

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

LOCATION	CURRENT TEXT	REVISED TEXT
<p>p. 1, #4 p. 34, #4 p. 59, #4</p>	<p>* 4. Generally the equipment purchased under this grant program will: <b>(select one)</b></p> <ul style="list-style-type: none"> <li>○ Be bought for the first time</li> <li>○ Replace or upgrade old, obsolete, tattered, torn, or substandard equipment currently owned by your organization</li> <li>○ Replace contaminated equipment</li> <li>○ Address a new risk</li> <li>○ Expand the capabilities of your organization into a new mission area</li> <li>○ Replace worn but usable equipment</li> <li>○ Replace used equipment</li> <li>○ Replace new equipment</li> <li>○ Increase your organization's available supply of this equipment to meet basic mission</li> </ul>	<p>* 4. The equipment purchased under this grant program will: (select one)</p> <ul style="list-style-type: none"> <li>○ Buy equipment for the first time (never owned before)</li> <li>○ Replace obsolete or damaged equipment that can no longer meet the applicable standards</li> <li>○ Increase your organization's available supply of the requested item(s)</li> </ul>
<p>p. 1, #4 p. 59, #4</p>	<p>If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.</p> <ul style="list-style-type: none"> <li>○ 1 year</li> <li>○ 2 years</li> <li>○ 3 years</li> <li>○ 4 years</li> <li>○ 5 years</li> <li>○ N/A ○ 6 years</li> <li>○ 7 years</li> <li>○ 8 years</li> <li>○ 9 years</li> <li>○ 10 or more years</li> </ul>	<p>If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.</p> <p>(Text Box Answer)</p>
<p>p.2, #5</p>	<p>* 5. Generally the equipment purchased under this grant program: <b>(select one)</b></p> <ul style="list-style-type: none"> <li>○ Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.</li> <li>○ Will bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc. Please explain how this equipment will bring the organization into voluntary</li> </ul>	<p>* 5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc.,?</p> <p>In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.</p> <ul style="list-style-type: none"> <li>○ Yes ○ No</li> </ul>

	compliance in the space provided to the right.	
	* 6. Will the item requested benefit other organizations or otherwise be available for use by other organizations? o Yes o No	Removed
	If you answered Yes in the question above, please explain:	Removed
	* 7. Will this equipment be used for wildland firefighting purposes? o Yes o No	Removed
p.2, following question 8	Basic Equipment Adapters, Wyes & Siamese Portable Deluge Sets Basic Hand Tools Electric/Gas Powered Saws/Tools Foam Eductors and foam concentrate Ropes, Harnesses, Carabiners, Pulleys, etc. Hose- (3½ inches or less) RIT Pack Hose- Large Diameter (LDH 4 inches or larger) Wildland Hydrant and Spanner Wrenches Complete air-fill system Ladders Generator - Mobile Nozzles Thermal Imaging Camera Compressor/Cascade/Fill Station (Fixed)	Basic Equipment Appliance(s)/Nozzle(s) Ladders Air Compressor/Cascade/Fill Station (Fixed or Mobile) for filling SCBA Mobile computing devices intended to be used on scene (Tablets) Basic Hand Tools (Structural/Wildland) Personal Accountability Systems Computers used in support of Training Probs Electric/Gas Powered Saws/Tools PPE Washer/Extractor/Dryer Flashlights RIT Pack/Cylinder Foam Eductors Ropes, Harnesses, Carabineers, Pulleys, etc. Generator - Portable  Simulators Hose (Attack/Supply) Thermal Imaging Camera (Must be NFPA 1801 Compliant) IDLH Monitoring Equipment
p.2-3	Communications Base Station Mobile Date Terminal (MDT) Computer Aided Dispatch (CAD) Pagers Computers Equipment to support dispatch	<b>Communications</b> Base Station (must be P-25 Compliant) Pagers (limited to number of active members) Headsets Portable Radios (must be P-25 Compliant, limited to number of AFG

	Headsets Portable Radios (must be P-25 Compliant) Mobile Radios (must be P-25 Compliant) Repeaters	approved seated positions) Mobile Radios (must be P-25 Compliant) Mobile Data Terminal (MDT) Mobile Repeaters (must be P-25 Compliant)
p.3	EMS/Rescue ALS Airway Equipment ANSI Traffic Vest BLS Airway Equipment Vest Extrication Devices Power lift cots/stretchers EMS/Rescue Equipment Automated External Defibrillators (AEDs) Cutter Pulse Oximeters Spreader Blood Pressure Cuffs Combo-Tool Stethoscopes Power Unit Rehab Equipment Vehicle stabilization/air bags, RAMS, etc. Stretchers, Backboards, Splint, etc.	EMS/Rescue Automatic Chest Compression Device (CPR) Power Lift Cots/Stretchers Airway Equipment (Non-Disposable) Pulse Oximeters Automated External Defibrillators (AEDs) BLS Level Responder Rehab Equipment Blood Pressure Cuffs Stethoscopes EMS/Rescue Equipment  Stretchers/Backboard/Splint, etc. Monitor/Defibrillator - 15 leads
p.3	New Equipment Category	<b>Extrication</b> Cutter/Spreader Vehicle Extrication Equipment
p.3	Haz-Mat Decon, Clean-Up, Containment and Packaging Equipment Spark Proof Tools Monitoring and Sampling Devices Suppression Reference Library Haz-Mat	Haz-Mat Cameras Lights Investigation Tools Monitoring and Sampling Devices (specialized)
p.3	Specialized Compressors/Cascade/Fill Station (Mobile) Skid Unit Portable/Mobile Generator Washer/Extractor Portable Pump Cascade/Oxygen Class A Boats Oxygen refill systems Class One Boats (20 feet or less) Specialized Equipment	Specialized Class A Boats (16 to less than 26 feet) Skid Unit Class One Boats (16 feet or less) Specialized Equipment (Other) Marine equipment (NFPA 1925: Standard on Marine Fire-Fighting Vessels) Tow Vehicles (\$6000 maximum) Mobile Generator Traffic Preemption systems Portable Pump
p.3	CBRNE Equipment	CBRNE Equipment

