

FEMA Form 080-0-2, AFG Application (General Questions and Narrative)

LOCATION	CURRENT TEXT	REVISED TEXT
p. 2, 1 st Question	New Question	<p>Applicant’s Acknowledgements</p> <hr/> <p>Please read and agree to the following conditions prior to submitting your application.</p>
p. 2, 2 nd Question	New Question	<ul style="list-style-type: none"> ○ * 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. 2, 3 rd Question	New Question	<ul style="list-style-type: none"> ○ *, 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.
p. 2, 4 th Question	New Question	<ul style="list-style-type: none"> ○ * 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 one (1) year Period of Performance (POP).

p. 2, 5 th Question	New Question	<ul style="list-style-type: none"> ○ * I certify that the applicant organization is aware that this application period is open from 01/24/2014 to 11/22/2037 and will close at 5 PM EST; 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.
p. 2, 6 th Question	New Question	<ul style="list-style-type: none"> ○ * 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/1426773591041-afc0154b20b5ba6cc2c11ed8e8b5c5a2/EHP_Screening_Form_31615.pdf
p. 2, 7 th Question	New Question	<ul style="list-style-type: none"> ○ * 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.
p. 2, 8 th Question	New Question	<p>Note: the primary contact will be responsible for signing and submitting the application. Fields marked with an * are required.</p>

p. 3, 1st Question	<p>*Did you attend one of the workshops conducted by DHS’s regional fire program specialist?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, I have attended workshop <input type="radio"/> No, I have not attended workshop 	<p>*Did you attend one of the workshops conducted by an AFG regional fire program specialist?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, I have attended workshop <input type="radio"/> No, I have not attended workshop
p.3, 2nd Question	<p>*Was a workshop within two hours drive?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do Not Know 	<p>*Did you participate in a webinar that was conducted by AFG?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
p. 3, 3rd Question	<p>* Are you a member, or are you currently involved in the management, of the fire department or non-affiliated EMS organization applying for this grant with this application?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, I am a member/officer of this applicant <input type="radio"/> No, I am a grant writer or otherwise not affiliated with this applicant 	<p>* Are you a member, or are you currently involved in the management, of the fire department or non-affiliated EMS organization or a State Fire Training Academy applying for this grant with this application?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, I am a member/officer of this applicant <input type="radio"/> No, I am a grant writer or otherwise not affiliated with this applicant
p. 3, 15th Question	* Business Phone (e.g. 123-456-7890)	* Primary Phone (e.g. 123-456-7890) Type (choose one) Home/Cell/Work
p. 3, 16th Question	* Home Phone (e.g. 123-456-7890)	* Secondary Phone (e.g. 123-456-7890) Type (choose one) Home/Cell/Work
p. 3 17th Question	Mobile Phone/Pager (e.g. 123-456-7890)	Optional Phone (e.g. 123-456-7890)
p. 4, 6th Question	* Business Phone (e.g. 123-456-7890)	* Primary Phone (e.g. 123-456-7890) Type (choose one) Home/Cell/Work
p. 4, 7th Question	* Home Phone (e.g. 123-456-7890)	* Secondary Phone (e.g. 123-456-7890) Type (choose one) Home/Cell/Work
p. 4, 8th Question	Mobile Phone/Pager (e.g. 123-456-7890)	Optional Phone (e.g. 123-456-7890)
p. 4, 16th Question	* Business Phone (e.g. 123-456-7890)	* Primary Phone (e.g. 123-456-7890) Type (choose one) Home/Cell/Work
p. 4, 17th Question	* Home Phone (e.g. 123-456-7890)	* Secondary Phone (e.g. 123-456-7890) Type (choose one) Home/Cell/Work

