

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
**Staffing for Adequate Fire and Emergency Response
(General Questions All Applicants)**

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 9 hours per response for FEMA Form 080-0-4 "Staffing for Adequate Fire and Emergency Response (General Questions All Applicants)." 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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Applicant's Acknowledgements

Application 0% complete

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- 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.
- As required per 2 CFR § 25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.
- I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmaticaly 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 01/09/2016 to 01/01/2018 and will close at 5 PM ET; 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 it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: http://www.fema.gov/media-library-data/1431970163011-80c63c4907072a021295b1627c56d9892/gp04_etp_screening_form_51815.pdf.
- 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.
- I certify that the applicant organization is aware that the grants awarded under this funding opportunity are provided a recruitment period, which begins when the application is approved for award. The recruitment period for grants awarded under the Hiring of Firefighters Activity is 180-days and the period of performance automatically starts after the recruitment period, regardless of whether the grantee has successfully hired the requested firefighters. The recruitment period for Recruitment & Retention of Volunteer Firefighters Activity is 90-days and the period of performance automatically starts after the recruitment period.
- I certify that the applicant organization will, to the extent practicable, seek, recruit, and hire members of racial and ethnic minority groups and women to increase their ranks within their organization.
- I certify that, if awarded under the Hiring of Firefighters Activity, the applicant organization, will assure a policy will be put into place, or is currently in place, ensuring that positions filled under this grant are not discriminated against, or prohibited from, engaging in volunteer firefighting activities in another jurisdiction during off-duty hours. (If applying under the Recruitment and Retention of Volunteer Firefighters Activity, this does not apply, however, in order to move forward in the application process, you must complete this question).

Note: the Primary Point of Contact will be responsible for signing and submitting the application. Fields marked with an asterisk (*) are required.

By checking the box below and providing your password, you are providing your digital signature.

* Password:

I am hereby providing my signature for this application as of 20-Mar-2017.



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Overview

Application **0%** complete

The SAFER (Staffing for Adequate Fire and Emergency Response) program intends to improve local fire departments' staffing and deployment capabilities so they may more effectively respond to emergencies. With the enhanced staffing, grantees should see a reduction in response times and an increase in the number of trained personnel assembled at the incident scene. Grant funds are available in two activities: *Hiring Firefighters* and *Recruitment and Retention of Volunteer Firefighters*. Please review the Notice of Funding Opportunity for information on available program areas 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 of this applicant
- No, I am a grant writer or otherwise not affiliated with this applicant

If you answered **No**, you must please complete the preparer information below. If you answered **Yes**, please skip the Preparer Information section.

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

Preparer Information	
Preparer's Name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State	Select a State <input type="button" value="v"/>
Zip	<input type="text"/> - <input type="text"/> (e.g. 12345-6789) Need help for ZIP+4?
Primary Phone	<input type="text"/> (e.g. 123-456-7890) Ext. <input type="text"/> <input type="button" value="Select"/> <input type="button" value="v"/>
Email	<input type="text"/> (e.g. user@xyz.org)

In the space below please list the person your fire department or organization has selected to be the **Primary Point of Contact** for this grant. This should be an officer, member, or employee of the fire department or organization applying for the grant that will see the grant through completion, has the authority to make decisions on and to act upon this grant application.

The Primary Contact, as listed below, is the person for which all exchanges of information will be made relative to the application; all information provided must be specific to the contact listed. The Primary Contact must be an employee of the fire department or organization applying for the grant and shall not be a grant writer or a non-employee of the fire department or organization.

In addition to the Primary Contact information, you will be asked to provide two (2) Alternate Points of Contact on the next page. The Alternate Contacts must be familiar with the application and must be able to answer any questions relative to this application in the event that Primary Point of Contact is unavailable. When you are finished, click the Save and Continue button below.

Reminder: Please list only phone numbers and an email address where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.