	Biological Detection CBRNE-related Pharmaceuticals Auto-injectors CBRNE-related Equipment	CBRNE-related Equipment Non-Disposable Biological Detection
p.5, before #1 p.10, before #1 p.16, before #1 p.23, before #1 p.29, before #1 p.36, before #1 p.41, before #1 p.46, before #1 p.52, before #1 p.57, before #1 p.64, before #1 p.69, before #1 p.76, before #1	<ul style="list-style-type: none"> <li><b>Section #3</b> 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?</li> </ul>	<ul style="list-style-type: none"> <li><b>Section #3</b> 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?</li> </ul>
	<ul style="list-style-type: none"> <li><b>Section #4</b> Additional Information: In the space provided below, include details regarding your organization's request not covered in any other section.</li> </ul>	Instructions Removed
p.5, #3 p.11, #3 p.17, #3 p.24, #3 p.30, #3 p.37, #3 p.42, #3 p.53, #3	* <b>Section #3</b> 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	* <b>Section #3</b> 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.58, #3 p.65, #3 p.70, #3 p.77, #3	protect lives and property in your community?	
	<b>* Section #4</b> In the space provided below include details regarding your organization's request not covered in any other section.	Question Removed
p.5, before 1 <sup>st</sup> question	<b>Note:</b> Fields marked with an * are required.	<b>Note:</b> Fields marked with an * are required. Facilities or additions, which were built after January 1st, 2003, are ineligible for an award under this activity.
p.7, #1	<p><b>* 1.</b> On what type of modification will the funds be spent? <b>(Add one line-item request per station being modified)</b></p> <ul style="list-style-type: none"> <li>○ Source Capture Exhaust System(s)</li> <li>○ Sprinkler System(s)</li> <li>○ Smoke/Alarm System(s)</li> <li>○ Emergency generator(s)</li> <li>○ Air Quality System(s)</li> </ul>	<p><b>* 1.</b> What type of modification will the funds be spent? <b>(Add one line-item request per facility being modified)</b></p> <ul style="list-style-type: none"> <li>○ Air Quality System(s)</li> <li>○ Generator(s) (fixed primary/back-up)</li> <li>○ Smoke/Alarm System(s)</li> <li>○ Source Capture Exhaust System(s)</li> <li>○ Sprinkler System(s)</li> </ul>
p.7, following #1	<b>* Please provide further description of the item selected above.</b>	<b>* Please provide a detailed description of the modification selected above.</b>
p.7, #2	New Question	<b>*2. What is the square footage of the area that your modification will directly affect?</b>
p.7, #6	<p><b>* 6.</b> What is the age of the facility (in years) that is being modified?</p> <ul style="list-style-type: none"> <li>○ less than 5</li> <li>○ 5-10</li> <li>○ 11-15</li> <li>○ 16-20</li> <li>○ 21-25</li> <li>○ 26-30</li> <li>○ greater than 30</li> </ul>	<p><b>*6.</b> What is the age of the facility that is being modified?</p> <p>(Text Box Answer)</p>
p.12, #4	<p><b>* 4.</b> Please provide your percentage for the appropriate question below:</p> <ul style="list-style-type: none"> <li>• For turnout requests, what percentage of your on-duty active members <b>will have</b> PPE</li> </ul>	<p><b>* 4.</b> Please provide the amount for each question below:</p> <ul style="list-style-type: none"> <li>• For turnout requests, what number of your on-duty active members</li> </ul>

	<p>that meets applicable NFPA and OSHA standards if this grant is awarded?</p> <ul style="list-style-type: none"> <li>If you are requesting new SCBA, what percentage of your seated riding positions <b>will have</b> compliant SCBA assigned to it if this grant is awarded?</li> </ul> <p>If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members <b>will have</b> specialized PPE that meets established standards if this grant is awarded? For example, if your 100-member department has a 10-member Haz-Mat team and you are requesting 10 Haz-Mat suits, you are requesting 100% of the applicable members.</p>	<p><b>currently have</b> PPE that meets applicable NFPA and OSHA standards if this grant is awarded?</p> <ul style="list-style-type: none"> <li>If you are requesting new SCBA, how many of your seated riding positions <b>currently have</b> compliant SCBA assigned to it if this grant is awarded?</li> </ul> <p>If you are asking for specialized PPE (e.g., Haz-Mat), how many applicable members <b>currently have</b> specialized PPE that meets established standards if this grant is awarded?</p>
p.13, #5 p. 43, #5	<p>* 5. What is the purpose of this request? <b>(select one)</b></p> <ul style="list-style-type: none"> <li>to buy equipment for the first time (never owned before)</li> <li>to replace or upgrade old/obsolete equipment (it must be a minimum of 10 years or older)</li> <li>to replace torn/tattered/damaged equipment</li> <li>to replace contaminated equipment</li> <li>to meet new risk</li> <li>to replace worn, but usable equipment</li> <li>to replace used equipment</li> <li>to replace new equipment</li> <li>to equip first responders to handle a new mission</li> <li>to increase the department's available supply of this equipment</li> </ul>	<p>* 5. What is the purpose of this request? <b>(select one)</b></p> <ul style="list-style-type: none"> <li>To buy PPE/SCBA for the first time (never owned before)</li> <li>To replace obsolete/damaged PPE/SCBA (must be a minimum of 10 years or older and two NFPA cycles)</li> <li>Increase the organization/agency's available supply</li> </ul>
p.13, #6 p.44, #6 p.68, #13	New Question	<p>6. Is your organization facing a new risk?</p> <ul style="list-style-type: none"> <li>No</li> <li>Yes, increase in call volume</li> <li>Yes, new service required</li> </ul>
p.13, following #6 p.43,	If you have indicated you are requesting PPE (any PPE other than SCBA) in the Question 1, what are the specific ages of your equipment in years? If requesting	What are the specific ages of the type of PPE you are requesting? <b>Please assure that you've accounted for ALL</b>

<p>following #6 p.66, following #6</p>	<p>SCBA, please select “N/A”, do not provide PPE ages here but continue on to the next question. <b>Please assure that you’ve accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace.</b></p> <p>○ N/A</p> <p>Age (in years) Number of Items</p> <p>Less than 1</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16 or more</p> <p>Number of members without gear</p> <p>_____</p>	<p><b>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.</b></p> <p>○ N/A</p> <p>Age (in years) Current Inventory Being Replaced</p> <p>Less than 1</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25 or more</p> <p>Number of members without PPE</p>
<p>p.13, following #6 p.43, following #6 p.66, following #6</p>	<p>If you have indicated you are requesting SCBA in the Question 1, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please select “N/A” and continue on to the next question. <b>Please account for ALL SCBA currently in your department’s inventory - not just the equipment you wish to replace .</b></p>	<p>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.</p>

	<p>○ N/A</p> <p>Year Number of NFPA Compliant SCBA</p> <p>2007 Standard</p> <p>2002 Standard</p> <p>Older Standards</p>	<p><b>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.</b></p> <p>○ N/A</p> <p>Year Current Inventory Being Replaced</p> <p>SCBA Cylinders</p> <p>SCBA Cylinders</p> <p>2013 Edition</p> <p>2007 Edition</p> <p>2002 Edition and older</p> <p>Obsolete/damaged</p>
	<p><b>* 6. Is this PPE:</b></p> <p>○ For protection use against fire</p> <p>○ For use in Haz-mat incidents ○</p> <p>For use in Rescue incidents, vehicle extrication</p> <p>○ For some other use</p>	<p>Question Removed</p>
	<p>If you selected For some other use above, please specify _____</p>	<p>Question Removed</p>
	<p><b>* 7. Will this equipment be used for wildland firefighting purposes?</b></p> <p>○ Yes ○ No</p>	<p>Question Removed</p>
	<p><b>*9. Are you requesting funding for training for this equipment? (Funding for requested training should be requested in the PPE Additional Funding section on page 30).</b></p> <p>○ Yes ○ No</p>	<p>Question Removed</p>
<p>p.18, #1</p>	<p>New Question</p>	<p>1. For your active structural firefighters do you require FF II or equivalent? <b>If you answer "No" to this question, you must include a request for Firefighter I, Firefighter II (NFPA 1001) under General</b></p>



