/>
Optional Phone	<input type="text"/> <small>(i.e. 123-456-7890)</small> Ext. <input type="text"/> Type <input type="button" value="Select"/> <input type="button" value="v"/>
Fax	<input type="text"/> <small>(i.e. 123-456-7890)</small>
* Email	<input type="text"/> <small>(i.e. user@xyz.org)</small>
<p>* Is there a grant-writing fee associated with the preparation of this request? This fee must be specifically identified and listed in the application "Request Details" section as a budget line item in order to be eligible for reimbursement.</p> <p style="font-size: small;">Fees for grant writers may be included as a pre-award or pre-application expenditure. However, fees payable on a contingency basis are not an eligible expense. For grant writer fees to be eligible as a pre-award expenditure they must be paid prior to award, (i.e., paid within 60 days of the end of the application period).</p> <p style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>If you answered yes above, what is the fee? \$ <input type="text"/> <small>(whole dollar amounts only)</small></p>	



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Contact Information

Application 12% complete

In addition to Primary Point of Contact listed on the previous page, please provide two (2) additional points of contact for this application. These contacts should be members of the fire department or employees of the organization applying for the grant who will see this grant through completion, are familiar with the grant application, and have the authority to make decisions on and to act upon this grant application.

Reminder: Please list only phone numbers where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.

Note: Fields marked with an * are required.

Alternate Contact 1 Information	
* Title	<input type="text"/>
Prefix	<input type="text" value="N/A"/> Select N/A if not applicable
* First Name	<input type="text"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text"/>
* Primary Phone	<input type="text"/> (i.e. 123-456-7890) Ext. <input type="text"/> Type <input type="text" value="Select"/>
* Secondary Phone	<input type="text"/> (i.e. 123-456-7890) Ext. <input type="text"/> Type <input type="text" value="Select"/>
Optional Phone	<input type="text"/> (i.e. 123-456-7890) Ext. <input type="text"/> Type <input type="text" value="Select"/>
Fax	<input type="text"/> (i.e. 123-456-7890)
* Email	<input type="text"/> (i.e. user@xyz.org)

Alternate Contact 2 Information	
* Title	<input type="text"/>
Prefix	<input type="text" value="N/A"/> Select N/A if not applicable
* First Name	<input type="text"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text"/>
* Primary Phone	<input type="text"/> (i.e. 123-456-7890) Ext. <input type="text"/> Type <input type="text" value="Select"/>
* Secondary Phone	<input type="text"/> (i.e. 123-456-7890) Ext. <input type="text"/> Type <input type="text" value="Select"/>
Optional Phone	<input type="text"/> (i.e. 123-456-7890) Ext. <input type="text"/> Type <input type="text" value="Select"/>
Fax	<input type="text"/> (i.e. 123-456-7890)
* Email	<input type="text"/> (i.e. user@xyz.org)



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Applicant Information

Application **24%** complete

Please provide the following information about your organization and click the *Save and Continue* button below. If you have not already done so, [check to see if someone has already started an application for your organization](#). If an application has been started, request access from the owner by clicking the link above. If you feel this person is not an appropriate representative of your organization, call the Help Desk at 1-866-274-0960.

Note: Fields marked with an * are required.

* Organization Name	<input type="text"/>
* Are you a Fire Department?	<input type="radio"/> Yes <input type="radio"/> No
* Type of Applicant	Select Type <input type="button" value="v"/>
If other, please enter the type of Applicant	<input type="text"/>
What kind of Fire Department do you represent?	All Paid/Career <input type="button" value="v"/> Help
If you answered combination, above, what is the percentage of career members in your organization?	<input type="text"/>
* Are you a non-fire based EMS?	<input type="radio"/> Yes <input type="radio"/> No
* Type of community served?	Select Type <input type="button" value="v"/>
SAM.gov (System For Award Management)	
* What is the legal name of your Entity as it appears in SAM.gov? Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.	<input type="text"/>
* What is the legal business address of your Entity as it appears in SAM.gov? Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.	
* Mailing Address 1	<input type="text"/>
Mailing Address 2	<input type="text"/>
* City	<input type="text"/>
* State	Select a State <input type="button" value="v"/>
* Zip	<input type="text"/> - <input type="text"/> (i.e. 12345-6789) Need help for ZIP+4?
* Employer Identification Number (i.e. 12-3456789) Note: This information must match your SAM.gov profile.	<input type="text"/> (i.e. 12-3456789) Help
* Is your organization using the DUNS number of your Jurisdiction?	<input type="radio"/> Yes <input type="radio"/> No, we have our own DUNS number separate from our Jurisdiction.
* I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you select Yes above)	<input type="checkbox"/> Yes
* What is your 9 digit DUNS number ?	<input type="text"/> Help (call 1-866-705-5711 to get a DUNS number)
If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here.	<input type="text"/>