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

Primary Point of Contact	FF 080-0-0-4
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Address 1	<input style="width: 95%;" type="text"/>
Address 2	<input style="width: 95%;" type="text"/>
City	<input style="width: 95%;" type="text"/>
State	Select a State <input style="width: 20px;" type="text"/>
Zip	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> (e.g. 12345-6789) Need help for ZIP+4?
Primary Phone	<input style="width: 200px;" type="text"/> (e.g. 123-456-7890) Ext. <input style="width: 30px;" type="text"/> <input style="width: 40px;" type="text" value="Select"/>
Email	<input style="width: 80%;" type="text"/> (e.g. user@xyz.org)

In the space below please list the person your fire department or organization has selected to be the **Primary Point of Contact** for this grant. This should be an officer, member, or employee of the fire department or organization applying for the grant that will see the grant through completion, has the authority to make decisions on and to act upon this grant application.

The Primary Contact, as listed below, is the person for which all exchanges of information will be made relative to the application; all information provided must be specific to the contact listed. The Primary Contact must be an employee of the fire department or organization applying for the grant and shall not be a grant writer or a non-employee of the fire department or organization.

In addition to the Primary Contact information, you will be asked to provide two (2) Alternate Points of Contact on the next page. The Alternate Contacts must be familiar with the application and must be able to answer any questions relative to this application in the event that Primary Point of Contact is unavailable. When you are finished, click the Save and Continue button below.

Reminder: Please list only phone numbers and an email address where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.

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

Primary Point of Contact	
* Title	<input style="width: 95%;" type="text"/>
Prefix	Select <input style="width: 20px;" type="text"/> Select N/A if not applicable
* First Name	<input style="width: 95%;" type="text"/>
Middle Initial	<input style="width: 20px;" type="text"/>
* Last Name	<input style="width: 95%;" type="text"/>
* Primary Phone	<input style="width: 200px;" type="text"/> (e.g. 123-456-7890) Ext. <input style="width: 30px;" type="text"/> Type <input style="width: 40px;" type="text" value="Select"/>
* Secondary Phone	<input style="width: 200px;" type="text"/> (e.g. 123-456-7890) Ext. <input style="width: 30px;" type="text"/> Type <input style="width: 40px;" type="text" value="Select"/>
Optional Phone	<input style="width: 200px;" type="text"/> (e.g. 123-456-7890) Ext. <input style="width: 30px;" type="text"/> Type <input style="width: 40px;" type="text" value="Select"/>
Fax	<input style="width: 200px;" type="text"/> (e.g. 123-456-7890)
* Email	<input style="width: 80%;" type="text"/> (e.g. user@xyz.org)



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Contact Information

Application **10%** complete

In addition to Primary Point of Contact listed on the previous page, please provide two (2) Alternate Points of Contact for this application. These contacts should be members of the fire department or organizations applying for the grant that will see the grant through completion, are familiar with the grant application, and have the authority to make decisions on and to act upon this grant application.

Reminder: Please list only phone numbers and email addresses where we can get in *direct contact* with the respective point of contact(s). If these contacts change at any time during the period of performance please update this information.

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

Alternate Contact 1 Information			
* Title	<input style="width: 90%;" type="text"/>		
Prefix	N/A <input type="button" value="v"/> Select N/A if not applicable		
* First Name	<input style="width: 90%;" type="text"/>		
Middle Initial	<input style="width: 20%;" type="text"/>		
* Last Name	<input style="width: 90%;" type="text"/>		
* Primary Phone	<input style="width: 20%;" type="text"/> (e.g. 123-456-7890)	Ext. <input style="width: 10%;" type="text"/>	Type <input type="button" value="Select"/> <input type="button" value="v"/>
* Secondary Phone	<input style="width: 20%;" type="text"/> (e.g. 123-456-7890)	Ext. <input style="width: 10%;" type="text"/>	Type <input type="button" value="Select"/> <input type="button" value="v"/>
Optional Phone	<input style="width: 20%;" type="text"/> (e.g. 123-456-7890)	Ext. <input style="width: 10%;" type="text"/>	Type <input type="button" value="Select"/> <input type="button" value="v"/>
Fax	<input style="width: 90%;" type="text"/> (e.g. 123-456-7890)		
* Email	<input style="width: 90%;" type="text"/> (e.g. user@xyz.org)		