		<b>Training.</b>
p.18, #2	<p>* 1. Which title most closely describes your requested program? (select one)</p> <p>---General Training---</p> <p>Operations (NFPA 472)</p> <p>Firefighter I, Firefighter II (NFPA 1001)</p> <p>Instructor Training (NFPA 1041)</p> <p>Driver/Operator (NFPA 1002)</p> <p>Officer Training (NFPA 1021)</p> <p>Basic Wildland Firefighting (NFPA 1051/NWCG)</p> <p>Wildland Firefighter Certification (NFPA 1051/NWCG)</p> <p>Wildland Officer (NFPA 1051/1143/NWCG)</p> <p>Airport Rescue Firefighting (ARFF) (NFPA 1003)</p> <p>RIT Training (NFPA 1407/29 CFR 1910.134g(4))</p> <p>Confined Space Rescue – Awareness level (NFPA 1670/29 CFR 1910.146)</p> <p>Vehicle Rescue (NFPA 1670)</p> <p>Technical Rescue/Urban Search and Rescue – Awareness level (NFPA 1670/1006)</p> <p>Technical Rescue/Urban Search and Rescue – Operations level (NFPA 1670/1006)</p> <p>Technical Rescue/Urban Search and Rescue – Technician level (NFPA 1670/1006)</p> <p>Haz-Mat – Technician/Specialist level (NFPA 472)</p> <p>Infection Control (NFPA 1581)</p> <p>Medical First Responder Training (First Responder)</p> <p>Emergency Medical Technician – Basic (EMT B)</p> <p>Emergency Medical Technician – Intermediate (EMT I)</p> <p>Emergency Scene Rehab (NFPA 1500/1584)</p> <p>Paramedic Training (EMT-P)</p> <p>Mass Casualty Incident Training (MCI)</p> <p>NIMS (NFA/EMI/NWFCG)</p> <p>Incident Management Course</p>	<p>* 2. What type of training are you requesting? (<b>select one</b>)</p> <p>---Basic Training---</p> <p>Firefighter I (NFPA 1001)</p> <p>Firefighter II (NFPA 1001)</p> <p>Haz-Mat Operations (NFPA 472)</p> <p>Emergency Medical Responder</p> <p>---General Training---</p> <p>Airport Rescue Firefighting (ARFF) (NFPA 1003)</p> <p>Community Paramedic</p> <p>Confined Space Rescue – Awareness level (NFPA 1670/29 CFR 1910.146)</p> <p>Driver/Operator (NFPA 1002)</p> <p>Emergency Medical Technician</p> <p>Emergency Medical Technician – Advanced</p> <p>Emergency Scene Rehab (NFPA 1500/1584)</p> <p>Environmental (EPA Train/Learning Center)</p> <p>Exercises/Preparedness (NFA/EMI)</p> <p>Fire Educator (NFPA 1035)</p> <p>Fire Inspector (NFPA 1031)</p> <p>Fire Investigator (NFPA 1033)</p> <p>Fire Officer I, II, III, and/or IV (NFPA 1021)</p> <p>Fire Prevention (NFPA 1)</p> <p>Firefighter Safety and Survival Training (NFPA 1407/29 CFR1910.134g(4))</p> <p>Haz-Mat Technician/Specialist level (NFPA 472)</p> <p>Incident Management Course (NFA/EMI/NWFCG)</p> <p>Infection Control (NFPA 1581)</p> <p>Instructor Training (NFPA 1041)</p> <p>Integrated Emergency Management Course (NFPA 1561/IEMC)</p> <p>Maritime (NFPA 1405/1005)</p>

<p>(NFA/EMI/NWFCG)  Integrated Emergency Management Course (NFPA 1561/IEMC)  Fire Inspector (NFPA 1031)  Fire Investigator (NFPA 1033)  Fire Educator (NFPA 1035)  Telecommunications/Dispatcher (NFPA 1601)  Safety Officer (NFPA 1521)  Physical Agility Program Training (NFPA 1583)  Firefighter Safety and Survival Training (NFPA 1407/29 CFR 1910.146)  Fire Officer I,II, III, and/or IV (NFPA 1021)  Fire Prevention (NFPA 1)  Maritime (NFPA 1405/1005)  Environmental (EPA Train/Learning Center)  Exercises/Preparedness (NFA/EMI)  ---CBRNE Training---  Operations-level Training (National Law Enforcement Training Agency)  Technician-level Training (National Law Enforcement Training Agency)  Other CBRNE Training (National Law Enforcement Training Agency)  Weapons of Mass Destruction – Awareness level (CBRNE)  Weapons of Mass Destruction – Operations level (NFPA 472)  Weapons of Mass Destruction – Technician Level for Rural (NFPA 472)  Weapons of Mass Destruction Training – Technician Level for Urban/Suburban (NFPA 472)  Other/Specialized Weapons of Mass Destruction Training (NFPA 472)  ---Specialized CBRNE Training---  Specialist (National Law Enforcement Training Agency)  EMS for Incidents Involving CBRNE (National Law Enforcement Training Agency)  ICS for Terrorism (National Law Enforcement Training Agency)</p>	<p>Mass Casualty Incident Training (MCI)  NIMS (NFA/EMI/NWFCG)  Officer Training (NFPA 1021)  Physical Agility Program Training (NFPA 1583)  Paramedic Training (EMT-P)  RIT Training (NFPA 1407/29 CFR 1910.134g(4))  Safety Officer (NFPA 1521)  Telecommunications/Dispatcher (NFPA 1601)  Technical Rescue/Urban Search and Rescue – Operations level (NFPA 1670/1006)  Technical Rescue/Urban Search and Rescue – Technician level (NFPA 1670/1006)  Technical Rescue/Urban Search and Rescue – Awareness level (NFPA 1670/1006)  Vehicle Rescue (NFPA 1670)  Wildland Firefighter Certification (NFPA 1051/NWCG)  Wildland Officer (NFPA 1051/1143/NWCG)  ---CBRNE Training---  Operations-level Training (National Law Enforcement Training Agency)  Other CBRNE Training (National Law Enforcement Training Agency)  Other/Specialized Weapons of Mass Destruction Training (NFPA 472)  Technician-level Training (National Law Enforcement Training Agency)  Weapons of Mass Destruction – Awareness level (NFPA 472)  Weapons of Mass Destruction – Operations level (NFPA 472)  Weapons of Mass Destruction – Technician Level for Rural</p>
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	<p>Mass Decontamination (National Law Enforcement Training Agency)</p> <p>Live Agent (National Domestic Preparedness Consortium)</p> <p>Explosives and Secondary Device Awareness (National Domestic Preparedness Consortium)</p>	<p>(NFPA 472)</p> <p>Weapons of Mass Destruction Training – Technician Level for Urban/Suburban (NFPA 472)</p> <p>---Specialized CBRNE Training---</p> <p>EMS for Incidents Involving CBRNE (National Law Enforcement Training Agency)</p> <p>Explosives and Secondary Device Awareness (National Domestic Preparedness Consortium)</p> <p>ICS for Terrorism (National Law Enforcement Training Agency)</p> <p>Live Agent (National Domestic Preparedness Consortium)</p> <p>Mass Decontamination (National Law Enforcement Training Agency)</p> <p>Specialist (National Law Enforcement Training Agency)</p>
p.20, #4	* 3. What percentage of applicable personnel will be trained by this program?	* 4. How many personnel will be trained by this program?
p.20, #5	<p>* 4. Generally, the training program provided under this grant: (select one)</p> <ul style="list-style-type: none"> <li>○ Will bring your department into compliance with recommended applicable NFPA or other standards, please specify:</li> <li>○ Will bring your department into compliance with mandated training requirements, please specify:</li> <li>○ Will address an identified risk for your department or community, please specify:</li> </ul>	<p>* 5. Generally, the training program provided under this grant: (select one)</p> <ul style="list-style-type: none"> <li>○ Will bring your department into compliance with applicable NFPA or other standards, please specify:</li> <li>○ Will bring your department into compliance with mandated national, state, or local training requirements, please specify:</li> <li>○ Will address an identified risk for your department or community, please specify:</li> </ul>
p.21, 1 <sup>st</sup> question	<p>Training Program – Add Budget Item</p> <p>* Item: (select one) -- Equipment --</p> <ul style="list-style-type: none"> <li>○ Audio-Visual</li> <li>○ Library</li> <li>○ Classroom</li> <li>○ Reference Texts</li> </ul>	<p>Training Program – Add Budget Item</p> <p>* Item: (select one) -- Equipment --</p> <ul style="list-style-type: none"> <li>○ Audio-Visual</li> <li>○ Library</li> </ul>

