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

| LOCATION | CURRENT TEXT | REVISED TEXT |
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| p.1, #3<br>p.8, #3 | * 3. Is the vehicle you propose to buy a refurbished, used or new response vehicle to meet current standards?<br>○ New (never owned before)<br>○ Refurbished (compliant to current standards)<br>○ Refurbished (compliant to the year of manufacturing)<br>○ Used (compliant to the year of manufacturing) | * 3. Is the vehicle you propose to buy:<br>○ Replacement of an existing apparatus<br>○ New Purchase |
| p.1, #4<br>p.8, #4 | New Question | 4. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced? |
| | * 5. What is the newest (age) vehicle you currently own in the class you are purchasing?   ○ N/A<br>○ less than 1<br>  year<br>○ 1 year<br>○ 2 years<br>○ 3 years<br>○ 4 years        ○ 5 years<br>○ 6 years<br>○ 7 years<br>○ 8 years<br>○ 9 years<br>○ 10 years<br>○ 11 years        ○ 12 years<br>○ 13 years<br>○ 14 years<br>○ 15 years<br>○ 16 years<br>○ 17 years<br>○ 18 years        ○ 19 years<br>○ 20 years<br>○ 21 years<br>○ 22 years<br>○ 23 years<br>○ 24 years<br>○ 25 years        ○ 26 years<br>○ 27 years<br>○ 28 years | Question Removed |

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| | ○ 29 years<br>○ 30 years<br>○ More than<br>   30 years | |
| | * 6. How old is the oldest (age) vehicle you own in the class you are purchasing?    ○ N/A<br>○ less than 1<br>   year<br>○ 1 year<br>○ 2 years<br>○ 3 years<br>○ 4 years        ○ 5 years<br>○ 6 years<br>○ 7 years<br>○ 8 years<br>○ 9 years<br>○ 10 years<br>○ 11 years       ○ 12 years<br>○ 13 years<br>○ 14 years<br>○ 15 years<br>○ 16 years<br>○ 17 years<br>○ 18 years       ○ 19 years<br>○ 20 years<br>○ 21 years<br>○ 22 years<br>○ 23 years<br>○ 24 years<br>○ 25 years        ○ 26 years<br>○ 27 years<br>○ 28 years<br>○ 29 years<br>○ 30 years<br>○ More than<br>   30 years | Question Removed |
| | * 7. What is the average age of all vehicles in your  fleet?           ○ N/A<br>○ less than 1<br>   year<br>○ 1 year<br>○ 2 years<br>○ 3 years<br>○ 4 years        ○ 5 years<br>○ 6 years | Question Removed |

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| | ○ 7 years<br>○ 8 years<br>○ 9 years<br>○ 10 years<br>○ 11 years    ○ 12 years<br>○ 13 years<br>○ 14 years<br>○ 15 years<br>○ 16 years<br>○ 17 years<br>○ 18 years    ○ 19 years<br>○ 20 years<br>○ 21 years<br>○ 22 years<br>○ 23 years<br>○ 24 years<br>○ 25 years    ○ 26 years<br>○ 27 years<br>○ 28 years<br>○ 29 years<br>○ 30 years<br>○ More than<br>　 30 years | |
| p.1, #5<br>p.8, #5 | New Question | * 5. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)<br>○ Yes    ○ No<br>Do you intend to use a group purchasing plan for this purchase?    ○ Yes    ○ No<br>If No, explain: |
| p.1, #6<br>P.8, #6 | | * 6. If awarded a grant, are the specifications available for immediate release?<br>○ Yes    ○ No |
| p.1, #7<br>P.8, #7 | | * 7. What is the average age of the vehicles of this type or class in your fleet? |
| p.1, #8<br>P.8, #8 | * 4. What is the age of the vehicle being replaced?    ○ N/A<br>○ less than 1<br>　 year | 8. What is the age of the vehicle being replaced?<br>(Text Box Answer) |

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| | ○ 1 year<br>○ 2 years<br>○ 3 years<br>○ 4 years     ○ 5 years<br>○ 6 years<br>○ 7 years<br>○ 8 years<br>○ 9 years<br>○ 10 years<br>○ 11 years     ○ 12 years<br>○ 13 years<br>○ 14 years<br>○ 15 years<br>○ 16 years<br>○ 17 years<br>○ 18 years     ○ 19 years<br>○ 20 years<br>○ 21 years<br>○ 22 years<br>○ 23 years<br>○ 24 years<br>○ 25 years     ○ 26 years<br>○ 27 years<br>○ 28 years<br>○ 29 years<br>○ 30 years<br>○ More than<br>    30 years | |
| p.1, #3<br>p.8,#3 | *9. Is the vehicle you propose to buy:<br>○ First time purchase for increased risk (do not currently own in this class)<br>○ Replacement of an existing apparatus<br>○ Addition to the fleet | * 3. Is the vehicle you propose to buy:<br>○ Replacement of an existing apparatus<br>○ New Purchase |
| p.2, #11<br>p.8, #11 | *12. If awarded, will you permanently remove this substandard vehicle from service? ○ Yes     ○ No<br>○N/A - First Time Purchase | * 11. If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service?     ○ Yes<br>○ No     ○N/A |
| p.2,<br>following<br>#11<br>p.8,<br>following | New Question | Please enter the type and year of manufacture for the vehicle being replaced. |