Alternate Contact 2 Information			
* Title	<input style="width: 90%;" type="text"/>		
Prefix	N/A <input type="button" value="v"/> Select N/A if not applicable		
* First Name	<input style="width: 90%;" type="text"/>		
Middle Initial	<input style="width: 20%;" type="text"/>		
* Last Name	<input style="width: 90%;" type="text"/>		
* Primary Phone	<input style="width: 20%;" type="text"/> (e.g. 123-456-7890)	Ext. <input style="width: 10%;" type="text"/>	Type <input type="button" value="Select"/> <input type="button" value="v"/>
* Secondary Phone	<input style="width: 20%;" type="text"/> (e.g. 123-456-7890)	Ext. <input style="width: 10%;" type="text"/>	Type <input type="button" value="Select"/> <input type="button" value="v"/>
Optional Phone	<input style="width: 20%;" type="text"/> (e.g. 123-456-7890)	Ext. <input style="width: 10%;" type="text"/>	Type <input type="button" value="Select"/> <input type="button" value="v"/>
Fax	<input style="width: 90%;" type="text"/> (e.g. 123-456-7890)		
* Email	<input style="width: 90%;" type="text"/> (e.g. user@xyz.org)		



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Applicant Information

Application **20%** complete

Please provide the following information about your organization.

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

Applicant Information	
* Organization Name	<input type="text"/>
* What kind of organization do you represent?	Select Type <input type="button" value="v"/> Help
If you answered "Combination" above, what is the percentage of career members in your organization?	<input type="text"/> % (Numbers only)
* Type of Jurisdiction Served	Select Type <input type="button" value="v"/> Help
If "Other", please enter the type of jurisdiction served	<input type="text"/>
* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?	<input type="text"/>
SAM.gov (System For Award Management)	
* What is the legal name of your Entity as it appears in SAM.gov ? Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.	<input type="text"/>
* What is the legal business address of your Entity as it appears in SAM.gov ? Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.	
* Mailing Address 1	<input type="text"/>
Mailing Address 2	<input type="text"/>
* City	<input type="text"/>
* State	Select a State <input type="button" value="v"/>
* Zip	<input type="text"/> - <input type="text"/> (e.g. 12345-6789) Need help for ZIP+4?
* Employer Identification Number (e.g. 12-3456789) Note: This information must match your SAM.gov profile.	<input type="text"/> (e.g. 12-3456789) Help
* Is your organization using the DUNS number of your Jurisdiction?	<input type="radio"/> Yes <input type="radio"/> No, we have our own DUNS number separate from our Jurisdiction.
* 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)	<input type="checkbox"/> Yes
* What is your 9 digit DUNS number ?	<input type="text"/> Help (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	<input type="text"/> Help



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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.	<input style="width: 100%;" type="text"/>
* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?	<input type="radio"/> Yes <input type="radio"/> No
* I certify that my organization/entity is registered and active at SAM.gov and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's SAM.gov record.	<input type="checkbox"/> Yes
Headquarters or Main Station Physical Address	
* Physical Address 1	<input style="width: 100%;" type="text"/>
Physical Address 2	<input style="width: 100%;" type="text"/>
* City	<input style="width: 100%;" type="text"/>
* State	Select a State ▼
* Zip	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> (e.g. 12345-6789) Need help for ZIP+4?
<input type="checkbox"/> Mailing Address is the same as the Physical Address Note: This information must match your SAM.gov profile.	
* Mailing Address 1	<input style="width: 100%;" type="text"/>
Mailing Address 2	<input style="width: 100%;" type="text"/>
* City	<input style="width: 100%;" type="text"/>
* State	Select a State ▼
* Zip	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> (e.g. 12345-6789) Need help for ZIP+4?
Bank Account Information	
* The bank account being used is: (Please select one from right)	<input type="radio"/> Maintained by my Organization separately from my Jurisdiction Note: If this is selected, a 4 digit DUNS plus 4 is required if you answered "YES" to using the DUNS number of your Jurisdiction. <input type="radio"/> Maintained by my Jurisdiction
Note: The following banking information must match your SAM.gov profile.	
* Type of bank account	<input checked="" type="radio"/> Checking <input type="radio"/> Savings
* Bank routing number - 9 digit number on the bottom left hand corner of your check	<input style="width: 100%;" type="text"/> (numbers only, no dashes)
* Re-enter Bank routing number	<input style="width: 100%;" type="text"/>
* Your account number	<input style="width: 100%;" type="text"/> (numbers only, no dashes)
* Re-enter Your account number	<input style="width: 100%;" type="text"/>



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Note: This information must match your [SAM.gov](#) profile.

