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

LOCATION	CURRENT TEXT	REVISED TEXT
p. 2, 1st Question	Question wording here 	• * I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.
p.1, #2	Old question wording.	• * As required per 2 CFR § 25.205, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is correct and active at time of submission.
		• * I certify that the applicant organization has consulted the appropriate Funding Opportunity Announcement and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's Period of Performance (POP).
		• * I certify that the applicant organization is aware that this application period is open from 03/16/2015 to 4/17/15 and will close at 5 PM EDT; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.
		• * I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all

	application information submitted.
	Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector
	General.
The Fire Prevention and Safety grants	<b>Note:</b> the Primary Point of Contact will be responsible for signing and submitting the application. Fields marked with an * are required. The FP&S (Fire Prevention and Safety)
provide funding for an array of prevention activities aimed at protecting the health and safety of the public and firefighting personnel. Grant funds are available to fire departments as well as national, state, local, or regional organizations that specialize in prevention activities.	rife Precedential and Safety) program intends to enhance the safety of the public and firefighters with respect to fire and fire-related hazards by assisting fire prevention programs and supporting firefighter health and safety research and development. Grant funds are available in two activities: Fire Prevention and Safety Activity and Research and Development Activity. Please review the Funding Opportunity Announcement for information on available categories within each activity area and for more information on the evaluation process and conditions of award.
	* Are you a member, or are you currently involved in the management of the fire department or organization applying for this grant with this application?
	• Yes, I am a member/officer/employee of this applicant
	<ul> <li>No, I am a grant writer or otherwise not affiliated with this applicant</li> </ul>
Prefix or Title ◦ Dr. ◦ Mr. ◦ Mrs. ◦ Ms. ◦ N/A	
* First Name	*Preparer's Name
 Middle Initial * Last Name	
Organization Name	
Danie and in traine	

	Address 2
* Zip	*Zip plus 4
 * Primary Phone	*Primary Phone
Ext. ohome owork ocell	
(select one)	
* Secondary Phone	
Ext. ohome owork ocell	
(select one)	
Optional Phone	
Ext. ohome owork ocell	
(select one)	
Two contacts are required for each	In the table on the next page please list
application. The Primary Contact, as	the person your organization has selected
listed below, is the person for which	to be the <b>Primary Point of Contact</b> for
all exchanges of information will be	this grant. This should be an officer or
made relative to the application. If	member of the fire department or an
you indicated on the Preparer	employee of the organization applying
Information page that you are the	for the grant that will see this grant
person to be contacted on matters	through completion and has the authority
involving this application please	to make decisions on and to act upon this
confirm your information in the	grant application.
Primary Contact section below. If you	Grant apprication.
are not the person to be contacted	The Primary Contact, as listed below, is
please provide the appropriate	the person for which all exchanges of
person's contact information below.	information will be made relative to the
In addition to the Primary Contact	application; all information provided
-	
information, please provide an	must be specific to the contact listed. The
Alternate point of contact. The Alternate contact should be able to	Primary Contact must be an employee of
	the fire department or organization
answer any questions relative to this	applying for the grant and shall not be a
application in the event that Primary	grant writer or a non-employee of the
Contact is unavailable.	department or organization.
	In addition to the Primary Contact
	information, you will be asked to provide
	two (2) Alternative Points of Contact on
	the next page. The Alternate contacts
	must be familiar with the application and
	should be able to answer any question
	relative to this application in the event
	that Primary Point of Contact is
	unavailable.
	<b>Reminder:</b> Please list only phone
	numbers and email addresses where we
	can get in <i>direct contact</i> with the
	respective point of contact(s). If this
	contact changes at any time during the
	period of performance please update this
	information.

