#### DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

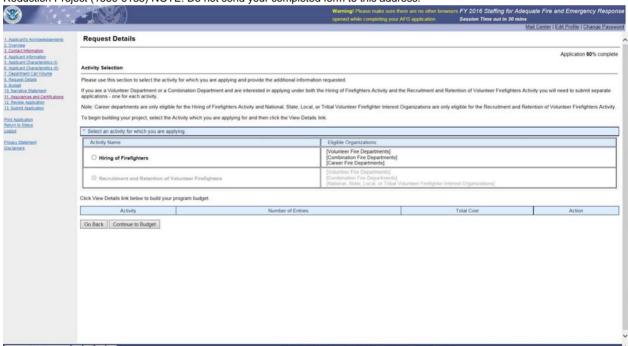
# Staffing for Adequate Fire and Emergency Response Hiring of Firefighters Application (Questions and Narrative)

OMB No.: 1660-0135

Expiration Date: August 31 2017

#### PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average up to 7.5 hours per response for FEMA Form 080-0-4a "Staffing for Adequate Fire and Emergency Response Hiring of Firefighters Application (Questions and Narrative)." The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0135) NOTE: Do not send your completed form to this address.



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## **Hiring Activity**

Please provide the following additional information regarding your Fire Department. Note: National, State, Local, or Tribal Volunteer Firefighter Interest Organizations are not eligible for this activity.

Note: Fields marked with an asterisk (\*) are required.

### Hiring of Firefighters

Select which line-item below best describes your organization and the NFPA standard you are attempting to meet

	NFPA Requirements					
Check One	NFPA Standard (see the Notice of Funding Opportunity for more detail regarding these standards)	Department Characteristics	Demographic	Assembly Staffing	Response Time	Frequency of Time
Ox	1710	Career	With Aerial	15	8 min	90%
Ох	1710	Career	Without Aerial	14	8 min	90%
Ох	1720 - Urban	Urban Combo/Vol	> 1,000 pop/square mile	15	9 min	90%
Ох	1720 - Suburban	Suburban Combo/Vol	500 - 1,000 pop/square mile	10	10 min	80%
Ох	1720 - Rural	Rural Combo/Vol	< 500 pop/square mile	6	14 min	80%
Ох	1720 - Remote	Remote Combo/Vol	Travel > 8 mi	4	n/a	90%

2. Given your **current staffing** levels, how often does your department meet the NFPA assembly requirements as indicated in the table above for the department's primary/first due response area?

NOTE: If your department utilizes overtime to fill positions to ensure you are meeting applicable NFPA staffing and deployment standards, you will want to remove the number of positions filled by overtime from your calculations.

- 2a. If awarded the number of positions requested in this application, how often do you anticipate that your department will meet the NFPA assembly requirements as indicated in the table above?
- 3. Given your current staffing levels and without using overtime to fill vacant positions, what is the average actual staffing level on your first arriving engine company or vehicle capable of initiating suppression activities on the number of structure fires indicated in the "Department Call Volume" section of your application? (Up to one decimal i.e., 2.5)

NOTE: If your department utilizes overtime to fill positions to ensure you are meeting applicable NFPA staffing and deployment standards, you will want to remove the number of positions filled by overtime from your calculations

- 3a. If awarded the number of positions requested in this application, what will be the average actual staffing level on your first arriving engine company or vehicle capable of initiating suppression activities on the number of structure fires indicated in the "Department Call Volume" section of your application? (Up to one decimal i.e. 2.5)
- 4. Please describe the departments hiring practices and timelines including how long after award will you be able to start a recruit class and how many recruits can be trained in one class. If you are requesting more positions than can be trained in one recruit class, please discuss when you will be able to hold the second class. If your department will need governing body approval before the award can be accepted, please be sure to include details on the timeline needed for acceptance (2000 characters).