	<ul style="list-style-type: none"> <li>○ Rescue</li> <li>○ Supplies</li> <li>○ CPR Manikins</li> <li>-- Programs &amp; Contract Instruction --</li> <li>○ Firefighter I</li> <li>○ Investigator</li> <li>○ Firefighter II</li> <li>○ Public Educator</li> <li>○ Driver/Operator</li> <li>○ Haz-Mat</li> <li>○ EVOC</li> <li>○ Marine</li> <li>○ EMT</li> <li>○ Aircraft</li> <li>○ Paramedic</li> <li>○ Wildland</li> <li>○ Inspector</li> <li>○ Officer I-IV</li> <li>○ Specialized</li> <li>-- Props: Non-Construction --</li> <li>○ Simulators</li> <li>○ Manufacturer Burn Simulator</li> <li>○ Props: Non-Construction</li> </ul>	<ul style="list-style-type: none"> <li>○ Classroom</li> <li>○ Reference Texts</li> <li>○ CPR Manikins</li> <li>○ Rescue</li> <li>○ Supplies</li> <li>-- Programs &amp; Contract Instruction --</li> <li>○ Driver/Operator</li> <li>○ Investigator</li> <li>○ EMT (Advanced, Paramedic, Community Paramedic)</li> <li>○ Marine</li> <li>○ EVOC</li> <li>○ Officer I-IV</li> <li>○ Firefighter I</li> <li>○ Paramedic</li> <li>○ Firefighter II</li> <li>○ Public Educator</li> <li>○ Haz-Mat</li> <li>○ Specialized</li> <li>○ Inspector</li> <li>○ Wildland</li> <li>-- Props: Non-Construction --</li> <li>○ Consumables to Support Training during Period of Performance</li> <li>○ Non-Construction</li> </ul>
p.25, #1	<p>* 1. What will your program offer during the grant year? (select one)</p> <ul style="list-style-type: none"> <li>○ Formal fitness and injury prevention program</li> <li>○ CISM Program</li> <li>○ Employee assistance program</li> <li>○ Injury/illness rehabilitation program</li> </ul>	<p>* 1. Which program will your organization offer during the requested grant's period of performance (POP)? (<b>select one</b>)</p> <ul style="list-style-type: none"> <li>○ Formal fitness and injury prevention program</li> <li>○ Critical Incident Stress Management program (CISM)</li> <li>○ Employee assistance program</li> <li>○ Injury/illness rehabilitation program</li> </ul>
	If you answered Other above, please specify.	Question Removed
p.25, #3	<p>* 3. Are you requesting funding with this application?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>	<p>* 3. Are you requesting funding for a priority 2 activity with this application?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
p.26, 1 <sup>st</sup> question	<p>Add Budget Item (answer for each of the Wellness Activities you are requesting funding for, use additional sheets if necessary)</p> <p>* Item -- Physicals/Medical Examinations --</p> <ul style="list-style-type: none"> <li>○ Job Related Immunization Program</li> </ul>	<p>Add Budget Item (answer for each of the Wellness Activities you are requesting funding for)</p> <p>* Item -- Physicals/Medical Examinations --</p>

	<ul style="list-style-type: none"> <li>○Initial Physical Exam</li> <li>○Behavioral Health NFPA 1500 or equivalent</li> <li>○Periodic Physical Exam/Health Screening</li> <li>○Rehab and Therapy</li> <li>-- Wellness –</li> <li>○Exercise Equipment</li> <li>Aerobic Instructors</li> <li>○Nutrition</li> <li>Physical Trainers</li> <li>○Smoking Cessation</li> <li>○CISD Programs</li> <li>○ Fitness Assessments and Counseling</li> <li>○EAP Programs</li> </ul>	<ul style="list-style-type: none"> <li>○ Behavioral Health NFPA 1500 or equivalent</li> <li>○ Initial Medical/Physical Exam</li> <li>○ Job Related Immunization Program</li> <li>○ Periodic Physical Exam/Health Screening/Fitness Evaluation</li> <li>○ Rehab and Therapy</li> <li>-- Wellness –</li> <li>○ Aerobic Instructors</li> <li>○ Critical Incident Stress Debriefing Programs</li> <li>○ Employee Assistance Programs</li> <li>○ Exercise Equipment</li> <li>○ Fitness Assessments and Counseling</li> <li>○ Nutrition</li> <li>○ Physical Trainers</li> <li>○ Smoking Cessation</li> </ul>
p.32, #1	<p>Equipment Details</p> <p>* 1. What equipment will be purchased with grant funds?</p> <p>(select one) ---Communications---</p> <ul style="list-style-type: none"> <li>○ Mobile Radios (Must be P-25 Compliant)</li> <li>○ Portable Radios (Must be P-25 Compliant)</li> <li>○ Pagers</li> <li>○ Base stations</li> <li>○ Computers/MDT</li> <li>---EMS---</li> <li>○ Defibrillators</li> <li>○ Pulse Oximeters</li> <li>○ ALS/BLS equipment</li> <li>○ Power lift cots/stretchers</li> <li>○ ALS Airway Equipment</li> <li>○ BLS Airway Equipment</li> <li>○ Suction</li> <li>○ Stretchers, Backboards, Splints, etc.</li> <li>○ EMS/Rescue (explain)</li> <li>---Basic Equipment---</li> <li>○ Powered/Mechanical Extrication</li> <li>Tools/Equipment</li> <li>---Haz-Mat---</li> <li>○ Decon, Clean-Up, Containment and Packaging Equipment</li> <li>○ Reference Library</li> <li>○ Haz-Mat</li> <li>---Technical Rescue---</li> <li>○ Technical Rescue Equipment</li> <li>---CBRNE---</li> <li>○ Monitoring and Sampling Devices</li> </ul>	<p>Equipment Details</p> <p>* 1. What equipment will be purchased with grant funds?</p> <p>(select one) --- Communications---</p> <ul style="list-style-type: none"> <li>○ Base stations (Must be P-25 Compliant)</li> <li>○ Mobile Radios (Must be P-25 Compliant)</li> <li>○ Mobile Repeaters</li> <li>○ Pagers (limited to number of active members)</li> <li>○ Portable Radios (Must be P-25 Compliant, limited to number of AFG approved seated positions)</li> <li>○ Headsets</li> <li>○ Mobile Repeaters (must be P-25 Compliant)</li> <li>○ Mobile Data Terminal (MDT)</li> <li>---EMS/Rescue---</li> <li>○ Automatic Chest Compression Device (CPR)</li> <li>○ Automated External Defibrillators (AEDs) BLS Level</li> <li>○ ALS/BLS Equipment</li> <li>○ Backboards</li> <li>○ Monitor/Defibrillator-12+ leads</li> <li>○ EMS/Rescue Equipment</li> <li>○ Cutter/Spreader</li> <li>○ Vehicle Extrication Equipment</li> <li>○ Power Lift Cots/Stretchers</li> <li>○ Pulse Oximeters</li> <li>○ Suction</li> <li>○ Airway Equipment (Non-Disposable)</li> <li>○ Technical Rescue Equipment</li> <li>○ Blood Pressure Cuffs</li> <li>○ Stethoscopes</li> <li>○ Responder Rehab Equipment</li> </ul>

