

FEMA Form 080-0-2a, Activity Specific Questions for AFG Vehicle Applicants

LOCATION	CURRENT TEXT	REVISED TEXT
p.1, #3 p.8, #3	<p>* 3. Is the vehicle you propose to buy a refurbished, used or new response vehicle to meet current standards?</p> <ul style="list-style-type: none"> ○ New (never owned before) ○ Refurbished (compliant to current standards) ○ Refurbished (compliant to the year of manufacturing) ○ Used (compliant to the year of manufacturing) 	<p>* 3. Is the vehicle you propose to buy:</p> <ul style="list-style-type: none"> ○ Replacement of an existing apparatus ○ New Purchase
p.1, #4 p.8, #4	New Question	4. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced?
	<p>* 5. What is the newest (age) vehicle you currently own in the class you are purchasing?</p> <ul style="list-style-type: none"> ○ N/A ○ less than 1 year ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ 5 years ○ 6 years ○ 7 years ○ 8 years ○ 9 years ○ 10 years ○ 11 years ○ 12 years ○ 13 years ○ 14 years ○ 15 years ○ 16 years ○ 17 years ○ 18 years ○ 19 years ○ 20 years ○ 21 years ○ 22 years ○ 23 years ○ 24 years ○ 25 years ○ 26 years ○ 27 years ○ 28 years 	Question Removed

	<ul style="list-style-type: none"> ○ 29 years ○ 30 years ○ More than 30 years 	
	<p>* 6. How old is the oldest (age) vehicle you own in the class you are purchasing? ○ N/A</p> <ul style="list-style-type: none"> ○ less than 1 year ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ 5 years ○ 6 years ○ 7 years ○ 8 years ○ 9 years ○ 10 years ○ 11 years ○ 12 years ○ 13 years ○ 14 years ○ 15 years ○ 16 years ○ 17 years ○ 18 years ○ 19 years ○ 20 years ○ 21 years ○ 22 years ○ 23 years ○ 24 years ○ 25 years ○ 26 years ○ 27 years ○ 28 years ○ 29 years ○ 30 years ○ More than 30 years 	Question Removed
	<p>* 7. What is the average age of all vehicles in your fleet? ○ N/A</p> <ul style="list-style-type: none"> ○ less than 1 year ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ 5 years ○ 6 years 	Question Removed

	<ul style="list-style-type: none"> <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 	
p.1, #5 p.8, #5	New Question	<p>* 5. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you intend to use a group purchasing plan for this purchase? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If No, explain:</p>
p.1, #6 P.8, #6		<p>* 6. If awarded a grant, are the specifications available for immediate release?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
p.1, #7 P.8, #7		<p>* 7. What is the average age of the vehicles of this type or class in your fleet?</p>
p.1, #8 P.8, #8	<p>* 4. What is the age of the vehicle being replaced? <input type="radio"/> N/A</p> <p><input type="radio"/> less than 1 year</p>	<p>8. What is the age of the vehicle being replaced? (Text Box Answer)</p>

	<ul style="list-style-type: none"> <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 	
p.1, #3 p.8,#3	<p>*9. Is the vehicle you propose to buy:</p> <ul style="list-style-type: none"> <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 	<p>* 3. Is the vehicle you propose to buy:</p> <ul style="list-style-type: none"> <input type="radio"/> Replacement of an existing apparatus <input type="radio"/> New Purchase
p.2, #11 p.8, #11	<p>*12. If awarded, will you permanently remove this substandard vehicle from service? <input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/>N/A - First Time Purchase</p>	<p>* 11. If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service? <input type="radio"/> Yes</p> <p><input type="radio"/> No <input type="radio"/>N/A</p>
p.2, following #11 p.8, following	New Question	Please enter the type and year of manufacture for the vehicle being replaced.

#11		
p.2, #16 p.9, #16	New Question	*16. How many vehicles of this type or class in your fleet were manufactured prior to 2002?
p.2, #17 p.9, #17	*10. Is the vehicle you are replacing a converted vehicle not originally designed for its current use?	* 17. Is this a converted vehicle?
p.2, #18 p.9, #18	New Question	*18. Is your department facing a new risk? <input type="radio"/> Yes <input type="radio"/> No
	*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	Question Removed
P.2, #19 p.9, #19	*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)	19. What is the number of calls vehicle being replaced supported last calendar year?
	*17. What percentage of your annual budget goes to vehicle replacement?	Question Removed
p.3	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	Engine Pumper/Engine (750 gpm or more and holds a minimum of 300 gallons or more) Type I Engine Urban Interface Ambulance Ambulance Bariatric Ambulance Tanker Tanker/Tender (750 gpm or less and holds a minimum of 1000 gallons or more) Brush/Attack Brush Truck Mini-Pumper Quick Attack Aerial Aerial Apparatus Rescue (non-transport) Non-Transport EMS (Community Paramedic/Healthcare) Rescue Vehicle Additional Vehicles ARFF (Aircraft Rescue Firefighting) Air/Light Unit