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<p>If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here. Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own DUNS number and bank account separate from your Jurisdiction.</p>	<input style="width: 100%;" type="text"/>
<p>* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?</p>	<input type="radio"/> Yes <input type="radio"/> No Help
<p>* I certify that my organization/entity is registered and active at SAM.gov and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's SAM.gov record.</p>	<input type="checkbox"/> Yes Help
<p>* Please describe your organization and/or community that you serve</p>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p style="font-size: small; margin-top: 5px;">4000 characters left</p>
<p>* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served?</p>	<input style="width: 100%;" type="text"/> (Whole numbers only; do not enter special characters (i.e., decimals, commas, dollar signs, etc.)) Help
<p>* Do you currently report to the National Fire Incident Reporting System (NFIRS)? Note: You will be required to report to NFIRS for the entire period of the grant.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not a Fire Department Help
<p>If you answered "Yes" above, please enter your FDIN/FDID</p>	<input style="width: 100%;" type="text"/>
Headquarters or Main Station Physical Address	
* Physical Address 1	<input style="width: 100%;" type="text"/>
Physical Address 2	<input style="width: 100%;" type="text"/>
* City	<input style="width: 100%;" type="text"/>
* State	<div style="border: 1px solid #ccc; padding: 2px;">Select a State ▼</div>
* Zip	<div style="display: flex; align-items: center;"> <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/> (i.e. 12345-6789) Need help for ZIP+4? </div>
<input type="checkbox"/> Mailing Address is the same as the Physical Address Note: This information must match your SAM.gov profile.	
* Mailing Address 1	<input style="width: 100%;" type="text"/>
Mailing Address 2	<input style="width: 100%;" type="text"/>
* City	<input style="width: 100%;" type="text"/>
* State	<div style="border: 1px solid #ccc; padding: 2px;">Select a State ▼</div>
* Zip	<div style="display: flex; align-items: center;"> <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/> (i.e. 12345-6789) Need help for ZIP+4? </div>
Bank Account information	
<p>* The bank account being used is: (Please select one from right)</p>	<p><input type="radio"/> Maintained by my Organization separately from my Jurisdiction Note: If this is selected, a 4 digit DUNS plus 4 is required if you answered "Yes" to using the DUNS number of your Jurisdiction.</p> <p><input type="radio"/> Maintained by my Jurisdiction</p>
Note: The following banking information must match your SAM.gov profile.	



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Note: The following banking information must match your [SAM.gov](#) profile.

* Type of bank account	<input type="radio"/> Checking <input checked="" type="radio"/> Savings
*Bank routing number - <u>9 digit</u> number on the bottom left hand corner of your check	<input type="text"/> (numbers only, no dashes) Help
*Re-enter Bank routing number	<input type="text"/>
*Your account number	<input type="text"/> (numbers only, no dashes)
*Re-enter your account number	<input type="text"/>

Applicant Budget

<p>* What is your department's operating budget (i.e., personnel, maintenance of apparatus, equipment, and facilities; utility costs; purchasing expendable items, etc.) for the current (at time of application) fiscal year and for the previous three fiscal years? Please indicate in the text box next to each of the budget figures what fiscal year that amount pertains to.</p>	<p style="text-align: right;">Current Fiscal Year (at time of application)</p> <p><input type="text"/> (All Whole numbers only; do not enter special characters (i.e., decimals, commas, dollar signs, etc.))</p> <table style="width: 100%;"> <tr> <td>Budget: <input type="text"/></td> <td>Fiscal Year: <input type="text"/></td> </tr> <tr> <td>Budget: <input type="text"/></td> <td>Fiscal Year: <input type="text"/></td> </tr> <tr> <td>Budget: <input type="text"/></td> <td>Fiscal Year: <input type="text"/></td> </tr> </table>	Budget: <input type="text"/>	Fiscal Year: <input type="text"/>	Budget: <input type="text"/>	Fiscal Year: <input type="text"/>	Budget: <input type="text"/>	Fiscal Year: <input type="text"/>
Budget: <input type="text"/>	Fiscal Year: <input type="text"/>						
Budget: <input type="text"/>	Fiscal Year: <input type="text"/>						
Budget: <input type="text"/>	Fiscal Year: <input type="text"/>						

* Financial Need: Why are you unable to fund this project without Federal assistance? How are the critical functions of your organization affected without this funding? Please provide the details of your current operating budget. Include information on efforts to obtain funding elsewhere and how similar projects have been funded in the past.

4000 characters left

There is a 4000 character limit to your explanation

Additional Information

* 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
* Is the applicant delinquent on any federal debt ?	<input type="radio"/> Yes <input type="radio"/> No Help
* This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?	<input type="radio"/> Yes <input type="radio"/> No
* If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application.	<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:	

4000 characters left



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Request Information

Application 36% complete

Activity Selection

Please use this section to select the award activity for which you want to apply. Once you are done, press the *Save and Continue* button below.

Note: Fields marked with an * are required.

* 1. Select one of the choices listed below. You can apply for a maximum of 3 projects within an activity.
(If you modify your selection, you will lose data entered under the original activity.)

Select	Activity Name
<input checked="" type="radio"/>	Fire Prevention and Safety
<input type="radio"/>	Fire Prevention and Safety and Research and Development
<input type="radio"/>	Research and Development

[Go Back](#)

[Save and Continue](#)