p. 4, 18 th Question	Mobile Phone/Pager (e.g. 123-456-7890)	Optional Phone (e.g. 123-456-7890)
p. 5, 2 nd Question	<ul style="list-style-type: none"> * Type of Applicant ○ Fire Department/Fire District ○ Non-Affiliated EMS Organization ○ Regional Request 	<ul style="list-style-type: none"> * Type of Applicant ○ Fire Department/Fire District ○ Fire Department/Fire District (Regional) ○ Non-Affiliated EMS Organization ○ Non-Affiliated EMS Organization (Regional) ○ State Fire Training Academy ○ Regional Vehicle
p. 5, 3 rd Question	<ul style="list-style-type: none"> * Type of Jurisdiction Served (list of eligible organizations on page 5) ○ Airport/Port Authority ○ City ○ County ○ Indian Tribe ○ Parish ○ Private/for-profit Company ○ Town ○ Township ○ Unincorporated Community ○ Village ○ Other (explain) 	<ul style="list-style-type: none"> * Fire Department/District, Non-Affiliated EMS, and Regional applicants, select type of Jurisdiction Served : (list of eligible organizations on page 7) ○ Airport/Port Authority ○ City ○ County ○ Indian Tribe ○ Other (explain) ○ Parish ○ Private not for profit organization ○ State Fire Training Academy/Organization ○ Town ○ Township ○ Unincorporated Community ○ Village ○ Ward
p. 5, 5 th Question	New Question	* State Fire Training Academy applicants , please name your state:
p. 5, 6 th Question	New Question	<ul style="list-style-type: none"> * 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
p. 5, 7 th Question	New Question	<p>What is the legal business address of your Entity as it appears in SAM.gov?</p> <p>Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction</p> <ul style="list-style-type: none"> * Mailing Address 1 Mailing Address 2 * City * State * Zip
p. 6, 1 st Question	* Employer Identification Number (e.g. 12-3456789)	<ul style="list-style-type: none"> * Employer Identification Number (e.g. 12-3456789) <p>Note: This information must match your SAM.gov profile</p>
p. 6, 2 nd Question	New Question	<ul style="list-style-type: none"> * 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
p.6, 3 rd Question	New Question	<ul style="list-style-type: none"> * I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application (Required if you selected Yes above) <input type="radio"/> Yes
p.6, 5 th Question	New Question	<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.</p> <p>Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave blank if you are using your Jurisdiction's bank account or have your own DUNS number and bank account separate from your Jurisdiction.)</p>
p.6, 6 th Question	New Question	<ul style="list-style-type: none"> * Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)? <input type="radio"/> Yes <input type="radio"/> No

p.6, 7 th Question	New Question	<p>* I certify that my organization/entity is actively registered 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> <p><input type="radio"/> Yes</p>
p.6, 13 th Question	<input type="radio"/> Mailing Address is the same as the Physical Address	<p><input type="radio"/> Mailing Address is the same as the Physical Address Note: This information must match your SAM.gov profile.</p>
p.6,	* Please describe all grants that you have received from DHS, for example, 2002 AFG grant for vehicle or 2010 HSGP grant for exercises. (Enter "N/A" if Not Applicable)	Removed
P.6, 19 th Question	New Question	<p>* The bank account being used is: (Please select one from the 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>
P.7, before 1 st Question	New Instruction	Note: The following banking information must match your SAM.gov profile.
p.7, 5 th Question	New Question	<p>State Fire Training Academy applicants only: * For this fiscal year (Federal) is your organization receiving non-budgetary funding from any non-Federal source for the same purpose for which this application is being submitted?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
p.7, 6 th Question	<p>* If awarded the AFG grant, will your organization expend more than \$500,000 in Federal funds during your organization's fiscal year in which this AFG grant was awarded?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>* 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</p>

		<p>audit costs only once under any "Additional Funding" in the "Request Details" section of the application.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
p.8,	<p>Eligible Organizations</p> <ul style="list-style-type: none"> • Airport/Port Authority if they also have first-due area of responsibility off airport property • City • County • Fire District • Indian Tribe • Parish • Town • Township • Unincorporated community • Village • Volunteer Fire Company 	<p>Eligible Organizations</p> <ul style="list-style-type: none"> • Airport/Port Authority if they also have first-due area of responsibility off airport property • City • County • Fire District • Indian Tribe • Other (explain) • Parish • State Training Academy/Organization • Town • Township • Unincorporated community • Village • Ward
p.10	<p>New Definition</p>	<p>Community Paramedic</p> <p>A Community Paramedic (CP) is a licensed or certified paramedic who has additional training in physiology, disease processes, injury and illness prevention, and medical system navigation. By design, the Community Paramedic is intended to be a provider of public health services to the elderly, underserved, and chronic condition-patient populations by providing primary care as an extension of a physician, while acting as the patient's advocate to connect them to a variety of beneficial social services outside the emergency department or hospital. Community Paramedics provide health assessment, chronic disease monitoring and</p>