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<ul> <li>* Is there a grant-writing fee associated with the preparation of this request?</li> <li>○ Yes ○ No</li> </ul>	<ul> <li>* Is there a grant-writing fee associated with the preparation of this request? This fee must be specifically identified and listed in the application "Request Details" section as a budget line item in order to be eligible for reimbursement.</li> <li>Fees for grant writers may be included as a pre-award or pre-application expenditure. However, fees payable on a contingency basis are not an eligible expense. For grant writer fees to be eligible as a pre-award expenditure they must be paid prior to award, (e.g., paid within 60 days of the end of the application period).</li> </ul>
* Are you the person to be	○ Yes ○ No
<b>contacted on matters involving this</b> <b>application?</b> • Yes • No	
 Optional Phone         Ext.       ohome       owork       ocell         (select one)	Optional Phone
Optional Phone Ext. ohome owork ocell (select one)	Optional Phone
	SAM.gov (System For Award Management)
<ul> <li>* Have you registered with the System for Award Management (SAM)?</li> <li>○ Yes ○ No (register at www.sam.gov)</li> </ul>	*What is the legal name of your Entity as it appears in <u>SAM.gov</u> ? Note: This information must match your <u>SAM.gov</u> profile if your organization is using the DUNS number of your Jurisdiction.
	*What is the legal business address of your Entity as it appears in <u>SAM.gov</u> ? Note: This information must match your <u>SAM.gov</u> profile if your organization is using the DUNS number of your Jurisdiction.
	*Mailing Address 1
	Mailing Address 2
	*City
	*State
	*Zip plus 4
* Employer Identification Number (e.g. 12-3456789)	* Employer Identification Number (e.g. 12-3456789) Note: This information must match your <u>SAM.GOV</u> profile.
	* Is your organization using the DUNS

	number of your Jurisdiction?
	• Yes
	<ul> <li>No, we have our own DUNS number separate from our Jurisdiction.</li> </ul>
	* I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you select Yes above)
	• Yes
* What is your Organization's DUNS Number? (call 1-866-705-5711 to get a DUNS number)	* What is your 9 digit DUNS Number? (call 1-866-705-5711 to get a DUNS number)
	If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here.
	Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own DUNS number and bank account separate from your Jurisdiction.
	<ul> <li>* Is your <u>DUNS Number</u> registered in <u>SAM.gov</u> (System for Award Management, previously CCR.gov)?</li> <li>• Yes • No</li> </ul>
	* I certify that organization/entity is
	registered and active at <u>SAM.gov</u> 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 <u>SAM.gov</u> record.
	○ Yes
	* The bank account being used is:
	(Please select one from right)
	<ul> <li>Maintained by my Organization separately from my Jurisdiction</li> </ul>
	Note: If this is selected, a 4 digit DUNS plus 4 is required if you answered "Yes" to using the DUNS number of your Jurisdiction
 	• Maintained by my Jurisdiction
	Applicant Budget

	* What is your department or organization's operating budget (i.e., personnel, maintenance of apparatus,	
	equipment, and facilities; utility costs;	
	purchasing expendable items, etc.) for	
	the current (at time of application) fiscal year and for the previous three <b>fiscal</b>	
	years? Please indicate in the box next to	
	each of the budget figures what <b>fiscal</b>	
	year that amount pertains to.	
	Current Fiscal year (at time of application)	
	(All Whole number only; do not enter special characters (i.e., decimals, commas, dollar signs, etc)	
	Budget:	Fiscal Year:
	Budget:	Fiscal Year:
	Budget: Fiscal Year:	
	* Financial Need: Why are you unable to fund this project without Federal	
	assistance? How are the critical functions of your organization affected without this funding? Please provide the details of your current operating budget. Include information on efforts to obtain funding elsewhere and how similar projects have	
	been funded in the past.	
	* If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If yes, your organization may be required to undergo an A-133 audit. Reasonable costs incurred for an A-133	
	audit are an eligible expenditure and	
	should be included in the applicant's	
	proposed budget as an individual line	
	item. Please enter audit costs only once	
	in the "Request Details" section of the	
	application.	