	<p>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</p>	<p>Command/Mobile Communications Vehicle Fire Rescue/Boat Hazardous Materials Unit Highway Safety Unit Hybrids (i.e. Transport Engine) Rehab Unit</p>
	<p>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.</p> <p>Type or Class Quantity Oldest (age) Newest (age) Average age</p> <p>Engines (or Pumpers)</p> <p>Ambulance</p> <p>Tankers</p> <p>Aerial Apparatus</p> <p>Brush/Quick Attack</p> <p>Rescue Vehicles</p> <p>Additional Vehicles</p>	<p>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.</p> <p>Type or Class Quantity Oldest (age) Newest (age) Average age</p> <p>Additional Vehicles</p> <p>Aerial Apparatus</p> <p>Ambulance Brush/Quick attack</p> <p>Engines (or Pumpers)</p> <p>Rescue Vehicles</p> <p>Tankers</p>
<p>p.6, Instructions p13 instructions</p>	<ul style="list-style-type: none"> 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? 	<ul style="list-style-type: none"> Section #3 Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community?
	<ul style="list-style-type: none"> Section #4 Additional Information: In the space provided 	<p>Question Removed</p>

	below, include details regarding your organization's request not covered in any other section.	
p.7, #3 p.14, #3	* 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 #3 Statement of Effect: How would this award impact the daily operations of your department? How would this award impact 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.	
p.7, #1	* 1. What type or class of vehicle will you use the grant funds to purchase? <ul style="list-style-type: none"> ○ Ambulance ○ Non-Transport 	* 1. What type or class of vehicle will you use the grant funds to purchase? <ul style="list-style-type: none"> ○ Ambulance ○ Bariatrics Ambulance ○ Non-Transport (Community Paramedic/Healthcare)
p.10 ,	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	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 Bariatric Ambulance Non - Transport - Community Paramedic
p.15, #1		Vehicle Details * 1. What type or class of vehicle are you requesting? (select one) --Ambulance-- Bariatric Ambulance

		<p>--Aerial-- Aerial Apparatus --Rescue (Non-Transport)-- Heavy Rescue --Additional Vehicles— Air/Light Unit Rehab Unit Command/Mobile Communications Vehicle Specialized Foam Hazardous Materials Unit Tow Vehicle Highway Safety Unit * Please provide a detailed description of the item selected above:</p>
p.15, #2 p.21, #2		* 2. Cost (whole dollar amounts only)
p.15, #3		<p>* 3. Per the Notice of Funding Opportunity Announcement (NOFO), will you have a memorandum of understanding (MOU) in place that cover the staffing and use of the vehicle(s)? <input type="radio"/> Yes <input type="radio"/> No</p>
p.15, #4		<p>* 4. Are you the primary responder for this specialty in the region? <input type="radio"/> Yes <input type="radio"/> No If No to Question #4 who will be the primary responder?</p>
p.15, #5		* 5. Does a State Authority need to be aware of your application for this unit? <input type="radio"/> Yes <input type="radio"/> No
p.15, #6		* 6. Where is the next closest resource of this type?
p.15, #7		* 7. How many miles away is the organization?
p.15, #8 p.21, #3		<p>* 8. Is the vehicle you propose to buy: <input type="radio"/> Replacement of an existing apparatus <input type="radio"/> New Purchase</p>
p.15, #9		9. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced?
p.16, #10		* 10. Does your organization's

p.21, #6		<p>procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If No, explain:</p>
p.16, #11 p.21, #7		<p>* 11. If awarded a grant, are the specifications available for immediate release?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
p.16, #12 p.21, #8		<p>12. What is the age of the vehicle being replaced?</p>
p.16, #13		<p>* 13. What is the average age of the vehicles of this type or class at the proposed station?</p>
p.16, #14 p.21, #9		<p>* 14. Do you have a driver-training program equivalent to national or NFPA standards? <input type="radio"/> Yes <input type="radio"/> No</p>
p.16, #15		<p>* 15. Are you requesting funding for training specific to the vehicle acquisition? (Funding for requested training should be requested in the Regional Vehicle Additional Funding section). <input type="radio"/> Yes <input type="radio"/> No</p> <p>If you are not requesting funding for training, will you obtain the appropriate training through other sources? <input type="radio"/> Yes <input type="radio"/> No</p>
p.16, #16 p.21, #11		<p>* 16. If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p>Please enter the type and year of manufacture for the vehicle being replaced.</p> <p>Please enter the VIN (Vehicle Identification Number) for the vehicle you are requesting to</p>

