


DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
**SPECIFIC QUESTIONS FOR AFG OPERATIONS AND SAFETY
APPLICATIONS**

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

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FY 2015 Assistance to Firefighters Grant Program
Session Time out in 29 mins

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Fire Operations and Firefighter Safety Request Details

Application 36% complete

The activities for program **Fire Operations** and **Firefighter Safety** are listed in the table below. If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item. The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point **before** you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction.

Click [View Details](#) link below to build your program budget. Once you have entered a line-item for an activity below, the link to the activity's narrative will appear. Click on the Narratives link for further instructions. Once you have completed this section, press the *Save and Continue* button below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	0	\$ 0	\$ 0	View Details
Modify Facilities	0	\$ 0	\$ 0	View Details
Personal Protective Equipment	0	\$ 0	\$ 0	View Details
Training	0	\$ 0	\$ 0	View Details
Wellness and Fitness Programs	0	\$ 0	\$ 0	View Details

Grant-writing fee associated with the preparation of this request. \$0

Application period ends in

345 days 3 hrs 0 mins 19 secs

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Add Operations and Firefighter Safety - Equipment

Please provide the following information about the equipment you want funded. **Only whole dollar amounts are acceptable.**

Note: Fields marked with an * are required.

Equipment Details	
*1. What equipment will your organization purchase with this grant?	Select Equipment <input type="text"/> Help
* Please provide a detailed description of the item selected above.	<input type="text"/> 500 characters left
*2. Number of units: (whole number only)	<input type="text"/>
*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$ <input type="text"/>
*4. Generally the equipment purchased under this grant program will: (select one)	
<input type="radio"/> Buy equipment for the first time (never owned before) <input type="radio"/> Replace obsolete or damaged equipment that can no longer meet the applicable standards <input type="radio"/> Increase the organization's available supply of the requested item(s)	
If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.	<input type="text"/>
*5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.	<input type="radio"/> Yes <input type="radio"/> No Help
*6. Is your department trained in the proper use of the equipment being requested?	<input type="radio"/> Yes <input type="radio"/> No
*7. Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested in the Equipment Additional Funding section). (Under the Action column select Update Additional Funding)	<input type="radio"/> Yes <input type="radio"/> No Help
8. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	<input type="radio"/> Yes <input type="radio"/> No

Application period ends in
 9 days 3 hrs. 22 mins. 56 secs.



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Add Operations and Firefighter Safety - Modify Facilities

Please provide the following information about the Modify Facilities you want funded. **Only whole dollar amounts are acceptable.**

Note: When requesting one or more projects for one station (e.g. sprinklers & exhaust system) the total request cannot exceed \$100,000 per station. **All projects must be entered as separate line-items regardless if the projects are in the same station.** If you wish to enter an additional project, please fill out another set of Operations and Firefighter Safety - Modify Facilities questions.

Note: Fields marked with an * are required. Facilities or additions which were built after January 1st, 2003 are ineligible for an award under this activity.

Reminder: Documentation maybe required regarding the nature of the facility, flood plains, etc. prior to being considered for award. Modifications are changes within the existing structure. The original footprint/profile of the facility should remain essentially unchanged. Funding may not be used to change the existing exterior footprint/profile of the building or add additional stories to the building.

Eligible projects include, but are not limited to: air improvement systems, alarms systems, antennas, generators (fixed), permanently mounted signs, renovations to facilities, sprinklers, vehicle exhaust systems (fixed).

Modify Facilities Details	
*1. On what type of modification will the funds be spent?(Add one line-item request per facility being modified)	Select <input type="text"/>
* Please provide a detailed description of the modification selected above.	<input type="text"/> 500 characters left
*2. What is the square footage of the area that your modification will directly affect? (number only)	<input type="text"/>
3. If you are installing an exhaust system, how many vehicles do you plan on attaching to the system (only include currently owned vehicles or vehicles on order - do not include equipment for future capacity)? (whole number only)	<input type="text"/>
*4. Does the facility you wish to modify have a drive through bay?	<input type="radio"/> Yes <input type="radio"/> No
*5. Number of units: (whole number only)	<input type="text"/>
*6. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	<input type="text"/>
*7. What is the age of the facility that is being modified? (whole number only)	<input type="text"/>
*8. What type of facility will be modified?	Station(s) with sleeping quarters (to include marine fire facilities) <input type="text"/> Help
*9. What is the level of occupancy for the facility you wish to modify? Note: The occupancy is defined by the number of hours the facility is used within a single 24 hour time period.	<input type="radio"/> Full-Time (24/7) <input type="radio"/> Part-Time (Daily, but not 24/7) <input type="radio"/> Occasional Help

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Application period ends in 9 days 3 hrs. 20 mins. 41 secs.