		<ul style="list-style-type: none"> <li>○ Stretchers/Backboard/Splint, etc.</li> <li>---Basic Equipment---</li> <li>○ Computers used in support of Training</li> <li>○ Mobile computing devices intended to be used on scene (e.g. Tablets)</li> <li>○ Props</li> <li>○ Simulators</li> <li>---Haz-Mat---</li> <li>○ Decon, Clean-Up, Containment and Packaging Equipment</li> <li>○ Basic Haz-Mat Response Equipment</li> <li>○ Monitoring and Sampling Devices</li> </ul>
p.34, #5	<p>* 5. Will this equipment bring you into compliance with state or federal or local protocols, standards/regulations?</p> <p>○ Yes ○ No ○ N/A</p>	<p>* 5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc.</p> <p>In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.</p> <p>○ Yes ○ No</p>
p.34, following #5	New Question	If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.
p.34, #6	<p>*6. At what level of service will this equipment be used if awarded this grant?</p> <ul style="list-style-type: none"> <li>○ ALS (EMT-I and EMT-P)</li> <li>○ BLS (EMT-B)</li> <li>○ ALS/EMR (First Responder)</li> <li>○ Haz-Mat Ops/Tech</li> <li>○ Rescue Ops/Tech</li> </ul>	<p>*6. At what level of service will this equipment be used if awarded this grant?</p> <ul style="list-style-type: none"> <li>○ Emergency Medical Responder</li> <li>○ Emergency Medical Technician</li> <li>○ Emergency Medical Technician Advanced</li> <li>○ Paramedic</li> <li>○ Community Paramedic</li> <li>○ Haz-Mat Ops/Tech</li> <li>○ Rescue Ops/Tech</li> </ul>
	<p>*7. Is your department trained in the proper use of the equipment being purchased with grant funds?</p> <p>○ Yes ○ No</p>	Question Removed
p.43, #1	<p>Personal Protective Equipment Details</p> <p>* 1. Select the PPE that you propose to acquire:</p> <p>---PPE---</p> <ul style="list-style-type: none"> <li>○ ANSI Traffic Vests</li> <li>○ Respirators</li> </ul>	<p>* 1. Select the PPE that you propose to acquire: (select one)</p> <p>Structural</p> <p>ANSI Traffic Vests                      Gloves</p> <p>Boots      Goggles</p>

	<ul style="list-style-type: none"> <li>○ Helmets</li> <li>○ Boots</li> <li>○ Goggles</li> <li>○ Gloves</li> <li>○ Face Pieces</li> <li>○ Hearing Protection</li> <li>○ EMS Turnout Coats</li> <li>○ EMS Turnout Pants</li> <li>---SCBA---</li> <li>○ SCBA-30 minutes with face piece-With extra bottle</li> <li>○ SCBA-45 minutes with face piece-With extra bottle</li> <li>○ SCBA-60 minutes with face piece-With extra bottle</li> <li>○ Spare Cylinders-30 minutes</li> <li>○ Spare Cylinders-45 minutes</li> <li>○ Spare Cylinders-60 minutes</li> <li>○ Air-Line Units</li> <li>---Specialized---</li> <li>○ Respirators</li> <li>○ Extrication Jumpsuits</li> <li>○ Level-B De-con Suits</li> </ul>	<p>EMS Turnout Coats      Helmets  EMS Turnout Pants      Hoods  Extrication Jumpsuits      PASS  Devices  Face Pieces (not associated with SCBA requests)  Personal Safety/Rescue  Bailout System  Suspenders  Respiratory  Air-Line Units                      SCBA:  SCBA Unit includes:  Harness/Backpack, Face Piece and 2  cylinders  Spare Cylinders  Specialized  Ballistic PPE      Level-B De-con  Suits  Respirators</p>
p.43, #4	<p>* 4. Please provide your percentage for the appropriate question below:</p> <ul style="list-style-type: none"> <li>• For turnout requests, what percentage of your on-duty active members will have PPE that meets applicable NFPA and OSHA standards if this grant is awarded?</li> <li>• If you are requesting new SCBA, what percentage of your seated riding positions will have compliant PPE that meets established standards if this grant is awarded?</li> <li>• If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members will have specialized PPE that meets applicable NFPA and OSHA standards if this grant is awarded?</li> </ul>	<p>* 4. Please provide the amount for each question below:</p> <ul style="list-style-type: none"> <li>• For protective clothing; how many of your on-duty active members currently have PPE that meets applicable NFPA and OSHA standards if this grant is awarded?</li> <li>• If you are requesting new SCBA, how many of your seated riding positions currently have compliant SCBA that meets established standards if this grant is awarded?</li> <li>• If you are asking for specialized PPE (e.g., Haz-Mat), how many of applicable members currently have specialized PPE that meets applicable NFPA and OSHA standards if this grant is awarded?</li> </ul>
	<p>* 6. Is this PPE:</p> <ul style="list-style-type: none"> <li>○ For daily use (station wear)</li> <li>○ Against Blood borne pathogens or other contaminants</li> <li>○ For use in Rescue incidents</li> <li>○ For use in Haz-Mat incidents</li> <li>○ For some other use</li> </ul> <p>If you selected For some other use above, please specify:</p>	Question Removed
p.48, #2	* 2. If awarded these funds, to what level will you be training your personnel?	* 2. If awarded these funds, to what level will you be training