		education, medication care and prescription regime compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures approved by the ambulance medical director. Community Paramedics do not provide emergency or non-emergency transport for patients.
p.11, 1 st Question	* Are you a member of a Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property? ○ Yes ○ No	* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property? ○ Yes ○ No
p.11, 11 th Question	New Question	If "Yes", please describe the critical infrastructure protected below:
p.12,	* How many occupied structures (commercial, industrial, residential, or institutional) in your jurisdiction are more than three stories tall? Do not include structures which are not regularly occupied such as silos, towers, steeples, etc. (whole numbers only)	Removed
p.12, 8 th Question	* How many ALS level trained members do you have in your department/organization? (whole numbers only)	* How many members in your department/organization are trained to the level of EMR-or EMT, Advanced EMT or Paramedic? (whole numbers only)
p.12, 9 th Question	New Question	* Does your department have a Community Paramedic program? ○ Yes ○ No
p.12, 10 th Question	New Question	How many personnel are trained to the Community Paramedic level? (whole numbers only)
p.12, 13 th Question	* Do you currently report to the National Fire Incident Reporting System (NFIRS)? ○ Yes ○ No	* 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. AFG does not required NFIRS

		reporting for Non-Affiliated EMS Organizations and State Fire Training Academy. <input type="radio"/> Yes <input type="radio"/> No
p.12, 15 th Question	* What percent of your active firefighters are trained to the level of Firefighter I? (numbers only)	* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only)
p.12, 16 th Question	* What percent of your active firefighters are trained to the level of Firefighter II? (numbers only)	* How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I)
p.12, 17 th Question	If you answered less than 100% to either question above, are you requesting for training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001? <input type="radio"/> Yes <input type="radio"/> No	Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001? <input type="radio"/> Yes <input type="radio"/> No
p.13, 2 nd Question	* What services does your organization provide? <input type="radio"/> Structural Fire Suppression <input type="radio"/> Emergency Medical Responder <input type="radio"/> Haz-Mat Operational Level <input type="radio"/> Wildland Fire Suppression <input type="radio"/> Basic Life Support <input type="radio"/> Haz-Mat Technical Level <input type="radio"/> Airport Rescue Firefighting (ARFF) <input type="radio"/> Advanced Life Support <input type="radio"/> Rescue Operational Level <input type="radio"/> Occasional Fire Prevention <input type="radio"/> Formal/Year-Round Fire Program <input type="radio"/> Rescue Technical Level Prevention Program <input type="radio"/> Maritime Operations/Firefighting	* What services does your organization provide? <input type="radio"/> Advanced Life Support <input type="radio"/> Rescue Operational Level <input type="radio"/> Airport Rescue Firefighting (ARFF) <input type="radio"/> Haz-Mat Operational Level <input type="radio"/> Rescue Technical Level <input type="radio"/> Basic Life Support <input type="radio"/> Haz-Mat Technical Level <input type="radio"/> Structural Fire Suppression <input type="radio"/> Community Paramedic Operations/Firefighting <input type="radio"/> Maritime Operations/Firefighting <input type="radio"/> Wildland Fire Suppression <input type="radio"/> Emergency Medical Responder
p.14, 7 th Question	New Question	Does your department have any rainy day reserves, emergency funds, or capital outlay? <input type="radio"/> Yes <input type="radio"/> No
p.14, 8 th Question	New Question	If yes, what is the total amount currently set aside?
p.15, 3 rd	New Question	Bond Issues

Question		
p.15,	Other?	Removed
p.15,	If you entered a value into Other field (other than 0), please explain:	Removed
p.16, 1 st Question	* Please describe your organization's need for Federal financial assistance. Use additional sheet if necessary.	* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.
p.18, 1 st Question	Working Structural Fires - includes cooking fires, chimney fires, smoke odor calls, unauthorized burning calls, and trash and rubbish fires that spread to a structure(s).	Fires – NFIRS Series 100
p.18, 2 nd Question	New Question	Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200
p.18, 3 rd Question	New Question	Rescue & Emergency Medical Service Incident - NFIRS Series 300
p.18, 4 th Question	Hazardous Condition/Materials Calls - includes spills and leaks, chemical releases, electrical transmission and service lines down.	Hazardous Condition (No Fire) - NFIRS Series 400
p.18, 5 th Question	Service Calls - includes persons in distress calls, water problem calls, smoke odor calls, animal rescue calls, public service assist calls, and unauthorized burning calls.	Service Call - NFIRS Series 500
p.18, 6 th Question	False Alarms/Good Intent Calls Good Intent Calls - includes canceled enroute, authorized burning calls, prescribed fire calls, smoke scares. False Alarms: making a false report of a fire or other emergency via telephone to 911 or other emergency number, the false activation of a manual or automatic fire alarm system, and/or the transmission of a malicious false alarm via a dedicated public alarm system (telephone, telegraph, or radio call box).	Good Intent Call - NFIRS Series 600
p.18, 7 th Question	New Question	False Alarm & False Call - NFIRS Series 700
p.18, 8 th Question	New Question	Severe Weather & Natural Disaster - NFIRS Series 800
p.18, 9 th Question	New Question	Special Incident Type - NFIRS Series 900