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Add Operations and Firefighter Safety - Personal Protective Equipment

Please provide the following information about the personal protective equipment you want funded. **Only whole dollar amounts are acceptable.**

Note: Fields marked with an * are required.

Personal Protective Equipment Details																									
*1. Select the PPE that you propose to acquire (select one):	Select PPE Help																								
* Please provide a detailed description of the item selected above.	<div style="border: 1px solid #ccc; height: 40px;"></div> 500 characters left																								
*2. Number of units: (whole number only)	<input type="text"/>																								
*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$ <input type="text"/>																								
*4. Please provide your amount for the appropriate question below: <ul style="list-style-type: none"> For turnout requests, what number of your on-duty active members currently have PPE that meets applicable NFPA and OSHA standards? If you are requesting new SCBA, how many of your seated riding positions currently have compliant SCBA assigned to it? If you are asking for specialized PPE (e.g., Haz-Mat), how many applicable members currently have specialized PPE that meets established standards? 	<input type="text"/>																								
*5. What is the purpose of this request? (select one)	Select purpose ▼																								
6. Is your organization facing a new risk?	<input type="radio"/> No <input type="radio"/> Yes, increase in call volume <input type="radio"/> Yes, new service required																								
What are the specific ages of the type of PPE you are requesting? Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace. If you have 30 members then account for 30 sets of PPE.	<input type="checkbox"/> N/A <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="font-size: small;">Age (in Years)</th> <th style="font-size: small;">Current Inventory</th> <th style="font-size: small;">Being Replaced</th> </tr> </thead> <tbody> <tr><td>Less than 1</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>1</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>5</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>6</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	Age (in Years)	Current Inventory	Being Replaced	Less than 1	<input type="text"/>	<input type="text"/>	1	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	5	<input type="text"/>	<input type="text"/>	6	<input type="text"/>	<input type="text"/>
Age (in Years)	Current Inventory	Being Replaced																							
Less than 1	<input type="text"/>	<input type="text"/>																							
1	<input type="text"/>	<input type="text"/>																							
2	<input type="text"/>	<input type="text"/>																							
3	<input type="text"/>	<input type="text"/>																							
4	<input type="text"/>	<input type="text"/>																							
5	<input type="text"/>	<input type="text"/>																							
6	<input type="text"/>	<input type="text"/>																							

Application period ends in
 9 days 3 hrs 17 mins 49 secs



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14	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>
16	<input type="text"/>	<input type="text"/>
17	<input type="text"/>	<input type="text"/>
18	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	<input type="text"/>
21	<input type="text"/>	<input type="text"/>
22	<input type="text"/>	<input type="text"/>
23	<input type="text"/>	<input type="text"/>
24	<input type="text"/>	<input type="text"/>
25 or more	<input type="text"/>	<input type="text"/>
Number of members without PPE	<input type="text"/>	<input type="text"/>

If you have indicated you are requesting SCBA or Cylinders in Question 1, to which edition(s) of the NFPA 1981 standard are your SCBA or Cylinders compliant? If not requesting SCBA/Cylinders, please select "N/A" and continue on to the next question. **Please account for ALL SCBA/Cylinders currently in your department's inventory - not just the SCBA/Cylinders you wish to replace. If you have damaged or inoperable SCBA/Cylinders/Face Pieces please list them in the "Obsolete/Damaged" section.**

N/A

Year	Current Inventory		Being Replaced	
	SCBA	Cylinders	SCBA	Cylinders
2013 Edition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2007 Edition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2002 Edition and older	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Obsolete/damaged	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*7. Is your department trained in the proper use of the PPE/SCBA being requested?

Yes No

8. Are you requesting funding for training for this PPE/SCBA?

Yes No

[Help](#)

9. If you are not requesting training funds through this application, will you obtain training for this PPE/SCBA through other sources?

Yes No

Application period ends in
 9 days 3 hrs. 15 mins. 32 secs.



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Add Operations and Firefighter Safety - Training Program

Please provide the following information about the training you want funded.

Note: Fields marked with an * are required.