* Mailing Address 1	<input style="width: 95%;" type="text"/>
Mailing Address 2	<input style="width: 95%;" type="text"/>
* City	<input style="width: 95%;" type="text"/>
* State	Select a State ▼
* Zip	<input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> (e.g. 12345-6789) Need help for ZIP+4?
Bank Account Information	
* The bank account being used is: (Please select one from right)	<input type="radio"/> Maintained by my Organization separately from my Jurisdiction Note: If this is selected, a 4 digit DUNS plus 4 is required if you answered "YES" to using the DUNS number of your Jurisdiction. <input type="radio"/> Maintained by my Jurisdiction
Note: The following banking information must match your SAM.gov profile.	
* Type of bank account	<input checked="" type="radio"/> Checking <input type="radio"/> Savings
* Bank routing number - 9 digit number on the bottom left hand corner of your check	<input style="width: 95%;" type="text"/> (numbers only, no dashes) Help
* Re-enter Bank routing number	<input style="width: 95%;" type="text"/>
* Your account number	<input style="width: 95%;" type="text"/> (numbers only, no dashes)
* Re-enter Your account number	<input style="width: 95%;" type="text"/>
Additional Information	
* For this fiscal year (Federal) is your jurisdiction receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?	<input type="radio"/> Yes <input type="radio"/> No
* 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. <i>Under the Recruitment and Retention of Volunteer Firefighters Activity</i> , reasonable costs incurred for an A-133 audit is an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once in the "Request Details" section of the application.	<input type="radio"/> Yes <input type="radio"/> No
* Is the applicant delinquent on any federal debt?	<input type="radio"/> Yes <input type="radio"/> No Help
If you answered "Yes" to any of the additional questions above, please provide an explanation in the space provided below (4000 characters) :	
<div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div>	
4000 characters left	



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Applicant Characteristics (Part I)

Application **30%** complete

Please provide the following information regarding your Fire Department.

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

* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property?	<input type="radio"/> Yes <input type="radio"/> No
* Please indicate the type of community your organization serves.	<input type="radio"/> Rural <input type="radio"/> Suburban <input type="radio"/> Urban Help
* Please describe your organization and/or the community that you serve (2000 characters).	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p style="font-size: small; margin-top: 0;">2000 characters left</p>
* What is the square mileage of your first-due response area? Primary/First Due Response Area is a geographical area proximate to a fire or rescue facility and normally served by the personnel and apparatus from that facility in the event of a fire or other emergency and does not include daily or seasonal population surges.	<input type="text"/> (Numbers only)
* What percentage of your primary response area is protected by hydrants?	<input type="text"/> % (Numbers only)
* Does your organization protect critical infrastructure?	<input type="radio"/> Yes <input type="radio"/> No Help
If Yes, please describe the critical infrastructure protected (3000 characters).	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p style="font-size: small; margin-top: 0;">3000 characters left</p>
(Percentages in three answers below must sum up to 100%)	
* How much of your primary response area is for agriculture, wildland, open space, or undeveloped properties?	<input type="text"/> % (Numbers only)
* What percentage of your primary response area is for commercial and industrial purposes?	<input type="text"/> % (Numbers only)
* What percentage of your primary response area is used for residential purposes?	<input type="text"/> % (Numbers only)
* How many occupied structures (commercial, industrial, residential, or institutional) in your primary response area are more than three (3) stories tall? Do not include structures which are not regularly occupied such as silos, towers, steeples, etc.	<input type="text"/> (Whole Numbers only) Help
* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served?	<input type="text"/> (Whole Numbers only) Help
* Do you have a seasonal increase in population?	<input type="radio"/> Yes <input type="radio"/> No