	<ul style="list-style-type: none"> <li>○ EMT-I or EMT-P</li> <li>○ EMT-B</li> <li>○ First Responder/EMR</li> <li>○ Haz-Mat Ops/Tech</li> <li>○ Rescue Ops/Tech</li> </ul>	<p>your personnel?</p> <ul style="list-style-type: none"> <li>○ Emergency Medical Responder</li> <li>○ Emergency Medical Technician</li> <li>○ Emergency Medical Technician Advanced</li> <li>○ Paramedic</li> <li>○ Community Paramedic</li> <li>○ Haz-Mat Ops/Tech</li> <li>○ Rescue Ops/Tech</li> </ul>
p.48, following #3	<p><b>Training Program – Add Budget Item</b></p> <p>* Item: (select one)</p> <p>--- Equipment ---</p> <ul style="list-style-type: none"> <li>○ Audio-Visual</li> <li>○ Classroom Texts</li> <li>○ Media</li> </ul> <p>--- Programs &amp; Contract Instruction ---</p> <ul style="list-style-type: none"> <li>○ Driver/Operator</li> <li>○ BLS</li> <li>--- Props: Non-Construction ---</li> <li>○ Simulators</li> <li>○ Manikins</li> </ul> <ul style="list-style-type: none"> <li>○ Library</li> <li>○ Reference</li> <li>○ Supplies</li> <li>○ ALS</li> <li>○ Haz-Mat</li> <li>○ CPR</li> </ul>	<p><b>Training Program – Add Budget Item</b></p> <p>* Item: (select one)</p> <p>--- Equipment ---</p> <ul style="list-style-type: none"> <li>○ Audio-Visual</li> <li>○ Classroom</li> <li>○ CPR Manikins</li> <li>○ Reference Texts</li> </ul> <p>--- Programs &amp; Contract Instruction ---</p> <ul style="list-style-type: none"> <li>○ Driver/Operator</li> <li>○ ALS</li> <li>○ BLS</li> <li>○ Haz-Mat</li> <li>--- Props: Non-Construction ---</li> <li>○ Consumables to Support Training during Period of Performance</li> </ul>
p.54, following #5	<p><b>Add Budget Item (answer for each of the Wellness Activities you are requesting funding for, use additional sheets if necessary)</b></p> <p>* Item</p> <p>-- Physicals/Medical Examinations --</p> <ul style="list-style-type: none"> <li>○ Job Related Immunization Program</li> <li>○ Initial Physical Exam</li> <li>○ Behavioral Health NFPA 1500 or equivalent</li> <li>○ Periodic Physical Exam/Health Screening</li> <li>○ Rehab and Therapy</li> </ul> <p>-- Wellness –</p> <ul style="list-style-type: none"> <li>○ Exercise Equipment</li> <li>○ Aerobic Instructors</li> <li>○ Nutrition</li> <li>○ Physical Trainers</li> <li>○ Smoking Cessation</li> <li>○ CISD Programs</li> <li>○ Fitness Assessments and Counseling</li> <li>○ EAP Programs</li> </ul>	<p><b>Add Budget Item (answer for each of the Wellness Activities you are requesting funding for)</b></p> <p>* Item</p> <p>-- Physicals/Medical Examinations --</p> <ul style="list-style-type: none"> <li>○ Behavioral Health NFPA 1500 or equivalent</li> <li>○ Initial Medical/Physical Exam</li> <li>○ Job Related Immunization Program</li> <li>○ Periodic Physical Exam/Health Screening/Fitness Evaluation</li> <li>○ Rehab and Therapy</li> </ul> <p>-- Wellness –</p> <ul style="list-style-type: none"> <li>○ Aerobic Instructors</li> <li>○ Critical Incident Stress Debriefing Programs</li> <li>○ Employee Assistance Programs</li> <li>○ Exercise Equipment</li> <li>○ Fitness Assessments and Counseling</li> <li>○ Nutrition</li> <li>○ Physical Trainers</li> <li>○ Smoking Cessation</li> </ul>
p.59, #1	<p><b>Equipment Details</b></p> <p>* 1. What equipment will you purchase with this grant? (select one)</p>	<p>Question Removed</p>



	<ul style="list-style-type: none"> <li>-- Communications --</li> <li>o Base Station</li> <li>o Computer Aided Dispatch (CAD)</li> <li>o Mobile Data Terminal (MDT)</li> <li>o Mobile Radios (Must be P-25 compliant)</li> <li>o Portable Radios (Must be P-25 compliant)</li> <li>o Repeaters</li> <li>o Communications Systems</li> <li>-- EMS --</li> <li>o Defibrillators</li> <li>o EMS</li> <li>-- EMS/Rescue --</li> <li>o Haz-Mat</li> <li>o Investigation</li> <li>-- Specialized --</li> <li>o Specialized</li> </ul>	
<p>p.59, following #9</p>	<p>Regional Personal Protective Equipment List (select one to answer Q1)</p> <p>Structural</p> <p>Boots Goggles</p> <p>Coats Helmets</p> <p>Complete Set of Turnout Gear Hoods</p> <p>Flashlights Pants</p> <p>Gloves PASS Devices</p> <p>Respiratory</p> <p>Accountability Systems SCBA-45 minutes with face piece-With extra bottle</p> <p>Air-Line Units SCBA-60 minutes with face piece-With extra bottle</p> <p>Face Pieces Spare Cylinders-30 minutes</p> <p>Respirators Spare Cylinders-45 minutes</p> <p>SCBA-30 minutes with face piece-With extra bottle Spare Cylinders-60 minutes</p> <p>Wildland</p> <p>Jumpsuits/Coveralls Shelters</p> <p>Web Gear/Backpacks/Canteens</p> <p>Specialized PPE</p> <p>ANSI Traffic Vests Infection Control</p> <p>Chemical/Biological Suits (Must conform to NFPA 1994, 2001 edition) Proximity and Entry Suits</p> <p>EMS Turnout Splash Suits</p> <p>Encapsulated Suits Wet and Dry Suits</p> <p>Extrication Clothing/Rescue Clothing</p>	<p>Equipment List (select one to answer Equipment Details Q1)</p> <p>Basic Equipment</p> <p>Appliance(s)/Nozzle(s) Hose (Attack/Supply)</p> <p>Air Compressor/Cascade/Fill Station (Fixed or Mobile) for filling SCBA</p> <p>Mobile computing devices intended to be used on scene (Tablets)</p> <p>Basic Hand Tools (Structural/Wildland) Personal Accountability Systems</p> <p>Computers used in support of Training Probs</p> <p>Electric/Gas Powered Saws/Tools</p> <p>PPE Washer/Extractor/Dryer</p> <p>Flashlights RIT Pack/Cylinder</p> <p>Foam Eductors Ropes, Harnesses, Carabiners, Pulleys, etc.</p> <p>Generator - Portable Simulators</p> <p>IDLH Monitoring Equipment</p> <p>Thermal Imaging Camera (Must be NFPA 1801 Compliant)</p> <p>Ladders</p> <p>Communications</p> <p>Base Station (must be P-25 Compliant)</p> <p>Pagers (limited to number of active members)</p> <p>Headsets Portable Radios (must be P-25 Compliant, limited to number of AFG approved seated positions)</p> <p>Mobile Radios (must be P-25 Compliant) Mobile Data Terminal (MDT)</p> <p>Mobile Repeaters (must be P-25 Compliant)</p> <p>EMS/Rescue</p> <p>Automatic Chest Compression Device</p>