p.18, 11 th Question	New Question	Fires associated with NFIRS categories 111-120 (Structure Fires. Fire in mobile property)
p.18, 12 th Question	Vehicle Fires- includes all vehicle fires except those that were inside a structure.	Vehicle Fires- (NFIRS categories 131-138)
p.18, 13 th Question	Vegetation Fires- includes wildland fires, brush fires, and grass fires.	Natural vegetation fire (NFIRS 140-143)
p.19, 1 st Question		Community Paramedic Response Calls- A Community Paramedic (CP) is a licensed or certified paramedic who has additional training in physiology, disease processes, injury and illness prevention, and medical system navigation. By design, the Community Paramedic is intended to be a provider of public health services to the elderly, underserved, and chronic condition-patient populations by providing primary care as an extension of a physician, while acting as the patient's advocate to connect them to a variety of beneficial social services outside the emergency department or hospital. Community Paramedics provide health assessment, chronic disease monitoring and education, medication care and prescription regime compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures approved by the ambulance medical director.
p.19	Other Rescue- includes lock-outs, lock-ins, searches, rescues and extrications	Removed
p.19	Other Calls and Incidents- anything that doesn't fit in another category.	Removed
p.19, 6 th Question	In a particular year, how many times does your organization receive mutual/automatic aid?	In a particular year, how many times does your organization receive Mutual Aid?
p.19, 7 th Question	New Question	In a particular year, how many times does your organization receive Automatic Aid?
p.19, 8 th Question	In a particular year, how many times does your organization provide mutual/automatic aid? (Please indicate the number of times your department provides or receives mutual aid. Do not include first-due responses claimed above.)	In a particular year, how many times does your organization provide Mutual Aid?
p.19, 9 th Question	New Question	In a particular year, how many times does your organization provide Automatic Aid?
p.19	Total Mutual / Automatic Aid (please total the responses from the previous two blocks)	Removed
p.19	Out of the mutual/automatic aid responses, how many were structure fires?	Removed
p.21, 12 th Question	New Question	*Do you have a seasonal increase in population? <input type="radio"/> Yes <input type="radio"/> No

p.22, 1 st Question	New Question	If "Yes" what is your seasonal increase in population? (whole number only)
p.22, 4 th Question	* How many personnel are trained to First Responder/Emergency Medical Responder? (whole number only)	* How many personnel are trained to Emergency Medical Responder? (whole number only)
p.22, 6 th Question	* How many personnel are trained to EMT-B level? (whole numbers only)	* How many personnel are trained to Emergency Medical Technician (EMT)? (whole numbers only)
p.22, 7 th Question	How many personnel are trained to EMT-I level? (whole numbers only)	* How many personnel are trained to EMT-Advanced? (whole numbers only)
p.22, 8 th Question	* How many personnel are trained to EMT-P level? (whole numbers only)	* How many personnel are trained to Paramedic? (whole numbers only)
p.22, 9 th Question	New Question	* How many personnel are trained to the Community Paramedic level?
p.22, 10 th Question	<p>* What services does your organization provide?</p> <ul style="list-style-type: none"> ○ Medical First Response ○ Advanced Life Support Transport ○ Basic Life Support Transport ○ Basic Life Support Non-Transport ○ Operational Level ○ BLS/ALS Schedule Transport ○ Maritime Operations ○ Rescue Operational Level ○ Advanced Life Support Non-Transport ○ Vehicle Extrication ○ Haz-Mat ○ Swift Water Rescue ○ Rescue Technical Level ○ Fire Suppression 	<p>* What services does your organization provide?</p> <ul style="list-style-type: none"> ○ Advanced Life Support Transport ○ Community Paramedic ○ Advanced Life Support Non-Transport ○ Fire Suppression ○ BLS/ALS Schedule Transport ○ Operational Level ○ Basic Life Support Transport ○ Basic Life Support Non-Transport ○ Rescue Operational Level ○ Rescue Technical Level ○ Haz-Mat ○ Swift Water Rescue ○ Maritime Operations ○ Vehicle Extrication ○ Medical First Response
p.23, 7 th Question	New Question	Bond Issues
p.23, 8 th Question	EMS Billing?	EMS Billing? (Recoverable funds from billing the insurance agencies or the patient for emergency medical service and/or transport.)
p.23, 12 th Question	Fee for Service?	Fee for Service? If your department or agency is billing for services such as vehicle extrication or charging any other fees for your service please enter it here. If your department or agency is billing insurance companies for service other than EMS billing list them here.
p.24, 3 rd	* Please describe your organization's need for Federal	* Applicants should describe their financial need and