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* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served?	<input type="text"/> (Whole Numbers only) Help												
* Do you have a seasonal increase in population?	<input type="radio"/> Yes <input type="radio"/> No												
If Yes what is your seasonal increase in population?	<input type="text"/> (Whole Numbers only)												
* How many stations are operated by your organization?	<input type="text"/> (Whole Numbers only)												
* Please indicate if your department has a formal automatic/mutual aid agreement with another community or fire department and the type of agreement that exists.	<input type="radio"/> Automatic aid <input type="radio"/> Mutual aid <input type="radio"/> Both automatic and mutual aid <input type="radio"/> No aid Help												
* What services does your organization provide?													
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Advanced Life Support</td> <td style="width: 33%;"><input type="checkbox"/> Emergency Medical Responder</td> <td style="width: 33%;"><input type="checkbox"/> Rescue Operational Level</td> </tr> <tr> <td><input type="checkbox"/> Airport Rescue Firefighting (ARFF)</td> <td><input type="checkbox"/> Haz-Mat Operational Level</td> <td><input type="checkbox"/> Rescue Technical Level</td> </tr> <tr> <td><input type="checkbox"/> Basic Life Support</td> <td><input type="checkbox"/> Haz-Mat Technical Level</td> <td><input type="checkbox"/> Structural Fire Suppression</td> </tr> <tr> <td><input type="checkbox"/> Community Paramedic</td> <td><input type="checkbox"/> Maritime Operations/Firefighting</td> <td><input type="checkbox"/> Wildland Fire Suppression</td> </tr> </table>		<input type="checkbox"/> Advanced Life Support	<input type="checkbox"/> Emergency Medical Responder	<input type="checkbox"/> Rescue Operational Level	<input type="checkbox"/> Airport Rescue Firefighting (ARFF)	<input type="checkbox"/> Haz-Mat Operational Level	<input type="checkbox"/> Rescue Technical Level	<input type="checkbox"/> Basic Life Support	<input type="checkbox"/> Haz-Mat Technical Level	<input type="checkbox"/> Structural Fire Suppression	<input type="checkbox"/> Community Paramedic	<input type="checkbox"/> Maritime Operations/Firefighting	<input type="checkbox"/> Wildland Fire Suppression
<input type="checkbox"/> Advanced Life Support	<input type="checkbox"/> Emergency Medical Responder	<input type="checkbox"/> Rescue Operational Level											
<input type="checkbox"/> Airport Rescue Firefighting (ARFF)	<input type="checkbox"/> Haz-Mat Operational Level	<input type="checkbox"/> Rescue Technical Level											
<input type="checkbox"/> Basic Life Support	<input type="checkbox"/> Haz-Mat Technical Level	<input type="checkbox"/> Structural Fire Suppression											
<input type="checkbox"/> Community Paramedic	<input type="checkbox"/> Maritime Operations/Firefighting	<input type="checkbox"/> Wildland Fire Suppression											

Active Firefighting Staff , use these definitions to answer the questions about "firefighter" positions.	
Active Firefighter Position	An individual having the legal authority and responsibility to engage in fire suppression; being employed by a fire department of a municipality, county, or fire district; being engaged in the prevention, control, and extinguishing of fires; and/or responding to emergency situations in which life, property, or the environment is at risk. This individual must be trained in fire suppression, but may also be trained in emergency medical care, hazardous materials awareness, rescue techniques, and any other related duties provided by the fire department.
Full-time Paid Firefighter Position	Full-time positions are those that are funded for at least 2,080 hours per year (i.e., 40 hours per week, 52 weeks per year.) The program office will also consider funding the sharing of a full-time position with sufficient justification. A job-share position is a full-time position that is occupied by more than one person.
Part-time Paid Firefighter Position	Part-time paid firefighters receive pay for being on duty at the fire station, whether or not they respond to any alarms. They may or may not receive benefits.
Volunteer Firefighter Position	Volunteer firefighters receive no financial compensation for their services other than life/health insurance, workers compensation insurance, and/or stipend per call.

SAFER intends to improve local fire departments' staffing and deployment capabilities so they may more effectively respond to emergencies. With the enhanced staffing, a SAFER grantee's response time will be reduced sufficiently and an appropriate number of trained personnel will be assembled at the incident scene. The following questions are designed to help us understand the staffing changes that have occurred in your department over the past several years and how the grant will assist in improving your staffing levels.