Training Details	
*1. What type of training are you requesting? (select one)	
<div style="border: 1px solid #ccc; padding: 5px;"> ---- Select ---- ▼ </div>	
<p>* Please provide a detailed description of the Training Program you selected.</p>	<div style="border: 1px solid #ccc; height: 40px;"></div> <p style="font-size: small; text-align: right;">500 characters left</p>
*2. Generally, this program can best be categorized as: (select one)	
<p> <input type="radio"/> Training that is evaluated/tested using a national, state, or local standard <input type="radio"/> Non-certification training </p>	
*3. How many personnel will be trained by this program?	
<div style="border: 1px solid #ccc; width: 100px; height: 20px;"></div>	
*4. Generally, the training program provided under this grant: (select one)	
<p><input type="radio"/> Will bring your department into compliance with applicable NFPA or other standards, please specify:</p>	<p>Explanation:</p> <div style="border: 1px solid #ccc; height: 40px;"></div> <p style="font-size: small; text-align: right;">500 characters left</p>
<p><input type="radio"/> Will bring your department into compliance with mandated national, state, or local training requirements, please specify:</p>	<p>Explanation:</p> <div style="border: 1px solid #ccc; height: 40px;"></div> <p style="font-size: small; text-align: right;">500 characters left</p>
<p><input type="radio"/> Will address an identified risk for your department or community, please specify:</p>	<p>Explanation:</p> <div style="border: 1px solid #ccc; height: 40px;"></div> <p style="font-size: small; text-align: right;">500 characters left</p>
*5. Will this training enhance your ability to perform Mutual Aid?	
<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>If you answered Yes to the question above, please explain.</p>	<div style="border: 1px solid #ccc; height: 40px;"></div> <p style="font-size: small; text-align: right;">500 characters left</p>
*6. Will this training include members from other fire departments and/or nonaffiliated EMS organizations?	
<p><input type="radio"/> Yes <input type="radio"/> No</p>	
*7. Will this training be:	
<p> <input type="radio"/> Instructor-led <input type="radio"/> Self-directed/test-validated <input type="radio"/> None of the above </p>	

Application period ends in
 9 days 3 hrs. 13 mins. 58 secs.



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Fire Operations and Firefighter Safety Request Details

Applicants must have all four Priority 1 activities already in place (or request the missing Priority 1 activity to have all four in place), or you will be unable to request any Priority 2 activities in your application.

You may only apply for Priority 2 activities if you offer or are requesting a combination of the four activities required under Priority 1.

Simultaneous requests for Priority 1 and Priority 2 activity(ies) will receive a lower funding consideration than requests that complete the bundle of the four (4) Priority 1 activities.

Fields marked with an * are required.

Fire Department/Fire District Wellness and Fitness

Program Area The activities below are Priority 1	Does your organization currently offer this activity?	Are you requesting funding for this activity in this application?	Will this activity be mandatory?	Will this activity be offered to all members?
* Initial Physical Exam	Select ▼	Select ▼	Select ▼	Select ▼
* Job Related Immunization Program	Select ▼	Select ▼	Select ▼	Select ▼
* Periodic Physical Exam/Health Screening	Select ▼	Select ▼	Select ▼	Select ▼
* Behavioral Health NFPA 1500 or equivalent	Select ▼	Select ▼	Select ▼	Select ▼

Behavioral health programs are described in NFPA 1500 chapter 11. If you have any questions call the AFG help desk at 866-274-0960.

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Application period ends in
 9 days 2 hrs 5 mins 48 secs



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Add Firefighter Wellness and Fitness Program

Priority 2 Wellness and Fitness (if you are requesting Wellness and Fitness activities outside of Initial Physical Exam, Job Related Immunization, Periodic Medical Exam/Health Screening and/or Behavioral Health):

Wellness and Fitness Details	
* 1. Which program will your organization offer during the requested grant's period of performance (POP)?	Select Program ▾
* 2. Does your organization currently offer this activity?	Select ▾
* 3. Are you requesting funding for a priority 2 activity with this application?	Select ▾
* 4. Will this program be mandatory?	Select ▾
* 5. Will this program be offered to all?	Select ▾

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Application period ends in
 9 days 1 hrs. 53 mins. 35 secs.



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Add Budget Item

Please provide the following information about the training you want funded. Only whole dollar amounts are acceptable.

* Item (select one)	Select Item <input type="text"/>	Help
* Please provide a detailed description of the item selected above.	<input type="text"/> 500 characters left	
* Select Object Class	Select Object Class <input type="text"/>	Help
If you selected other above, please specify	<input type="text"/>	
* Number of units: (whole number only)	<input type="text"/>	
* Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$ <input type="text"/>	

Application period ends in

9	1	44	33
days	hrs.	mins.	secs.



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Budget

Application 72% complete

Review and confirm the budget information below. When you are finished, press the *Save and Continue* button below.

Note: Fields marked with an * are required.

Budget Object Class		
a. Personnel	Help	\$ 0
b. Fringe Benefits	Help	\$ 0
c. Travel	Help	\$ 0
d. Equipment	Help	\$ 50,000
e. Supplies	Help	\$ 0
f. Contractual	Help	\$ 7,000
g. Construction	Help	\$ 0
h. Other	Help	\$ 0
i. Indirect Charges	Help	\$ 0
j. State Taxes	Help	\$ 0
Federal and Applicant Share		
Federal Share		\$ 51,819
Applicant Share		\$ 5,181
Applicant Share of Award (%)		10
* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 5,181)		
a. Applicant	(whole dollar amounts only)	\$ 5181
b. State	(whole dollar amounts only)	\$
c. Local	(whole dollar amounts only)	\$
d. Other Sources	(whole dollar amounts only)	\$
If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.		
<div style="border: 1px solid gray; height: 30px;"></div>		
4000 characters left		
Total Budget		\$ 57,000

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Application period ends in 9 days 3 hrs. 40 mins. 4 secs.



