FEMA Form 080-0-3, Activity Specific Questions for Fire Prevention and Safety Applicants

LOCATION	CURRENT TEXT	REVISED TEXT
p. 2, 1st Question	Question wording here ………………………………………… ………………………………………… ………………………………………… ………………………………………… ………… a) answer choice b) answer choice c) answer choice	○ * 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.
p.1, #2	Old question wording.	○ * As required per 2 CFR § 25.205, 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 correct and active at time of submission.
		○ * I certify that the applicant organization has consulted the appropriate Funding Opportunity Announcement 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 03/16/2015 to 4/17/15 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 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.
	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.	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 Funding Opportunity Announcement 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
	Prefix or Title ○ Dr. ○ Mr. ○ Mrs. ○ Ms. ○ N/A	
	* First Name	*Preparer's Name
	Middle Initial	
	* Last Name	
	Organization Name	

		Address 2
	* Zip	*Zip plus 4
	* Primary Phone Ext.　　○home　○work　○cell (select one)	*Primary Phone
	* Secondary Phone Ext.　　○home　○work　○cell (select one)	
	Optional Phone Ext.　　○home　○work　○cell (select one)	
	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.	In the table on the next page 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 department or organization. In addition to the Primary Contact information, you will be asked to provide two (2) Alternative Points of Contact on the next page. The Alternate contacts must be familiar with the application and should be able to answer any question relative to this application in the event that Primary Point of Contact is unavailable. **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.

	* Is there a grant-writing fee associated with the preparation of this request? ○ Yes ○ No	* 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. 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, (e.g., paid within 60 days of the end of the application period). ○ Yes ○ No
	* **Are you the person to be contacted on matters involving this application?** ○ Yes ○ No	
	Optional Phone Ext. ○home ○work ○cell (select one)	Optional Phone
	Optional Phone Ext. ○home ○work ○cell (select one)	Optional Phone
		SAM.gov **(System For Award Management)**
	* Have you registered with the System for Award Management (SAM)? ○ Yes ○ No (register at www.sam.gov)	*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.
		*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
		Mailing Address 2
		*City
		*State
		*Zip plus 4
	* Employer Identification Number (e.g. 12-3456789)	* Employer Identification Number (e.g. 12-3456789) Note: This information must match your SAM.GOV profile.
		* Is your organization using the DUNS

		number of your Jurisdiction? ○ Yes ○ 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) ○ Yes
	* What is your Organization's DUNS Number? (call 1-866-705-5711 to get a DUNS number)	* What is your 9 digit DUNS Number? (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. 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.
		* Is your DUNS Number registered in SAM.gov (System for Award Management, previously CCR.gov)? ○ Yes ○ No
		* I certify that 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. ○ Yes
		* The bank account being used is: (Please select one from right) ○ 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 ○ Maintained by my Jurisdiction
		Applicant Budget

		* What is your department or organization'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 box next to each of the budget figures what **fiscal** year that amount pertains to. Current Fiscal year (at time of application) (All Whole number only; do not enter special characters (i.e., decimals, commas, dollar signs, etc) Budget: Fiscal Year: Budget: Fiscal Year: Budget: Fiscal Year:
		* 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.
		* If awarded, will your organization expend more than $750,000 in Federal funds during your organization's fiscal year? If yes, your organization may 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 as an individual line item. Please enter audit costs only once in the "Request Details" section of the application.