		replace:
p.16, #17		*17. How long have you owned the vehicle you are replacing? _____ Years (whole number only) <input type="radio"/> N/A
p.16, #18 p.21, #12		*18. 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
p.16, #19 p.21, #13		*19. 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
p.16, #20		*20. How many vehicles of the same type/class as the requested vehicle are assigned to the location the requested vehicle will be located?
p.16, #21		*21. How many vehicles of this type or class in your fleet were manufactured prior to 2002?
p.17, #22		* 22. Is this a converted vehicle?
p.17, #23		*23. Is your department facing a new risk? <input type="radio"/> Yes <input type="radio"/> No
p.17, #24		*24. What is the number of calls the vehicle being replaced supported last calendar year?
p.17, following #24 p.22		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:

		<p>Additional Vehicles, Aerial Apparatus, Ambulance, Brush/Quick Attack, Engine (or Pumper), Rescue Vehicles, Tanker) Age GPM Gallons</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</p>																																								
<p>p.17, following #24 P.22</p>		<p>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.</p> <table border="0"> <thead> <tr> <th>Type or Class</th> <th>Quantity</th> <th>Oldest (age)</th> <th>Newest (age)</th> <th>Average age</th> </tr> </thead> <tbody> <tr> <td>Additional Vehicles</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Aerial Apparatus</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ambulance</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Brush/Quick attack</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Engines (or Pumpers)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rescue Vehicles</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tankers</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type or Class	Quantity	Oldest (age)	Newest (age)	Average age	Additional Vehicles					Aerial Apparatus					Ambulance					Brush/Quick attack					Engines (or Pumpers)					Rescue Vehicles					Tankers				
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<p>p.18 p.23</p>		<p>Additional Funding (optional unless you're applying for Training funds) Enter any additional funding for</p>																																								

		<p>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.</p> <p>Additional Funding</p> <p>a. Personnel \$</p> <p>b. Fringe Benefits \$</p> <p>c. Travel \$</p> <p>d. Equipment \$</p> <p>e. Supplies \$</p> <p>f. Contractual \$</p> <p>g. Construction \$</p> <p>h. Other \$</p> <p>i. Indirect Charges \$</p> <p>j. State Taxes \$</p> <p>Explanation</p>
<p>p.19, #1 p.24, #1</p>		<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>
<p>p.19, #2 p.24, #2</p>		<p>* Section #2 Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e.</p>

		<p>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.</p>
<p>p.20, #3 p.25#3</p>		<p>* Section #3 Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community?</p>
<p>p.21, #1</p>		<p>Vehicle Details * 1. What type or class of vehicle will you use the grant funds to purchase? (select one)</p> <ul style="list-style-type: none"> <input type="radio"/> ARFF vehicle <input type="radio"/> Aerial <input type="radio"/> Ambulance <input type="radio"/> Brush/Quick Attack (Non Type I) <input type="radio"/> Haz-Mat Response Vehicle <input type="radio"/> Pumper/Engine (750 gpm pump, minimum 300 gallon tank) <input type="radio"/> Rescue Vehicle Light, Medium, or Heavy <input type="radio"/> Tanker/Tender (maximum 750 gpm pump, minimum 1000 gallon tank) <input type="radio"/> Type I Urban Interface Pumper <p>Please provide a detailed description of the item selected above.</p>
<p>p.21, #4</p>		<p>4. Was the vehicle you're requesting to replace built prior to the applicable NFPA vehicle standard from 1992? <input type="radio"/> Yes <input type="radio"/> No</p>
<p>p.21, #5</p>		<p>5. If you are requesting to replace an ambulance, what is the mileage of the ambulance</p>

		being replaced?
p.21, #10		* 10. If No, will you develop one prior to receipt of the vehicle per the Notice of Funding Opportunity Announcement (NOFO)? If you are not requesting funding for training, will you obtain the appropriate training through other sources? <input type="radio"/> Yes <input type="radio"/> No