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EMS Operations and Safety Request Details

Application 63% complete

The activities for program **EMS Operations and Safety** are listed in the table below. If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item. The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point **before** you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction.

Click View Details link below to build your program budget. Once you have entered a line-item for an activity below, the link to the activity's narrative will appear. Click on the Narratives link for further instructions. Once you have completed this section, press the *Save and Continue* button below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	0	\$ 0	\$ 0	View Details
Modify Facilities	0	\$ 0	\$ 0	View Details
Personal Protective Equipment	0	\$ 0	\$ 0	View Details
Training	0	\$ 0	\$ 0	View Details
Wellness and Fitness Programs	0	\$ 0	\$ 0	View Details

Grant-writing fee associated with the preparation of this request.	\$0
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Application period ends in
 6 days 5 hrs 2 mins 37 secs



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EMS Operations and Safety Request Details

Below is a list of items included in your application. Click the *Add Nonaffiliated EMS Equipment* button to add an item to be funded. You may update or delete the list by clicking the appropriate link under the *Action* column. Once you are done, press the *Return to Summary* button below.

Nonaffiliated EMS Equipment

Item	Number of units	Cost per unit	Total Cost	Action
No line items are currently specified for this activity.				



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Add Operations and Safety - EMS Equipment

Please provide the following information about the equipment you want funded. **Only whole dollar amounts are acceptable.**

Note: Fields marked with an * are required.

*1. What equipment will your organization purchase with this grant? (select one)	Select Equipment <input type="text"/>
* Please provide a detailed description of the item selected above.	<input type="text"/> 500 characters left
*2. Number of units: (whole number only)	<input type="text"/>
*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$ <input type="text"/>
*4. Generally the equipment purchased under this grant program will: (select one)	Select <input type="text"/>
*5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc.? In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance. If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years	<input type="text"/> Yes <input type="text"/> No <input type="text"/>
*6. At what level of service will this equipment be used if awarded this grant?	Select <input type="text"/>
*7. Is your department trained in the proper use of the equipment being requested?	<input type="text"/> Yes <input type="text"/> No
8. Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested in the Equipment Additional Funding section).	<input type="text"/> Yes <input type="text"/> No Help
9. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	<input type="text"/> Yes <input type="text"/> No

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Application period ends in 8 days 4 hrs 55 mins 56 secs



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Add Operations and Safety - EMS Modify Facilities

Please provide the following information about the Modify Facilities you want funded. **Only whole dollar amounts are acceptable.**

Note: When requesting one or more projects for one station (e.g. sprinklers & exhaust system) the total request cannot exceed \$100,000 per station. **All projects must be entered as separate line-items regardless if the projects are in the same station.** If you wish to enter an additional project, please fill out another set of EMS Operations and Safety - Modify Facilities questions.

Note: Fields marked with an * are required. Facilities or additions which were built after January 1st, 2003 are ineligible for an award under this activity. .

Reminder: Documentation maybe required regarding the nature of the facility, flood plains, etc. prior to being considered for award.

Modifications are changes within the existing structure. The original footprint/profile of the facility should remain essentially unchanged. Funding may not be used to change the existing exterior footprint/profile of the building or add additional stories to the building.

Modify Facilities Details	
*1. On what type of modification will the funds be spent? (Add one line-item request per facility being modified)	Select <input type="text"/>
* Please provide a detailed description of the modification selected above.	<input type="text"/> 500 characters left
* Please give us the square footage of the area that your modification will directly affect.	<input type="text"/>
*2. What is the age of the facility that is being modified? (whole number only)	<input type="text"/>
*3. What type of facility will be modified?	Select <input type="text"/> Help
4. If you are installing an exhaust system, how many vehicles do you plan on attaching to the system (only include currently owned vehicles or vehicles on order - do not include equipment for future capacity)? (whole number only)	<input type="text"/>
*5. Number of units: (whole number only)	<input type="text"/>
*6. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	<input type="text"/>
*7. What is the level of occupancy for the facility you wish to modify? Note: The occupancy is defined by the number of hours the facility is used within a single 24 hour time period.	<input type="radio"/> Full-Time (24/7) <input type="radio"/> Part-Time (Daily, but not 24/7) <input type="radio"/> Occasional Help
*8. Does the facility you wish to modify have a drive through bay?	<input type="radio"/> Yes <input type="radio"/> No

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Add Operations and Safety - EMS Personal Protective Equipment

Please provide the following information about the personal protective equipment you want funded. Only whole dollar amounts are acceptable.