Question	financial assistance. Use additional sheet if necessary.	how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.
p.24,	*What was the total mileage that your organization drove the vehicles in your fleet last year?	Removed
p.24, 4 th Question	Ambulances: Ambulance, EMS Transport Unit	Ambulances
p. 24	Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle	Removed
p. 25, 1 st Question	New Question	Bariatric Ambulance(s)
p. 25, 2 nd Question	New Question	Non-Transport – Community Paramedic
p. 26, 1 st Question	How many responses per year by category? (Enter whole numbers only: If you have no calls for any of the categories, enter 0)	Summary of responses per year by category (Enter whole numbers only: If you have no calls for any of the categories, enter 0)
p. 26, 2 nd Question	Working Structural Fires - Includes cooking fires, chimney fires, smoke odor calls, unauthorized burning calls, and trash and rubbish fires that spread to a structure(s).	Structural Fires - NFIRS series 100
p. 26, 8 th Question	New Question	Community Paramedic Response Calls – A Community Paramedic (CP) is a licensed or certified paramedic who has additional training in physiology, disease processes, injury and illness prevention, and medical system navigation. By design, the Community Paramedic is intended to be a provider of public health services to the elderly, underserved, and chronic condition-patient populations by providing primary care as an extension of a physician, while acting as the patient's advocate to connect them to a variety of beneficial social services outside the emergency department or hospital. Community Paramedics provide health assessment, chronic disease monitoring and education, medication care and prescription regime compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures approved by the ambulance medical director.
p. 26, 10 th	Hazardous Condition/Materials Calls - Includes spills and leaks,	Hazardous Condition/Materials Calls - NFIRS series 400

Question	chemical releases, electrical transmission and service lines down.	
p. 27, Question 4	New Question	<p>* 4. Are you requesting a Micro Grant? A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
p. 28, 1 st Question		<p>* Are you applying on behalf of a Regional Fire Department/District or a Regional Nonaffiliated EMS organization? (select one)</p> <p><input type="radio"/> Fire Department/District (Regional) <input type="radio"/> Nonaffiliated EMS Organization (Regional)</p>
p. 29, 1 st Question	New Question	<p>* Do you have a seasonal increase in population? <input type="radio"/> Yes <input type="radio"/> No</p>
p. 29, 2 nd Question	New Question	<p>If "Yes" what is your seasonal increase in population? (whole number only)</p>
p. 29, 9 th Question	New Question	<p>* How many personnel are trained to the Community Paramedic level?</p>
p. 29, 12 th Question	If yes, please enter your FDIN/FDID	If yes, please enter your Requesting departments FDIN/FDID
p. 29, 14 th Question	New Question	<p>* Please list each participating agency by name along with a point of contact, to include a phone number. All regional participants must be eligible as defined by the AFG Funding Opportunity Announcement (e.g., Fire Departments or nonaffiliated EMS organizations).</p> <p>Organization Name First Name Last Name Phone Number</p>
p. 29, 17 th Question	<p>* What services are provided by your organization and the organizations participating in the regional application?</p> <p><input type="radio"/> Medical First Response <input type="radio"/> Haz-Mat Operational Level <input type="radio"/> Basic Life Support Transport <input type="radio"/> Haz-Mat Technical Level <input type="radio"/> Advanced Life Support Transport <input type="radio"/> Rescue Operational Level</p>	<p>* What services are provided by your organization and the organizations participating in the regional application?</p> <p><input type="radio"/> Advanced Life Support Non-Transport <input type="radio"/> Advanced Life Support Transport <input type="radio"/> Community Paramedic <input type="radio"/> Rescue Fire Suppression <input type="radio"/> Airport Rescue Firefighting (ARFF) <input type="radio"/> Haz-Mat Operational Level</p>