	<p>(CPR) Power Lift Cots/Stretchers  Airway Equipment (Non-Disposable)  Pulse Oximeters  Automated External Defibrillators  (AEDs) BLS Level Responder  Rehab Equipment  Blood Pressure Cuffs  Stethoscopes  EMS/Rescue Equipment  Stretchers/Backboard/Splint,  etc.  Monitor/Defibrillator - 15 leads  Extrication  Cutter/Spreader Vehicle Extrication  Equipment  Haz-Mat  Basic Haz-Mat Response Equipment  Monitoring and Sampling  Devices  Decon, Clean-Up, Containment and  Packaging Equipment  Investigation  Cameras Lights  Investigation Tools Monitoring  and Sampling Devices (specialized)  Specialized  Class A Boats (16 to less than 26 feet)  Skid Unit  Class One Boats (16 feet or less)  Specialized Equipment  (Other)  Marine equipment (NFPA 1925:  Standard on Marine Fire-Fighting  Vessels) Tow Vehicles (\$6000  maximum)  Mobile Generator Traffic Preemption  systems  Portable Pump  CBRNE Equipment  CBRNE-related Equipment  Non-Disposable Biological  Detection</p> <p>EMS Equipment List (select one to  answer Equipment Details Q1)  Communications  Base stations (Must be P-25  Compliant)  Portable Radios (Must be P-  25 Compliant, limited to number of  AFG approved seated positions)  Mobile Radios (Must be P-25  Compliant) Headsets  Mobile Repeaters Mobile Repeaters  (must be P-25 Compliant)</p>
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	<ul style="list-style-type: none"> <li>○ 4 years</li> <li>○ 5 years</li> <li>○ 6 years</li> <li>○ 7 years</li> <li>○ 8 years</li> <li>○ 9 years</li> <li>○ Over 10 years</li> </ul>	(Text Box Answer)
p.59, #5	New Question	* 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?
p.59, #6	<p>* 5. Generally the equipment purchased under this grant program is: (select one)</p> <ul style="list-style-type: none"> <li>○ Will bring the region into statutory compliance.</li> </ul> <p>Please explain how this equipment will bring the region into statutory compliance in the space provided to the right.</p> <ul style="list-style-type: none"> <li>○ Will bring the region into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc.</li> </ul> <p>Please explain how this equipment will bring the region into voluntary compliance in the space provided to the right.</p>	<p>*6. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc?</p> <p>In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.</p> <p>○ Yes ○ No</p>
	<p>* 6. Will the item requested benefit other organizations or otherwise be available for use by other organizations?</p> <p>○ Yes ○ No</p> <p>If you answered Yes in the question above, please explain:</p>	Question Removed
	<p>* 7. Will this equipment be used for wildland firefighting purposes? ○ Yes ○ No</p>	Question Removed
p.65, #4	<p>* 4. Please provide your percentage for the appropriate question below:</p> <ul style="list-style-type: none"> <li>• For turnout requests, what percentage of your on-duty active members <b>will have</b> PPE that meets applicable NFPA and OSHA standards if this grant is awarded?</li> <li>• If you are requesting new SCBA, what percentage of your seated riding positions <b>will have</b> compliant SCBA assigned to it if this grant is awarded?</li> </ul> <p>If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members <b>will have</b></p>	<p>* 4. Please provide the amount for each question below:</p> <ul style="list-style-type: none"> <li>• For protective clothing, how many of your on-duty active members <b>will have</b> PPE that meets applicable NFPA and OSHA standards if this grant is awarded?</li> <li>• If you are requesting new SCBA, how many of your seated riding positions <b>will have</b> compliant SCBA assigned to it if this grant is awarded?</li> </ul>

	specialized PPE that meets applicable NFPA and OSHA standards if this grant is awarded?	If you are asking for specialized PPE (e.g., Haz-Mat), how many of applicable members <b>will have</b> specialized PPE that meets applicable NFPA and OSHA standards if this grant is awarded?
p.65, #5	<p>* 5. What is the purpose of this request? (select one)</p> <ul style="list-style-type: none"> <li>○ to buy equipment for the first time (never owned before)</li> <li>○ to replace or upgrade old/obsolete equipment (it must be a minimum of 10 years or older)</li> <li>○ to replace torn/tattered/damaged equipment</li> <li>○ to replace contaminated equipment</li> <li>○ to meet new risk</li> <li>○ to replace worn, but usable equipment</li> <li>○ to replace used equipment</li> <li>○ to replace new equipment</li> <li>○ to equip first responders to handle a new mission</li> <li>○ to increase the department's available supply of this equipment</li> </ul>	<p>* 5. What is the purpose of this request? (select one)</p> <ul style="list-style-type: none"> <li>○ To buy PPE/SCBA for the first time (never owned before)</li> <li>○ To replace or upgrade obsolete/damaged PPE/SCBA (it must be a minimum of 10 years or older and two NFPA cycles)</li> <li>○ To increase the department's available supply</li> </ul>
p.66, #6	New Question	<p>* 6. Per the Notice of Funding Opportunity Announcement (NOFO), do you have a memorandum of understanding (MOU) in place ?   ○ Yes   ○ No</p>
p.70, #4		<p>* 4. Per the Notice of Funding Opportunity Announcement (NOFO), will you have a memorandum of understanding (MOU) in place prior to award   ○ Yes   ○ No</p>
p.72, 1 <sup>st</sup> Question	<p>Training Program – Add Budget Item</p> <p>* Item: (select one)       -- Equipment --</p> <ul style="list-style-type: none"> <li>○ Audio-Visual</li> <li>○ Library</li> <li>○ Classroom</li> <li>○ Reference Texts</li> <li>○ Rescue</li> <li>○ Supplies</li> <li>○ CPR Manikins</li> <li>-- Programs &amp; Contract Instruction --</li> <li>○ Firefighter I</li> <li>○ Investigator</li> <li>○ Firefighter II</li> <li>○ Public Educator</li> <li>○ Driver/Operator</li> <li>○ Haz-Mat</li> <li>○ EVOC</li> <li>○ Marine</li> <li>○ EMT</li> <li>○ Aircraft</li> </ul>	<p>Training Program – Add Budget Item</p> <p>* Item: (select one)       -- Equipment --</p> <ul style="list-style-type: none"> <li>○ Audio-Visual</li> <li>○ Library</li> <li>○ Classroom</li> <li>○ Reference Texts</li> <li>○ CPR Manikins</li> <li>○ Rescue</li> <li>○ Supplies</li> <li>-- Programs &amp; Contract Instruction --</li> <li>○ Driver/Operator</li> <li>○ Investigator</li> <li>○ EMT (Advanced, Paramedic, and Community Paramedic) ○ Marine</li> <li>○ EVOC</li> <li>○ Officer I-IV</li> <li>○ Firefighter I</li> <li>○ Paramedic</li> <li>○ Firefighter II</li> </ul>