Select Option  $\checkmark$ Help

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2000 characters left



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Applicant's Acknowledgements     Overview     Contact Information     Applicant Information     Applicant Characteristics (I)     Applicant Characteristics (II)     Department Call Volume	* 4. Please describe the departments hiring practices and timelines including how long after award will you be able to start a recruit class and how many recruits can be trained in one class. If you are requesting more positions than can be trained in one recruit class, please discuss when you will be able to hold the second class. If your department will need governing body approval before the award can be accepted, please be sure to include details on the timeline needed for acceptance (2000 characters).	2000 characters left	
8. Request Details 9. Budget 10. Narrative Statement	* 5. Is your request for hiring firefighters based on a risk analysis and/or a staffing needs analysis?	○Yes ○No	<u>Help</u>
11. Assurances and Certifications 12. Review Application 13. Submit Application Print Application Return to Status	5a. If Yes, describe how the analysis was conducted (1000 characters).	1000 characters left	
Logout Privacy Statement Disclaimers	* 6. If awarded a grant, will you provide the new recruits with entry-level physicals in accordance with NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments 2003 Edition, Chapter 6?	<ul><li>○ Yes, NFPA 1582 compliant</li><li>○ No, but will provide other physicals not to NFPA 1582 specifications</li><li>○ No</li></ul>	
	* 7. Do you currently provide <b>annual</b> medical/physical exams in accordance with NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments 2003 Edition, Chapter 6?	<ul> <li>○ Yes, NFPA 1582 compliant</li> <li>○ No, but will provide other physicals not to NFPA 1582 specifications</li> <li>○ No</li> </ul>	Help
	* 8. Will the personnel hired meet the minimum local or State EMS training and certification requirements, as designated by your agency?	○ Yes ○ No ○ N/A - do not provide EMS	
	* 9. Does your department currently have a policy in place to recruit and hire veterans?	○Yes ○No	
	9a. If yes, please provide a brief description of the policy in place (1000 characters).	1000 characters left	
	* 10. Is it your department's intent to sustain the positions filled under this grant after the completion of the period of performance?	○Yes ○No	
	10a. If yes, please provide a brief description on how the positions will be sustained.	1000 characters left	

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## Add Budget Item

Please provide the following information.

As a reminder, only new, additional firefighters are eligible for funding. Grant funds can no longer be used for the purpose of retaining firefighters currently employed who are facing imminent layoffs.

Note: Fields marked with an asterisk (\*) are required.

As you are aware, grants awarded under the Hiring of Firefighters Activity requires grantees to maintain their staffing levels and incur no lay-offs during the period of performance of the grant. Therefore, it is imperative that your department If you have received the letter, you may attach it here. (Note: only .doc and .pdf have the support of your governing body. files will be accepted) If not, instructions for submitting the letter will be provided once the application is submitted. In order to ensure that there is a clear understanding of the long-term obligations of a SAFER grant and that, if awarded, all parties involved are committed to fulfilling those requirements upon acceptance of the award; we are requesting a letter from your governing body stating their commitment of the above requirement. Attach File The letter should be prepared on your governing body's letterhead and addressed to: Catherine Patterson, Branch Chief Assistance to Firefighters Grants Branch If you have received the letter, you may attach it here. (Note: only .doc and .pdf files will be accepted) If you do not have the letter at this time, you may submit a signed copy of the letter as soon as you are able via fax to 1-866-274-0942 or via e-mail to firegrants@fema.dhs.gov. How many full-time firefighter positions, including job-shares, are you requesting? "Full-time" is considered 2,080 hours or more worked per year and entitles the employee to receive benefits earned by the (Whole Numbers only) other full-time employees in the organization. "Job-share" is the term used to describe the hiring of more than one person to fill one full-time position. Part-time positions are less than 2,080 hours per year. Often part-time employees do not earn benefits or do not earn them at the same rate or level as full-time employees If you are requesting to fund a full-time position(s) that will be "shared" by more than one individual (i.e., job-shared), please indicate how many individuals will fill that position, how they will be used and scheduled to fill the position(s), and provide an explanation as to why the position will be shared. (800 characters) 800 characters left Note: The number of individuals that may fill a job-share position is limited to the number of shifts deployed by the applicant. Annual Salary: (Whole Numbers only) Currently, what are the usual annual costs of a first-year firefighter in your department? Annual Benefits: (Whole Numbers only) Click here to see the definition of salary Usual annual costs" include base salary and the typical benefits package offered to a first-year firefighter. What costs are included in the typical benefits package your department provides to first-year firefighters (2000) characters)?