Use the following definitions when completing the table below.

Total # of Operational Career Personnel — this number represents the total number of **authorized and funded active, full-time uniformed/operational career personnel** employed by your department on the dates indicated. (Note: only operational personnel — including operational officers - should be included)

Operational Officers — of the operational career personnel indicated in the "Total # of Operational Career Personnel" question, how many of those serve in **operational officer-level (both command and company) positions?**

NFPA Compliance — of the "Total # of Operational Career Personnel" indicated, how many are assigned to **field or response apparatus positions that directly support the department's compliance** with NFPA 1710 (Section 5.2.4.1 — Single-Family Dwelling Initial Full Alarm Assignment Capability) or NFPA 1720 (Section 4.3 — Staffing and Deployment)? (Note: Officers should **only** be included in this number if they **directly support the department's compliance** with NFPA 1710 or NFPA 1720 compliance)

Note: The number of **career personnel** in any of these fields should include positions which are job-shared. Job-shared positions will be counted as one (1) regardless of how many personnel fill those positions.

For more information regarding these standards please see the Notice of Funding Opportunity or go to www.nfpa.org



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Operational Officers — of the operational career personnel indicated in the "Total # of Operational Career Personnel" question, how many of those serve in **operational officer-level (both command and company) positions**?

NFPA Compliance — of the "Total # of Operational Career Personnel" indicated, how many are assigned to **field or response apparatus positions that directly support the department's compliance** with NFPA 1710 (Section 5.2.4.1 — Single-Family Dwelling Initial Full Alarm Assignment Capability) or NFPA 1720 (Section 4.3 — Staffing and Deployment)? (**Note:** Officers should **only** be included in this number if they **directly support the department's compliance** with NFPA 1710 or NFPA 1720 compliance)

Note: The number of **career personnel** in any of these fields should include positions which are job-shared. Job-shared positions will be counted as one (1) regardless of how many personnel fill those positions.

For more information regarding these standards please see the Notice of Funding Opportunity or go to www.nfpa.org

	Total # of Operational Career Personnel	# Operational Officers	# NFPA Support
* Staffing levels at the start of the application period	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Staffing levels at one year prior to the start of the application period	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Staffing levels at two years prior to the start of the application period	<input type="text"/>	<input type="text"/>	<input type="text"/>
* If awarded this grant, what will the staffing levels be in your department? (Whole Numbers only)	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Please provide details on the department's existing staffing model (i.e., number of shifts, number of positions per shift, contracted work hours, etc.) (3000 characters)

3000 characters left

* Does your department utilize part-time paid firefighters? Yes No

If Yes, please provide details on how the part-time firefighters are used within your department to include the number of part-time firefighters, the number of full-time, NFPA compliant positions these part-time firefighters occupy, if applicable, and how they are scheduled to meet your staffing needs (3000 characters) .

3000 characters left

* Does your department utilize reserve/relief paid firefighters? Yes No

If yes, please provide details on how the reserve/relief firefighters are used within your department to include the number of reserve/relief firefighters, the number of full-time, NFPA compliant positions these part-time firefighters occupy, if applicable, and how they are scheduled to meet your staffing needs (3000 characters) .

3000 characters left

* Do you currently report to the National Fire Incident Reporting System (NFIRS)? Yes No [Help](#)
 Note: You will be required to report to NFIRS for the entire period of the grant.



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Applicant Characteristics (Part II)

Application **40%** complete

Please provide the following additional information regarding your Fire Department.

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

	2016 (Whole numbers only)	2015 (Whole numbers only)	2014 (Whole numbers only)
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
* What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
* What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
* What is your department's operating budget (i.e., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) for the current (at time of application) fiscal year?			
		Fiscal Year: <input type="text"/> Budget: <input type="text"/> (Whole numbers only)	
* What was your department's operating budget (i.e., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) for the 2001, 2002, and 2003 fiscal years?			
If you are unable to provide the information, please enter 0 into each budget field and explain, in the Financial Need section of the narrative, why you are unable to provide this information.		Fiscal Year 2003 Budget: <input type="text"/> (Whole numbers only)	
		Fiscal Year 2002 Budget: <input type="text"/> (Whole numbers only)	
		Fiscal Year 2001 Budget: <input type="text"/> (Whole numbers only)	
Help			
* What percentage of your operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?	<input type="text"/> % (Whole numbers only)		
* Does your department have any rainy day funds, rainy day reserves, or emergency funds?	<input type="radio"/> Yes <input type="radio"/> No		
If yes, what is the total amount currently set aside?	<input type="text"/> (Whole numbers only)		
If yes, what are the funds ear-marked for (1000 characters) ?	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> 1000 characters left		
* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%			
Taxes?	<input type="text"/> %		