Note: Fields marked with an * are required.

Personal Protective Equipment Details																																								
*1. Select the PPE that you propose to acquire (select one):	<input type="text" value="Select PPE"/> Help																																							
* Please provide a detailed description of the item selected above.	<input style="width: 100%; height: 30px;" type="text"/> <small>500 characters left</small>																																							
*2. Number of units: (whole number only)	<input style="width: 50px;" type="text"/>																																							
*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$ <input style="width: 50px;" type="text"/>																																							
*4. Please provide your amount for the appropriate question below: <ul style="list-style-type: none"> For protective clothing, how many of your on-duty active members currently have PPE that meets applicable NFPA and OSHA standards? If you are requesting new SCBA, how many of your seated riding positions currently have compliant SCBA that meets established standards? If you are asking for specialized PPE (e.g., Haz-Mat), how many applicable members currently have specialized PPE that meets applicable NFPA and OSHA standards? 	<input style="width: 50px;" type="text"/>																																							
*5. What is the purpose of this request? (select one)	<input type="text" value="Select purpose"/>																																							
6. Is your organization facing a new risk?	<input type="radio"/> No <input type="radio"/> Yes, increase in call volume <input type="radio"/> Yes, new service required																																							
What are the specific ages of the type of PPE you are requesting?	<input type="checkbox"/> N/A																																							
<p>Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace. If you have 30 members then account for 30 sets of PPE.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Age (in Years)</th> <th>Current Inventory</th> <th>Being Replaced</th> </tr> </thead> <tbody> <tr><td>Less than 1</td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>1</td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>2</td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>3</td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>4</td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>5</td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>6</td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>7</td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>8</td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>9</td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>10</td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td></tr> <tr><td>11</td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td></tr> </tbody> </table>		Age (in Years)	Current Inventory	Being Replaced	Less than 1	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	1	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	2	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	3	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	4	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	5	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	6	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	7	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	8	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	9	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	10	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	11	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
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Application period ends in: 6 days, 4 hrs, 29 mins, 24 secs



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25 or more		
Number of members without PPE		

If you have indicated you are requesting SCBA or Cylinders in Question 1, to which edition(s) of the NFPA 1981 standard are your SCBA or Cylinders compliant? If not requesting SCBA/Cylinders, please select "N/A" and continue on to the next question. **Please account for ALL SCBA/Cylinders currently in your department's inventory - not just the SCBA/Cylinders you wish to replace. If you have damaged or inoperable SCBA/Cylinders/Face Pieces please list them in the "Obsolete/Damaged" section.**

N/A

Year	Current Inventory		Being Replaced	
	SCBA	Cylinders	SCBA	Cylinders
2013 Edition				
2007 Edition				
2002 Edition and older				
Obsolete/damaged				

- *7. Is your department trained in the proper use of the PPE/SCBA being requested? Yes No
8. Are you requesting funding for training for this PPE/SCBA? Yes No [Help](#)
9. If you are not requesting training funds through this application, will you obtain training for this PPE/SCBA through other sources? Yes No

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Application period ends in
 8 days 4 hrs 27 mins 47 secs



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Add Operations and Safety - EMS Training Program

Please provide the following information about the training you are requesting funding.

Note: Fields marked with an * are required.

Training Program Details	
* 1. What type of training are you requesting?	Select ▼
* 2. If awarded these funds, to what level will you be training your personnel?	Select ▼
* 3. Are you asking for funding for equipment to go with the level of your training?	<input type="radio"/> Yes <input type="radio"/> No

Note: Eligible expenses include: instructional costs for EMS training, books and materials, training equipment and supplies, exam and course fees, certification and re-certification expenses and continuing education.

Medications and communications centers constitute ineligible expenses.

Training Line- Item Details	
* Item: (select one)	Select Item ▼
* Please provide a detailed description of the item selected above.	<div style="border: 1px solid #ccc; height: 40px;"></div> <small>500 characters left</small>
* Select Object Class	Select Object Class ▼ Help
If you selected "Other" above, please specify	<input type="text"/>
* Number of units: (whole number only)	<input type="text"/>
* Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$ <input type="text"/>



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Add EMS Wellness and Fitness Program

Priority 2 Wellness and Fitness (if you are requesting Wellness and Fitness activities outside of Initial Physical Exam, Job Related Immunization, Periodic Medical Exam/Health Screening and/or Behavioral Health):