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| #11 | | |
| p.2, #16 <br> p.9, #16 | New Question | *16. How many vehicles of this type or class in your fleet were manufactured prior to 2002? |
| p.2, #17 <br> p.9, #17 | *10. Is the vehicle you are replacing a converted vehicle not originally designed for its current use? | * 17. Is this a converted vehicle? |
| p.2, #18 <br> p.9, #18 | New Question | *18. Is your department facing a new risk? ○ Yes ○ No |
| | *11. Does the vehicle you are replacing have an open cab configuration? ○ Yes ○ No ○N/A - First Time Purchase | Question Removed |
| P.2, #19 <br> p.9, #19 | *14. If you are removing a vehicle from service, what is the number of calls that vehicle responded to during 2011 (documented through vehicle or dispatch logs)? (whole number only) | 19. What is the number of calls vehicle being replaced supported last calendar year? |
| | *17. What percentage of your annual budget goes to vehicle replacement? | Question Removed |
| p.3 | Engine <br> Pumper/Engine (750 gpm or more and holds a minimum of 300 gallons or more) <br> Pumper with CAFS <br> Type I Engine Urban Interface <br> Ambulance <br> Ambulance <br> Tanker <br> Tanker/Tender (750 gpm or less and holds a minimum of 1000 gallons or more) <br> Brush/Attack <br> Brush Truck <br> Patrol Unit (Pick up w/Skid Unit) <br> Mini-Pumper <br> Type II Engine <br> Type III Engine <br> Type IV Engine <br> Type V Engine <br> Type VI Engine <br> Aerial <br> Aerial Ladder Truck <br> Telescoping <br> Articulating <br> Ladder Towers | Engine <br> Pumper/Engine (750 gpm or more and holds a minimum of 300 gallons or more) <br> Type I Engine Urban Interface <br> Ambulance <br> Ambulance <br> Bariatric Ambulance <br> Tanker <br> Tanker/Tender (750 gpm or less and holds a minimum of 1000 gallons or more) <br> Brush/Attack <br> Brush Truck <br> Mini-Pumper Quick Attack <br> Aerial <br> Aerial Apparatus <br> Rescue (non-transport) <br> Non-Transport EMS (Community Paramedic/Healthcare) <br> Rescue Vehicle <br> Additional Vehicles <br> ARFF (Aircraft Rescue Firefighting) <br> Air/Light Unit |

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| | Platforms<br>Tiller Ladder Truck<br>Quint<br>Rescue (non-transport)<br>Rescue (Light, Medium, Heavy)<br>Technical Rescue Vehicle<br>Other/Specialized Vehicles<br>ARFF (Aircraft Rescue Firefighting)<br>Hazardous Materials Unit<br>Command/Mobile Communications Vehicle         Rehab Unit<br>Air/Light Unit Fire Rescue/Boat<br>Foam truck     Highway Safety Unit | Command/Mobile Communications Vehicle<br>Fire Rescue/Boat<br>Hazardous Materials Unit<br>Highway Safety Unit<br>Hybrids (i.e. Transport Engine)<br>Rehab Unit |
| | If you have more than 15 emergency response vehicles - other than those categorized as "Other", please provide the oldest, newest, and average age for each type of vehicle.<br><br>Type or Class  Quantity         Oldest (age)   Newest (age)   Average age<br><br>Engines (or Pumpers)<br><br>Ambulance<br><br>Tankers<br><br>Aerial Apparatus<br><br>Brush/Quick Attack<br><br>Rescue Vehicles<br><br>Additional Vehicles | If you have more than 15 emergency response vehicles - other than those categorized as "Other", please provide the oldest, newest, and average age for each type of vehicle.<br>Type or Class  Quantity         Oldest (age)   Newest (age)   Average age<br>Additional Vehicles<br><br>Aerial Apparatus<br><br>Ambulance<br>Brush/Quick attack<br><br>Engines (or Pumpers)<br><br>Rescue Vehicles<br><br>Tankers |
| p.6, Instructions p13 instructions | • Section #3 Statement of Effect: How would this award affect the daily operations of your department and how would this award affect your department's ability to protect lives and property in your community? | Section #3 Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community? |
| | • Section #4 Additional Information: In the space provided | Question Removed |