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## Budget

Application 80% complete

## Hiring of Firefighters:

There is a three-year period of performance for grants awarded under the Hiring of Firefighters Activity. The amount of Federal funding provided to a recipient for hiring a firefighter in any fiscal year may not exceed -

- Year One: 75 percent of the usual annual costs of a first-year firefighter as provided in the Request Details section;
- Year Two: 75 percent of the usual annual cost of a first-year firefighter as provided in the Request Details section;
- · Year Three: 35 percent of the usual annual cost of a first-year firefighter as provided in the Request Details section.

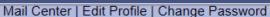
Review and confirm the budget information below. If you need to change any of the budget amounts on the matrix, you will need to update the salary and benefit information on the previous Request Details screen.

When you are finished, press the Save and Continue button below.

Budget Matrix				
	First 12-Month Period	Second 12-Month Period	Third 12-Month Period	Total
Personnel	300,000	300,000	300,000	900,000
<u>Benefits</u>	200,000	200,000	200,000	600,000
Total:	500,000	500,000	500,000	1,500,000
Total Applicant Share	125,000	125,000	325,000	575,000
Total Federal Share	375,000	375,000	175,000	925,000

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# Narrative Statement for Hiring of FireFighters

Application 90% complete

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

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

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

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

Element #1 - Project Description (30%):	
* 1a. Why does the department need the positions requested in this application? When were the positions requested v assessment or Insurance Services Office rating, please provide details of those outcomes. (3000 characters)	acated (or will they be vacated) and under what circumstance? If your request is based on a needs
	^
2000 sharestors in 6	
3000 characters left	
* 1b. How will the positions requested in this application be used within the department (i.e., 4th on engine, open a new will provide to the department and community? (2000 characters)	w station, eliminate browned out stations, reduce overtime )? What are the specific benefits the positions

2000 characters left



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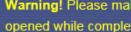
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1c. Please describe how the awarding of this grant would enhance the department's ability to protect the critical infrastructure discussed in the Applicant Characteristics section of the application. (1000 characters)	
000 characters left	
Element #2 - Impact on Daily Operations (30%):	
2a. How are the community and the current firefighters employed by the department at risk without the positions requested in this application? How will that risk be reduced if awarded? (2000 characters)	
2000 characters left	
2b. What impact will the positions requested in this application have on the departments NFPA compliance, if awarded? (2000 characters)	
2000 characters left	
Element #3 - Financial Need (30%):	

\* 3a. Please provide additional details on the department's current operating budget. This must include an income verse expenses breakdown of the current annual budget indicated in Applicant Characteristics section of the

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Mail Center | Edit Profile | Change Password \*Element #3 - Financial Need (30%): Applicant's Acknowledgements Overview 3. Contact Information \* 3a. Please provide additional details on the department's current operating budget. This must include an income verse expenses breakdown of the current annual budget indicated in Applicant Characteristics section of the 4. Applicant Information application. If you were unable to provide the department's operating budget for the 2001, 2002, and 2003 fiscal years, please provide details on why you were not able to provide the information. (2000 characters) 5. Applicant Characteristics (I) Applicant Characteristics (II) 7. Department Call Volume Request Details 9. Budget 10. Narrative Statement Assurances and Certifications 12. Review Application 13. Submit Application Print Application Return to Status 2000 characters left Logout Privacy Statement \* 3b. Please describe the department's budget shortfalls and the inability to address the financial needs without federal assistance. What other actions have you taken to obtain funding elsewhere (i.e., state assistance Disclaimers programs, other grant programs, etc.)? (2000 characters) 2000 characters left \* 3c. How are the critical functions of your department affected without this funding? (2000 characters) 2000 characters left \*Element #4 - Cost Benefit (10%):

Application period ends in

\* Please describe the benefits (i.e., anticipated savings, efficiencies) the department and community will realize if awarded the positions requested in this application. (3000 characters)

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Mail Center | Edit Profile | Change Password \* 3c. How are the critical functions of your department affected without this funding? (2000 characters) 1. Applicant's Acknowledgements 5. Applicant Characteristics (I) 6. Applicant Characteristics (II) 7. Department Call Volume 11. Assurances and Certifications 2000 characters left \*Element #4 - Cost Benefit (10%): \* Please describe the benefits (i.e., anticipated savings, efficiencies) the department and community will realize if awarded the positions requested in this application. (3000 characters) 3000 characters left Element #5 - Additional Information: If you have any additional information you would like to include about the department and/or this application in general, please provide below. (2000 characters) 2000 characters left Go Back Save and Continue