	<ul style="list-style-type: none"> ○ Basic Life Support Non-Transport ○ Rescue Fire Suppression ○ BLS/ALS Schedule Transport ○ Advanced Life Support Non-Transport ○ Swift Water Rescue ○ Vehicle Extrication ○ Structural Fire Suppression ○ Wildland Fire Suppression ○ Rescue Technical Level ○ Airport Rescue Firefighting (ARFF) ○ Maritime Response 	<ul style="list-style-type: none"> ○ Rescue Operational Level ○ BLS/ALS Schedule Transport ○ Haz-Mat Technical Level ○ Rescue Technical Level ○ Basic Life Support Non-Transport ○ Maritime Response ○ Structural Fire Suppression ○ Basic Life Support Transport ○ Medical First Response ○ Swift Water Rescue
p. 30, 7 th Question	New Question	Bond Issues
p. 31, 1 st Question	* Please describe your organization's need for Federal financial assistance. Use additional sheet if necessary.	* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.
p. 33, 1 st Question	How many responses per year by category? (Enter whole numbers only: If you have no calls for any of the categories, enter 0)	Summary of responses per year by category (Enter whole numbers only: If you have no calls for any of the categories, enter 0)
p. 33, 2 nd Question	Working Structural Fires - Includes cooking fires, chimney fires, smoke odor calls, unauthorized burning calls, and trash and rubbish fires that spread to a structure(s).	Structural Fires – NFIRS Series 100
p. 33, 3 rd Question	New Question	Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200
p. 33, 4 th Question	Hazardous Condition/Materials Calls - Includes spills and leaks, chemical releases, electrical transmission and service lines down.	Hazardous Condition (No Fire) - NFIRS Series 400
p. 33, 5 th Question	Service Calls - Includes persons in distress calls, water problem calls, smoke odor calls, animal rescue calls, public service assist calls, and unauthorized burning calls.	Service Call - NFIRS Series 500
p. 33, 6 th Question	False Alarms/Good Intent Calls Good Intent Calls - Includes canceled enroute, authorized burning calls, prescribed fire calls, smoke scares. False Alarm: Making a false report of a fire or other emergency via telephone to 911 or other emergency number, the false activation of a manual or automatic fire alarm system, and/or the transmission of a malicious false alarm via a dedicated public alarm system (telephone, telegraph, or radio call box).	Good Intent Call - NFIRS Series 600

p. 33, 7 th Question	New Question	False Alarm & False Call - NFIRS Series 700
p. 33, 8 th Question	New Question	Severe Weather & Natural Disaster - NFIRS Series 800
p. 33, 9 th Question	Other Calls and Incidents- Anything that doesn't fit in another category.	Special Incident Type - NFIRS Series 900
p. 33, 15 th Question	New Question	Community Paramedic Response Calls- A Community Paramedic (CP) is a licensed or certified paramedic who has additional training in physiology, disease processes, injury and illness prevention, and medical system navigation. By design, the Community Paramedic is intended to be a provider of public health services to the elderly, underserved, and chronic condition-patient populations by providing primary care as an extension of a physician, while acting as the patient's advocate to connect them to a variety of beneficial social services outside the emergency department or hospital. Community Paramedics provide health assessment, chronic disease monitoring and education, medication care and prescription regime compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures approved by the ambulance medical director.
p. 34, 4 th Question	Vegetation Fires - Includes wildland fires, brush fires, and grass fires.	Removed
	<p>* 1. Select a program for which you are applying. Regional applications are not eligible for modification of facilities, wellness and fitness programs, or vehicles. You can apply for as many activities within a program as you need.</p> <p>Program Name Activities Available</p> <p><input type="radio"/> Operations and Safety <input type="checkbox"/> [Equipment] <input type="checkbox"/> [Personal Protective Equipment] <input type="checkbox"/> [Training]</p>	<p>* 1. Select a program for which you are applying. Regional applications are not eligible for modification of facilities, wellness and fitness programs, or vehicles. You can apply for as many activities within a program as you need.</p> <p>Program Name Activities Available</p> <p><input type="radio"/> Operations and Safety <input type="checkbox"/> [Equipment] <input type="checkbox"/> [Modify Facilities] <input type="checkbox"/> [Personal Protective Equipment] <input type="checkbox"/> [Training] <input type="checkbox"/> [Wellness and Fitness Programs]</p> <p><input type="radio"/> Vehicle Acquisition <input type="checkbox"/> [Vehicle Acquisition]</p>
p. 35	* 2. Will this grant benefit more than one organization? <input type="radio"/> Yes <input type="radio"/> No	Removed
p. 35	If you answered Yes to Question 2 above, please explain. (attach additional sheet if necessary)	Removed
p. 35	*From the requested activities, what is the total dollar amount requested for EMS equipment, supplies, training, etc in the Request Details of this application? If none of the items requested are for fire-based EMS, then enter \$0.	Removed
p. 36, 1 st	New Question	* Do you have a fixed training facility?