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| | below, include details regarding your organization's request not covered in any other section. | |
| p.7, #3 p.14, #3 | * Section #3 Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)?  How would this award affect your department's ability to protect lives and property in your community? | * Section #3 Statement of Effect:  How would this award impact the daily operations of your department?  How would this award impact your department's ability to protect lives and property in your community? |
| | * Section #4  In the space provided below include details regarding your organization's request not covered in any other section. | |
| p.7, #1 | * 1. What type or class of vehicle will you use the grant funds to purchase?<br>　　　○ Ambulance<br>○ Non-Transport | * 1. What type or class of vehicle will you use the grant funds to purchase?<br>○ Ambulance<br>○ Bariatrics Ambulance<br>○ Non-Transport (Community Paramedic/Healthcare) |
| p.10 , | If you have more than 15 emergency response vehicles, please provide the oldest, newest, and average age for each type of vehicle.<br>Type or Class  Quantity　　Oldest (age)　Newest (age)　Average (age)<br>Ambulance<br>Non-Transport | If you have more than 15 emergency response vehicles, please provide the oldest, newest, and average age for each type of vehicle.<br>Type or Class  Quantity　　　Oldest (age)　Newest (age)　Average (age)<br>Ambulance<br>Bariatric Ambulance<br><br>Non - Transport -  Community Paramedic |
| p.15, #1 | | 　　　　　　　Vehicle Details<br>* 1. What type or class of vehicle are you requesting? (select one)<br>--Ambulance--<br>Bariatric Ambulance |

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

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

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| | | replace: |
| p.16, #17 | | *17. How long have you owned the vehicle you are replacing? _____ Years (whole number only) ○N/A |
| p.16, #18 p.21, #12 | | *18. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations?   ○ Yes   ○ No |
| p.16, #19 p.21, #13 | | *19. Will this vehicle be used for automatic and/or mutual aid?   ○ Automatic Aid ○ Mutual Aid ○ Both ○ None |
| p.16, #20 | | *20. How many vehicles of the same type/class as the requested vehicle are assigned to the location the requested vehicle will be located? |
| p.16, #21 | | *21. How many vehicles of this type or class in your fleet were manufactured prior to 2002? |
| p.17, #22 | | * 22. Is this a converted vehicle? |
| p.17, #23 | | *23. Is your department facing a new risk?       ○ Yes   ○ No |
| p.17, #24 | | *24. What is the number of calls the vehicle being replaced supported last calendar year? |
| p.17, following #24 p.22 | | If you have 15 emergency response vehicles or less, list all of your Engines/Pumpers, Tankers, Aerials, Brush and Rescue Vehicles.  List all vehicles providing the type, the age, the pump capacity (GPM) if applicable, the carrying capacity (gallons) if applicable. Vehicle Type (possible terms: |

| | | Additional Vehicles, Aerial Apparatus, Ambulance, Brush/Quick Attack, Engine (or Pumper), Rescue Vehicles, Tanker)　　　Age　　GPM　　　　Gallons<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15 |
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| p.17, following #24<br>P.22 | | If you have more than 15 emergency response vehicles - other than those categorized as "Other", please provide the oldest, newest, and average age for each type of vehicle.<br>Type or Class　Quantity　　　Oldest (age)　Newest (age)　Average age<br>Additional Vehicles<br><br>Aerial Apparatus<br><br>Ambulance<br>Brush/Quick attack<br><br>Engines (or Pumpers)<br><br>Rescue Vehicles<br><br>Tankers |
| p.18<br>p.23 | | Additional Funding (optional unless you're applying for Training funds)<br>Enter any additional funding for |

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| | | your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details.  Please note that this section is optional.<br><br>Additional Funding<br>a. Personnel    $<br>b. Fringe Benefits      $<br>c. Travel          $<br>d. Equipment  $<br>e. Supplies        $<br>f. Contractual  $<br>g. Construction          $<br>h. Other          $<br>i. Indirect Charges      $<br>j. State Taxes  $<br>Explanation |
| p.19, #1<br>p.24, #1 | | * Section #1 Project Description: In the space provided below, include clear and concise details regarding your organization's project's description and budget.  This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project.  Further, please describe what you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc. |
| p.19, #2<br>p.24, #2 | | * 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. |

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| | | anticipated savings and/or efficiencies)?  Is there a high benefit for the cost incurred?  Are the costs reasonable?  Provide justification for the budget items relating to the cost of the requested items. |
| p.20, #3<br>p.25#3 | | * Section #3 Statement of Effect:  How would this award impact the daily operations of your department?  How would this award impact your department's ability to protect lives and property in your community? |
| p.21, #1 | | Vehicle Details<br>* 1. What type or class of vehicle will you use the grant funds to purchase? (select one)<br>      ○ ARFF vehicle<br>○ Aerial<br>○ Ambulance<br>○ Brush/Quick Attack (Non Type I)<br>○ Haz-Mat Response Vehicle<br>○ Pumper/Engine (750 gpm pump, minimum 300 gallon tank)<br>○ Rescue Vehicle Light, Medium, or Heavy<br>○ Tanker/Tender (maximum 750 gpm pump, minimum 1000 gallon tank)<br>○ Type I Urban Interface Pumper<br>Please provide a detailed description of the item selected above. |
| p.21, #4 | | 4. Was the vehicle you're requesting to replace built prior to the applicable NFPA vehicle standard from 1992?  ○ Yes  ○ No |
| p.21, #5 | | 5. If you are requesting to replace an ambulance, what is the mileage of the ambulance |

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