Wellness and Fitness Details	
* 1. What will your program offer during the grant year? (select one)	Select Program ▼
* 2. Does your organization currently offer this activity?	Select ▼
* 3. Are you requesting funding with this application?	Select ▼
* 4. Will this activity be mandatory?	Select ▼
* 5. Will this activity be offered to all?	Select ▼

Application period ends in
 6 days 4 hrs 19 mins 39 secs



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Add Budget Item

Please provide the following information about the training you want funded. **Only whole dollar amounts are acceptable.**

* Item (select one)	<input type="text" value="Select Item"/>	Help
* Please provide a detailed description of the item selected above.	<input type="text"/> 500 characters left	
* Select Object Class	<input type="text" value="Select Object Class"/>	Help
If you answered other above, please specify	<input type="text"/>	
* Number of units: (whole number only)	<input type="text"/>	
* Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$ <input type="text"/>	

Application period ends in
 6 days 4 hrs 17 mins 40 secs



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• Please select a program you wish to apply

State Fire Training Academy Request Information

Application 54% complete

Program Selection

Please use this section to select the program(s) for which you want to apply and provide the additional information requested.

*1. Select State Fire Training Academy, then enter a grant writer fee if applicable.

Select	Program Name	Activities Available
<input type="radio"/>	State Fire Training Academy	[Equipment] [Personal Protective Equipment] [Vehicle Acquisition]

*2. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.

(This amount will be included under Other Budget Object Class section of Budget page)(whole dollar amounts only)

\$0

Application period ends in 7 days 4 hrs 57 mins 26 secs



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Add State Fire Training Academy - Equipment

Please provide the following information about the equipment you want funded. **Only whole dollar amounts are acceptable.**

Note: Fields marked with an * are required.

Equipment Details	
*1. What equipment will your organization purchase with this grant?	Select Equipment Help
* Please provide a detailed description of the item selected above.	<div style="border: 1px solid gray; height: 40px;"></div> 500 characters left
*2. Number of units: (whole number only)	<input type="text"/>
*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$ <input type="text"/>
*4. Generally the equipment purchased under this grant program will: (select one)	
<input type="radio"/> Buy equipment for the first time (never owned before) <input type="radio"/> Replace obsolete or damaged equipment that can no longer meet the applicable standards <input type="radio"/> Increase the organization's available supply of the requested item(s)	
If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.	
<input type="text"/>	
*5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.	<input type="radio"/> Yes <input type="radio"/> No Help

Application period ends in
 7 days 4 hrs 47 mins 15 secs



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Add State Fire Training Academy - Personal Protective Equipment

Please provide the following information about the personal protective equipment you want funded. **Only whole dollar amounts are acceptable.**

Note: Fields marked with an * are required.

Personal Protective Equipment Details																																																										
*1. Select the PPE that you propose to acquire (select one):	<input type="text" value="Select PPE"/> Help																																																									
* Please provide a detailed description of the item selected above.	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p style="text-align: right; font-size: small;">500 characters left</p>																																																									
*2. Number of units: (whole number only)	<input type="text"/>																																																									
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*4. What is the purpose of this request? (select one)	<input type="text" value="Select purpose"/>																																																									
What are the specific ages of the type of PPE you are requesting? <input type="checkbox"/> N/A																																																										
Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace. If you have 30 members then account for 30 sets of PPE.																																																										
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22	<input type="text"/>	<input type="text"/>
23	<input type="text"/>	<input type="text"/>
24	<input type="text"/>	<input type="text"/>
25 or more	<input type="text"/>	<input type="text"/>
Number of members without PPE	<input type="text"/>	<input type="text"/>

If you have indicated you are requesting SCBA or Cylinders in Question 1, to which edition(s) of the NFPA 1981 standard are your SCBA or Cylinders compliant? If not requesting SCBA/Cylinders, please select "N/A" and continue on to the next question. **Please account for ALL SCBA/Cylinders currently in your department's inventory - not just the SCBA/Cylinders you wish to replace. If you have damaged or inoperable SCBA/Cylinders/Face Pieces please list them in the "Obsolete/Damaged" section.**

N/A

Year	Current Inventory		Being Replaced	
	SCBA	Cylinders	SCBA	Cylinders
2013 Edition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2007 Edition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2002 Edition and older	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Regional Request Details

Application **63%** complete

The activities for program **Regional** are listed in the table below. If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item. The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point **before** you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction.

Click View Details link below to build your program budget. Once you have entered a line-item for an activity below, the link to the activity's narrative will appear. Click on the Narratives link for further instructions. Once you have completed this section, press the *Save and Continue* button below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	0	\$ 0	\$ 0	View Details
Personal Protective Equipment	0	\$ 0	\$ 0	View Details
Training	0	\$ 0	\$ 0	View Details

Grant-writing fee associated with the preparation of this request.	\$0
--	-----

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Add Regional Operations and Safety - Equipment

Please provide the following information about the equipment you want funded.