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Bond Issues?	<input type="text"/> %
EMS Billing?	<input type="text"/> %
Grants?	<input type="text"/> %
Donations?	<input type="text"/> %
Fund drives?	<input type="text"/> %
Fee for Service?	<input type="text"/> %
Other?	<input type="text"/> %
<p>If you entered a value into the "Other" field (other than 0), please explain (1000 characters) :</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: right; font-size: small;">1000 characters left</p>	

* How many **frontline** vehicles does your organization have in each of the types or classes of vehicle listed below that respond to first alarm assignments in support of NFPA 1710/1720? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession. If you have multiple vehicles of the same type which have a different number of riding positions, please use the "average" number and provide additional information in the text box provided. Enter numbers only and enter 0 if you do not have any of the vehicles below.

Type or Class of Vehicle	Number of Frontline Vehicles	Number of Available Riding Positions per Frontline Vehicle	Number of Filled Riding Positions per Frontline Vehicle per first alarm assignment
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ambulances for transport and/or emergency response	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pickup w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please use this comments section if you wish to provide any additional information with regards to the **Type or Class of Vehicle** section above (2000 characters) .

2000 characters left



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Department Call Volume

Application **50%** complete

Please provide the total number of incidents that your department responded to for each of three year period (Jan - Dec). Include only those alarms which your department was a primary responder and not second due or giving Mutual Aid. **Note:** Each incident must be counted only once regardless of the number of units or agencies that responded to that incident. (e.g. a vehicle fire with entrapment and injuries may be counted as a vehicle fire or a rescue call or an EMS call, but not all three.)

	2016	2015	2014
* Summary of responses per year by category (Enter whole number only. If you have no calls for any of the categories, Enter 0)			
Fire - NFIRS Series 100			
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200			
Rescue & Emergency Medical Service Incident - NFIRS Series 300			
Hazardous Condition (No Fire) - NFIRS Series 400			
Service Call - NFIRS Series 500			
Good Intent Call - NFIRS Series 600			
False Alarm & False Call - NFIRS Series 700			
Severe Weather & Natural Disaster - NFIRS Series 800			
Special Incident Type - NFIRS Series 900			
Total	0	0	0

FIRES

* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)			
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)			
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)			
Total	0	0	0
What is the total acreage of all vegetation fires?			

RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS

* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)			
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)			
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)			
How many EMS-BLS Response Calls			
How many EMS-ALS Response Calls			

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Hazardous Condition (NFIRS Series 400)									
Service Call - NFIRS Series 500									
Good Intent Call - NFIRS Series 600									
False Alarm & False Call - NFIRS Series 700									
Severe Weather & Natural Disaster - NFIRS Series 800									
Special Incident Type - NFIRS Series 900									
Total		0			0			0	

FIRES									
* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)									
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)									
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)									
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)									
Total		0			0			0	
What is the total acreage of all vegetation fires?									

RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS									
* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)									
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)									
Of the NFIRS Series 300 calls, how many are "Extractions from Vehicles" (NFIRS Code 352)									
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)									
How many EMS-BLS Response Calls									
How many EMS-ALS Response Calls									
How many EMS-BLS Scheduled Transports									
How many EMS-ALS Scheduled Transports									
How many Community Paramedic Response Calls									
Total		0			0			0	

MUTUAL AND AUTOMATIC AID									
* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)									
How many times did your organization receive Mutual Aid?									
How many times did your organization receive Automatic Aid?									
How many times did your organization provide Mutual Aid?									
How many times did your organization provide Automatic Aid?									
Of the Mutual and Automatic Aid responses, how many were structure fires?									

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