	<ul style="list-style-type: none"> <li>○Paramedic</li> <li>○ Wildland</li> <li>○Inspector</li> <li>○ Officer I-IV</li> <li>○Specialized</li> <li>-- Props: Non-Construction --</li> <li>○Simulators</li> <li>○Manufacturer Burn Simulator</li> <li>○ Props: Non-Construction</li> </ul>	<ul style="list-style-type: none"> <li>○ Public Educator</li> <li>○ Haz-Mat</li> <li>○ Specialized</li> <li>○ Inspector</li> <li>○ Wildland</li> <li>-- Props: Non-Construction --</li> <li>○ Consumables to Support Training during Period of Performance</li> <li>○ Manufacturer Burn Simulator</li> <li>○ Non-Construction</li> </ul>
p.78, #1		<p>* 1. What equipment will your organization purchase with this grant? *Please provide a detailed description of the item selected.</p>
p.78, #2		<p>* 2. Number of units: (whole number only)</p>
p.78, #3		<p>* 3. Cost per unit: (whole dollar amounts only)</p>
p.78, #4		<p>* 4. Generally the equipment purchased under this grant program will: (select one)</p> <ul style="list-style-type: none"> <li>○ Buy equipment for the first time (never owned before)</li> <li>○ Replace obsolete or damaged equipment that can no longer meet the applicable standards</li> <li>○ Increase your organization's available supply of the requested item(s)</li> </ul> <p>If you selected "replace obsolete or damaged equipment" (from Q4) above, please specify the age of the equipment in years.</p>
p.78, #5		<p>* 5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc?</p> <p>In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.   ○ Yes   ○ No</p>
p.78, following #5		<p>Basic Equipment Appliance(s)/Nozzle(s)   Ladders Air Compressor/Cascade/Fill Station (Fixed or Mobile) for filling SCBA Mobile computing devices intended to be used on scene (Tablets) Basic Hand Tools (Structural/Wildland)   Personal Accountability Systems Computers used in support of Training Probs</p>

		<p>Electric/Gas Powered Saws/Tools  PPE Washer/Extractor/Dryer  Flashlights RIT Pack/Cylinder  Foam Eductors Ropes, Harnesses,  Carabiners, Pulleys, etc.  Generator - Portable Simulators  Hose (Attack/Supply) Thermal  Imaging Camera (Must be NFPA 1801  Compliant)  IDLH Monitoring Equipment  Communications  Base Station (must be P-25 Compliant)  Pagers (limited to number of  active members)  Headsets Portable Radios  (must be P-25 Compliant, limited to  number of AFG approved seated  positions)  Mobile Radios (must be P-25  Compliant) Mobile Data  Terminal (MDT)  Mobile Repeaters (must be P-25  Compliant)  EMS/Rescue  Automatic Chest Compression Device  (CPR) Power Lift Cots/Stretchers  Airway Equipment (Non-Disposable)  Pulse Oximeters  Automated External Defibrillators  (AEDs) BLS Level Responder  Rehab Equipment  Blood Pressure Cuffs  Stethoscopes  EMS/Rescue Equipment  Stretchers/Backboard/Splint,  etc.  Monitor/Defibrillator - 15 leads  Extrication  Cutter/Spreader Vehicle Extrication  Equipment  Haz-Mat  Basic Haz-Mat Response Equipment  Monitoring and Sampling  Devices  Decon, Clean-Up, Containment and  Packaging Equipment  Investigation  Cameras Lights  Investigation Tools Monitoring  and Sampling Devices (specialized)  Specialized  Class A Boats (16 to less than 26 feet)  Skid Unit  Class One Boats (16 feet or less)  Specialized Equipment  (Other)</p>
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		<p>Marine equipment (NFPA 1925: Standard on Marine Fire-Fighting Vessels) Tow Vehicles (\$6000 maximum)</p> <p>Mobile Generator Traffic Preemption systems</p> <p>Portable Pump</p> <p>CBRNE Equipment</p> <p>CBRNE-related Equipment</p> <p>Non-Disposable Biological Detection</p>
p.80		<p><b>Additional Funding</b></p> <p>a. Personnel \$</p> <p>b. Fringe Benefits \$</p> <p>c. Travel \$</p> <p>d. Equipment \$</p> <p>e. Supplies \$</p> <p>f. Contractual \$</p> <p>g. Construction \$</p> <p>h. Other \$</p> <p>i. Indirect Charges \$</p> <p>j. State Taxes \$</p> <p>Explanation</p>
p.81, #1		<p><b>* Section #1 Project Description:</b>  In the space provided below include clear and concise details regarding your organization’s project’s description and budget. This includes providing a detailed plan for how your State Fire Training Academy will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.</p>
p.82, #2		<p><b>* Section #2 Cost/Benefit:</b> In the space provided below please explain, as clearly as possible, what will be the benefits your State Fire Training Academy 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</p>



		budget items relating to the cost of the requested items.
p.82, #3		* <b>Section #3</b> Statement of Effect: How would this award affect the daily operations of your State Training Academy (i.e., describe how frequently the requested vehicle(s)/equipment will be used or what benefits the vehicle(s)/equipment will provide your organization.
p.83, #1		* 1. Select the PPE that you propose to acquire * Please provide a detailed description of the item selected above.
p.83, #2		* 2. Number of units
p.83, #3		* 3. Cost per unit: (whole dollar amounts only)
p.83, #4		* 4. What is the purpose of this request? (select one) <input type="radio"/> To buy PPE/SCBA for the first time (never owned before) <input type="radio"/> To replace or upgrade obsolete/damaged PPE/SCBA (it must be a minimum of 10 years or older and two NFPA cycles) <input type="radio"/> Increase the organization/agency available supply
p.83, follow #4		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="radio"/> N/A Age (in years)      Current Inventory      Being Replaced Less than 1 1 2 3 4 5 6 7 8

		<p>9 10 11 12 13 14 15 16 or more Number of members without PPE</p>														
p.84, #1		<p>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. <input type="radio"/> N/A</p> <table border="0"> <tr> <td>Year</td> <td>Current Inventory</td> </tr> <tr> <td></td> <td>Being Replaced</td> </tr> <tr> <td>SCBA</td> <td>Cylinders</td> </tr> <tr> <td>2013 Edition</td> <td></td> </tr> <tr> <td>2007 Edition</td> <td></td> </tr> <tr> <td>2002 Edition and older</td> <td></td> </tr> <tr> <td>Obsolete/damaged</td> <td></td> </tr> </table>	Year	Current Inventory		Being Replaced	SCBA	Cylinders	2013 Edition		2007 Edition		2002 Edition and older		Obsolete/damaged	
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2007 Edition																
2002 Edition and older																
Obsolete/damaged																
p.85		<p>State Fire Training Academy PPE - Additional Funding (optional unless you're applying for Training funds) Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is optional.</p> <table border="0"> <tr> <td colspan="2">Additional Funding</td> </tr> <tr> <td>a. Personnel</td> <td>\$</td> </tr> <tr> <td>b. Fringe Benefits</td> <td>\$</td> </tr> <tr> <td>c. Travel</td> <td>\$</td> </tr> <tr> <td>d. Equipment</td> <td>\$</td> </tr> <tr> <td>e. Supplies</td> <td>\$</td> </tr> </table>	Additional Funding		a. Personnel	\$	b. Fringe Benefits	\$	c. Travel	\$	d. Equipment	\$	e. Supplies	\$		
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		f. Contractual \$ g. Construction \$ h. Other \$ i. Indirect Charges \$ j. State Taxes \$ Explanation
p.86, #1		<p><b>* Section #1</b> Project Description: In the space provided below include clear and concise details regarding your organization’s project’s description and budget. This includes providing a detailed plan for how your State Fire Training Academy will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.</p>
p.87, #2		<p><b>* Section #2</b> Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your State Fire Training Academy 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.</p>
p.87, #3		<p><b>* Section #3</b> Statement of Effect: How would this award affect the daily operations of your State Training Academy (i.e., describe how frequently the requested vehicle(s)/equipment will be used or what benefits the vehicle(s)/equipment will provide your organization.</p>