Note: Fields marked with an * are required.

Equipment Details	
*1. What equipment will your organization purchase with this grant?	Select Equipment Help
* Please provide a detailed description of the item selected above.	<div style="border: 1px solid #ccc; height: 40px;"></div> 500 characters left
*2. Number of units: (whole number only)	<input type="text"/>
*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$ <input type="text"/>
*4. Generally the equipment purchased under this grant program will: (select one)	
<input type="radio"/> Buy equipment for the first time (never owned before) <input type="radio"/> Replace obsolete or damaged equipment that can no longer meet the applicable standards <input type="radio"/> Increase the organization's available supply of the requested item(s)	
If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.	
<input type="text"/>	
*5. Per the Notice of Funding Opportunity Announcement (NOFO), do you have a memorandum of understanding (MOU) in place that cover the use of the equipment?	<input type="radio"/> Yes <input type="radio"/> No
*6. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.	<input type="radio"/> Yes <input type="radio"/> No Help
*7. Is your department trained in the proper use of the equipment being requested?	<input type="radio"/> Yes <input type="radio"/> No
*8. Are you requesting funding for training? (Funding for requested training should be requested in the Regional Equipment - Additional Funding section).	<input type="radio"/> Yes <input type="radio"/> No Help
9. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	<input type="radio"/> Yes <input type="radio"/> No

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Add Regional Operations and Safety - Personal Protective Equipment

Please provide the following information about the personal protective equipment you want funded. **Only whole dollar amounts are acceptable.**

Note: Fields marked with an * are required.

Personal Protective Equipment Details																																																	
<p>*1. Select the PPE that you propose to acquire (select one):</p>	<p>Select PPE Help</p>																																																
<p>* Please provide a detailed description of the item selected above.</p> <div style="border: 1px solid #ccc; padding: 5px; width: fit-content; margin: 0 auto;">Main Content/Body Frame</div>	<p>500 characters left</p>																																																
<p>*2. Number of units: (whole number only)</p>	<input type="text"/>																																																
<p>*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)</p>	<p>\$ <input type="text"/></p>																																																
<p>*4. Please provide your amount for the appropriate question below:</p> <ul style="list-style-type: none"> For protective clothing, how many of your on-duty active members currently have PPE that meets applicable NFPA and OSHA standards? If you are requesting new SCBA, how many of your seated riding positions currently have compliant SCBA assigned to it? If you are asking for specialized PPE (e.g., Haz-Mat), how many applicable members currently have specialized PPE that meets applicable NFPA and OSHA standards? 	<input type="text"/>																																																
<p>*5. What is the purpose of this request? (select one)</p>	<p>Select purpose ▼</p>																																																
<p>*6. Per the Notice of Funding Opportunity Announcement (NOFO), do you have a memorandum of understanding (MOU) in place</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>																																																
<p>What are the specific ages of the type of PPE you are requesting?</p> <p>Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace. If you have 30 members then account for 30 sets of PPE.</p>	<p><input type="checkbox"/> N/A</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">Age (in Years)</th> <th style="padding: 2px;">Current Inventory</th> <th style="padding: 2px;">Being Replaced</th> </tr> </thead> <tbody> <tr><td style="padding: 2px;">Less than 1</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">1</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">2</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">3</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">4</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">5</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">6</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">7</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">8</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">9</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">10</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">11</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">12</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">13</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> <tr><td style="padding: 2px;">14</td><td style="padding: 2px;"><input type="text"/></td><td style="padding: 2px;"><input type="text"/></td></tr> </tbody> </table>	Age (in Years)	Current Inventory	Being Replaced	Less than 1	<input type="text"/>	<input type="text"/>	1	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	5	<input type="text"/>	<input type="text"/>	6	<input type="text"/>	<input type="text"/>	7	<input type="text"/>	<input type="text"/>	8	<input type="text"/>	<input type="text"/>	9	<input type="text"/>	<input type="text"/>	10	<input type="text"/>	<input type="text"/>	11	<input type="text"/>	<input type="text"/>	12	<input type="text"/>	<input type="text"/>	13	<input type="text"/>	<input type="text"/>	14	<input type="text"/>	<input type="text"/>
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22	<input type="text"/>	<input type="text"/>
23	<input type="text"/>	<input type="text"/>
24	<input type="text"/>	<input type="text"/>
25 or more	<input type="text"/>	<input type="text"/>
Number of members without PPE	<input type="text"/>	<input type="text"/>

If you have indicated you are requesting SCBA or Cylinders in Question 1, to which edition(s) of the NFPA 1981 standard are your SCBA or Cylinders compliant? If not requesting SCBA/Cylinders, please select "N/A" and continue on to the next question. **Please account for ALL SCBA/Cylinders currently in your department's inventory - not just the SCBA/Cylinders you wish to replace. If you have damaged or inoperable SCBA/Cylinders/Face Pieces please list them in the "Obsolete/Damaged" section.**

N/A

Year	Current Inventory		Being Replaced	
	SCBA	Cylinders	SCBA	Cylinders
2013 Edition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2007 Edition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2002 Edition and older	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Obsolete/damaged	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*7. Is your department trained in the proper use of the PPE/SCBA being requested?