Question		<input type="radio"/> Yes <input type="radio"/> No
p. 36, 2 nd Question	New Question	* How many training facilities are operated by your organization? (Whole number only)
p. 36, 3 rd Question	New Question	* How many full time instructors are engaged in Firefighter Training? (Whole number only)
p. 36, 4 th Question	New Question	* How many part time instructors are engaged in Firefighter Training? (Whole number only)
p. 36, 5 th Question	New Question	* How many volunteer or adjunct instructors do you have?
p. 36, 6 th Question	New Question	* Do you offer live fire training? <input type="radio"/> Yes <input type="radio"/> No
p. 36, 7 th Question	New Question	* How many students do you teach annually?
p. 36, 8 th Question	New Question	* How many Firefighter I classes do you teach annually?
p. 36, 9 th Question	New Question	* How many Firefighter II classes do you teach annually?
p. 36, 10 th Question	New Question	* Does your academy teach wildland firefighting classes?
p. 36, 11 th Question	New Question	* Number of students who completed Firefighter I?
p. 36, 12 th Question	New Question	* Number of students who completed Firefighter II?
p. 36, 13 th Question	New Question	* Training Program Details Please list the number of students you teach each year in the classes listed below by putting the total in the columns to the right for the past three years. (All fields in this section are required.)
p. 36, 14 th Question	New Question	* Does your organization teach classes? <input type="radio"/> Yes <input type="radio"/> No
p. 36, 15 th Question	New Question	Operations (NFPA 472)
p. 36, 16 th	New Question	Firefighter I (NFPA 1001)

Question		
p. 36, 17 th Question	New Question	Firefighter II (NFPA 1002)
p. 36, 18 th Question	New Question	Instructor Training (NFPA 1041)
p. 36, 19 th Question	New Question	Driver/Operator (NFPA 1002)
p. 36, 20 th Question	New Question	Officer Training (NFPA 1021)
p. 36, 21 st Question	New Question	Wildland Firefighter Certification (NFPA 1051/NWCG)
p. 36, 22 nd Question	New Question	Wildland Officer (NFPA 1051/1143/NWCG)
p. 36, 23 rd Question	New Question	Airport Rescue Firefighting (ARFF) (NFPA 1003)
p. 36, 24 th Question	New Question	RIT Training (NFPA 1407/29 CFR 1910.134g(4))
p. 36, 25 th Question	New Question	Confined Space Rescue – Awareness level (NFPA 1670/29 CFR 1910.146)
p. 36, 26 th Question	New Question	Vehicle Rescue (NFPA 1670)
p. 36, 27 th Question	New Question	Technical Rescue/Urban Search and Rescue – Awareness level (NFPA 1670/1006)
p. 37, 1 st Question	New Question	Technical Rescue/Urban Search and Rescue – Operations level (NFPA 1670/1006)
p. 37, 2 nd Question	New Question	Technical Rescue/Urban Search and Rescue – Technician level (NFPA 1670/1006)
p. 37, 3 rd Question	New Question	Haz-Mat – Technician/Specialist level (NFPA 472)
p. 37, 4 th Question	New Question	Infection Control (NFPA 1581)
p. 37, 5 th Question	New Question	Medical First Responder Training (First Responder)
p. 37, 6 th Question	New Question	Emergency Medical Technician – Basic (EMT B)

Question		
p. 37, 7 th Question	New Question	Emergency Medical Technician – (EMT I)
p. 37, 8 th Question	New Question	Emergency Medical Technician – (EMT P)
p. 37, 9 th Question	New Question	Emergency Medical Technician – (EMT P) Community Paramedic
p. 37, 10 th Question	New Question	Emergency Scene Rehab (NFPA 1500/1584)
p. 37, 11 th Question	New Question	Mass Casualty Incident Training (MCI)
p. 37, 12 th Question	New Question	NIMS (NFA/EMI/NWFCG)
p. 37, 13 th Question	New Question	Incident Management Course (NFA/EMI/NWFCG)
p. 37, 14 th Question	New Question	Integrated Emergency Management Course (NFPA 1561/IEMC)
p. 37, 15 th Question	New Question	Fire Inspector (NFPA 1031)
p. 37, 16 th Question	New Question	Fire Investigator (NFPA 1033)
p. 37, 17 th Question	New Question	Fire Educator (NFPA 1035)
p. 37, 18 th Question	New Question	Telecommunications/Dispatcher (NFPA 1601)
p. 37, 19 th Question	New Question	Safety Officer (NFPA 1521)
p. 37, 20 th Question	New Question	Physical Agility Program Training (NFPA 1583)
p. 37, 21 st Question	New Question	Firefighter Safety and Survival Training (NFPA 1407/29 CFR 1910.146)
p. 37, 22 nd Question	New Question	Fire Officer I,II, III, and/or IV (NFPA 1021)
p. 37, 23 rd Question	New Question	Fire Prevention (NFPA 1)

p. 37, 24 th Question	New Question	Maritime (NFPA 1405/1005)
p. 37, 25 th Question	New Question	Environmental (EPA Train/Learning Center)
p. 37, 26 th Question	New Question	Exercises/Preparedness (NFA/EMI)
p. 37, 27 th Question	New Question	Operations-level Training (National Law Enforcement Training Agency)
p. 37, 28 th Question	New Question	Technician-level Training (National Law Enforcement Training Agency)
p. 37, 29 th Question	New Question	Other CBRNE Training (National Law Enforcement Training Agency)
p. 37, 30 th Question	New Question	Weapons of Mass Destruction – Operations level (NFPA 472)
p. 37, 31 st Question	New Question	Weapons of Mass Destruction – Technician Level for Rural (NFPA 472)
p. 38, 1 st Question	New Question	Weapons of Mass Destruction Training – Technician Level for Urban/Suburban (NFPA 472)
p. 38, 2 nd Question	New Question	Other/Specialized Weapons of Mass Destruction Training (NFPA 472)
p. 38, 3 rd Question	New Question	Specialist (National Law Enforcement Training Agency)
p. 38, 4 th Question	New Question	EMS for Incidents Involving CBRNE
p. 38, 5 th Question	New Question	ICS for Terrorism (National Law Enforcement Training Agency)
p. 38, 6 th Question	New Question	Mass Decontamination (National Law Enforcement Training Agency)
p. 38, 7 th Question	New Question	Live Agent (National Domestic Preparedness Consortium)
p. 38, 8 th Question	New Question	Explosives and Secondary Device Awareness (National Domestic Preparedness Consortium)

p. 38, 9 th Question	New Question	Total number of students taught each year
p. 38, 10 th Question	New Question	* Based on the list above please tell us what additional classes you offer each year and how many times a year each class is offered.
p. 39, 1 st Question	New Question	* Over the last three years, what was your organization's average operating budget? (whole number only)
p. 39, 2 nd Question	New Question	* how much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?
p. 39, 3 rd Question	New Question	* What percentage of your annual operating budget is derived from: (Enter numbers only; percentages must sum up to 100%)
p. 39, 4 th Question	New Question	Taxes?
p. 39, 5 th Question	New Question	Bond Issues?
p. 39, 6 th Question	New Question	Grants?
p. 39, 7 th Question	New Question	Donations?
p. 39, 8 th Question	New Question	Direct Billing to students?
p. 39, 9 th Question	New Question	Charge Fire Departments for training?
p. 39, 10 th Question	New Question	Other?
p. 39, 11 th Question	New Question	If you entered a value into Other field (other than 0), please explain:
p. 39, 12 th Question	New Question	* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful

		attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.
p. 40, 1 st Question	New Question	* Are you requesting a vehicle as part of your application for funding assistance ○ Yes ○ No
p. 40, 2 nd Question	New Question	* How many vehicles does your organization have in each of the types or classes of vehicle listed below? You must include vehicles that are leased as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession. (Enter numbers only and enter 0 if you do not have any of the vehicles below)
p. 40, 3 rd Question	New Question	Number of Engines or Pumpers you own An Engine is a pumper with a pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more: Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I Engine or Type II Engine Urban Interface
p. 40, 4 th Question	New Question	Number of Ambulances for transport and/or emergency response:
p. 40, 5 th Question	New Question	Number of tankers you own Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):
p. 40, 6 th Question	New Question	Number of Aerial Apparatus you own Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint
p. 40, 7 th Question	New Question	Number of Brush/Quick Attack A Brush/Quick Attack is a vehicle with pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons: Brush Truck, Patrol Unit (Pick up w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine
p. 40, 8 th Question	New Question	Do you have any Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit

p. 40, 9 th Question	New Question	Additional Vehicles: Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle
p. 41, 1 st Question	New Question	* 1. Select State Fire Training Academy, then enter a grant writer fee if applicable. Program Name Activities Available ○ State Fire Training Academy [Equipment] [Personal Protective Equipment] [Vehicle Acquisition]
p. 40, 2 nd Question	New Question	* 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)