Yes No

8. Are you requesting funding for training for this PPE/SCBA?

Yes No

[Help](#)

9. If you are not requesting training funds through this application, will you obtain training for this PPE/SCBA through other sources?

Yes No

10. Is your organization facing a new risk?

- No
- Yes, increase in call volume
- Yes, new service required

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Add Regional Operations and Safety - Training Program

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Please provide the following information about the training you want funded.

Note: Fields marked with an * are required.

Training Details	
*1. Which title most closely describes your requested program?	
<div style="border: 1px solid #ccc; padding: 5px;"> ---- Select ---- ▼ </div>	
* Please provide a detailed description of the Training Program you selected.	<div style="border: 1px solid #ccc; padding: 5px; min-height: 40px;"> </div> <p style="font-size: small; color: #000080;">500 characters left</p>
*2. Generally, this program can best be categorized as: (select one)	
<input type="radio"/> Training that is evaluated/tested using a national, state, or local standard <input type="radio"/> Non-certification training	
*3. How many personnel will be trained by this program?	<input style="width: 50px;" type="text"/>
*4. Per the Notice of Funding Opportunity Announcement (NOFO), will you have a memorandum of understanding (MOU) in place prior to award?	<input type="radio"/> Yes <input type="radio"/> No
*5. Generally, the training program provided under this grant: (select one)	
<input type="radio"/> Will bring your region into compliance with recommended applicable NFPA or other standards, please specify:	<div style="border: 1px solid #ccc; padding: 5px; min-height: 40px;"> </div> <p style="font-size: small; color: #000080;">500 characters left</p>
<input type="radio"/> Will bring your region into compliance with mandated training requirements, please specify:	<div style="border: 1px solid #ccc; padding: 5px; min-height: 40px;"> </div> <p style="font-size: small; color: #000080;">500 characters left</p>
<input type="radio"/> Will address an identified risk for your region or community, please specify:	<div style="border: 1px solid #ccc; padding: 5px; min-height: 40px;"> </div> <p style="font-size: small; color: #000080;">500 characters left</p>
*6. Will this training enhance your ability to perform Mutual Aid?	<input type="radio"/> Yes <input type="radio"/> No
If you answered Yes to the question above, please explain.	<div style="border: 1px solid #ccc; padding: 5px; min-height: 40px;"> </div> <p style="font-size: small; color: #000080;">500 characters left</p>
*7. Will this training be:	<input type="radio"/> Instructor-led <input type="radio"/> Self-directed/test-validated <input type="radio"/> None of the above

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Regional Request Details

Application **63%** complete

The activities for program **Regional** are listed in the table below. If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item. The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point **before** you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction.

Click View Details link below to build your program budget. Once you have entered a line-item for an activity below, the link to the activity's narrative will appear. Click on the Narratives link for further instructions. Once you have completed this section, press the *Save and Continue* button below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	0	\$ 0	\$ 0	View Details
Personal Protective Equipment	0	\$ 0	\$ 0	View Details
Training	0	\$ 0	\$ 0	View Details

Grant-writing fee associated with the preparation of this request.	\$0
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Regional Training - Narrative

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 impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community?

The narrative statements must provide all the information necessary for you to justify your needs and for FEMA to make an award decision. A panel of peer reviewers will perform the second phase of the applications' evaluations by using the narrative statements below, along with the answers to the general and the activity-specific questions, to determine the worthiness of the request for an award.

Please ensure that your narrative clearly addresses each of the following evaluation criteria elements to the best of your ability, with detailed but concise information. Each element will be evaluated independently by the peer review panelists. The relative weight of the evaluation criteria in the determination of the grant award is listed below.

You may either type your project narrative statements in the spaces provided below, or create the text in your word processing system and then copy it into the appropriate spaces provided below. Please note the narrative block does not allow for formatting. Do not type your narrative using only capital letters. Additionally, do not include tables, special fonts (i.e., quote marks, bullets, etc), or graphs.

Note: Fields marked with an * are required. Each element must have a minimum of 200 characters and each element will have a character limit; the limit varies based on the questions being asked. The character count will be listed below each text box.

* **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. ***4000 characters**

4000 characters left

* **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. ***4000 characters**



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*** 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. ***4000 characters**

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*** 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? ***4000 characters**

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