#### DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

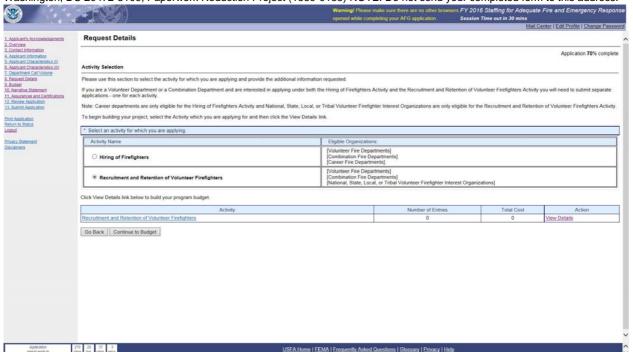
# Staffing for Adequate Fire and Emergency Response Recruitment and Retention of Volunteer Firefighters Application (Questions and Narrative)

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 080-0-4b "Staffing for Adequate Fire and Emergency Response Recruitment and Retention of Volunteer 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.



1. Applicant's Acknowledgements

2. Overview

3. Contact Information

4. Applicant Information

5. Applicant Characteristics (I)

6. Applicant Characteristics (II)

7. Department Call Volume

8. Request Details

9. Budget

10. Narrative Statement

11. Assurances and Certifications

12. Review Application

13. Submit Application

Print Application Return to Status Logout

Privacy Statement Disclaimers

#### **Request Details**

Please answer the questions below and then click Add Recruitment and Retention Activity to begin.

You must answer all of the project specific questions and specify at least one budget item. Once you have added your project, the list of the budgeted line items and the costs for each line item will be listed in the table below. You can come back and modify this area at any point before you submit your application to FEMA.

You may update or delete the information by clicking the appropriate link under the Action column.

When you have finished, press the Return to Summary button below.

* In cases of demonstrated economic hardship, and upon the request of the grant recipient, the FEMA Administrator may waive or reduce a SAFER Recruitment and Retention (R&R) minimum budget requirement. Is it your department's intent to apply for an economic hardship waiver, if awarded?	○Yes ● No
* Is there a grant-writing fee associated with the preparation of this request? (if yes, you must add the cost as a budget item below in order to be reimbursed with grant funds)	○Yes ○No

Activity Action No line items are currently specified for this activity.

Return to Summary

1. Applicant's Acknowledgements

2. Overview

3. Contact Information

4. Applicant Information

5. Applicant Characteristics (I)

6. Applicant Characteristics (II)

7. Department Call Volume

8. Request Details

9. Budget

10. Narrative Statement

11. Assurances and Certifications

12. Review Application

13. Submit Application

Print Application Return to Status Logout

Privacy Statement Disclaimers

## Recruitment and Retention of Volunteer Firefighters Activity

Please provide the following additional information that pertains to your fire department.

As a reminder, the purpose of these grants is to assist fire departments with the recruitment and retention of volunteer firefighters who are involved with, or trained in, the operations of firefighting and emergency response. The grants are intended to create a net increase in the number of trained, certified, and competent firefighters capable of safely responding to emergencies within the grantee's geographic response area.

Career fire departments are not eligible for this activity.

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

Recruitment and Retention of Volunteer Firefighters			
1. What is the <b>ideal number of active volunteer firefighters</b> needed by your department to adequately comply 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)? ( <b>Note</b> : Include only <b>operational</b> volunteer firefighters; administrative or EMS only members should not be included)	(Whole Numbers only)		
2. What is the <b>total number of current active volunteer firefighters</b> in your department? ( <b>Note</b> : Include only <b>operational</b> volunteer irefighters; administrative or EMS only members should not be included)	(Whole Numbers only)		
3. How many active volunteer operational firefighters joined your department over the last three years?	(Whole Numbers only)		
4. How many active volunteer operational firefighters left your department over the last three years?	(Whole Numbers only)		
5. Will your department periodically evaluate your proposed program's impact?	○Yes ○No		
a. If Yes, please provide an explanation of how the evaluation will be conducted (800 characters) .	800 characters left		
6. Do you currently have a Recruitment and Retention Coordinator or Program Manager position?	○ Yes ○ No, but will appoint one outside of the grant ○ Included in this request ○ No		
7. Do you currently have a marketing plan as part of your recruitment and/or retention program?	○ Yes ○ No, but will be developing one as part of this grant ○ No		
8. Does your department currently offer worker's compensation/accidental death and dismemberment (AD&D) insurance for active volunteer refighters?	○ Yes ○ Included in this request ○ No		
9. Will your grant have a regional and/or local impact beyond your fire department?	Yes, the activities requested will be shared directly with other departments Yes, other departments will benefit indirectly from the recruitment or retention activities No, other departments will not benefit		



Applicant's Acknowledgements  Overview  Contact Information  Applicant Information  Applicant Characteristics (I)	* 7. Do you currently have a marketing plan as part of your recruitment and/or retention program?	<ul><li>○ Yes</li><li>○ No, but will be developing one as part of this grant</li><li>○ No</li></ul>	
5. Applicant Characteristics (II) 7. Department Call Volume 8. Request Details 9. Budget 10. Narrative Statement 11. Assurances and Certifications 12. Review Application 13. Submit Application Print Application Return to Status	* 8. Does your department currently offer worker's compensation/accidental death and dismemberment (AD&D) insurance for active volunteer firefighters?	○ Yes ○ Included in this request ○ No	Hel
	* 9. Will your grant have a regional and/or local impact beyond your fire department?	<ul> <li>○ Yes, the activities requested will be shared directly with other departments</li> <li>○ Yes, other departments will benefit indirectly from the recruitment or retention activities</li> <li>○ No, other departments will not benefit</li> <li>○ N/A (Requesting assistance to retain current members only)</li> </ul>	Не
vacy Statement sclaimers	9a. If Yes, please list the departments and describe how they will benefit from this application. ( <b>Note</b> : If awarded, you may be required to provide documentation of the fire department's consent to participate in the application).  If additional space is needed for your response, please include it in the Project Description section of the application Narrative (1000 characters).	1000 characters left	
	9b. If Yes, do you certify that you will ensure that the fire departments benefiting from this application have not received grants for similar items/activities?	○Yes ○No	
	* 10. If awarded a grant, will you provide the new recruits with <b>entry-level</b> physicals in accordance with NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments 2003 Edition, Chapter 6?	○ Yes, NFPA 1582 compliant ○ No, but will provide other physicals not to NFPA 1582 specifications ○ No	Help
	* 11. 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?	○ Yes, NFPA 1582 compliant ○ No, but will provide other physicals not to NFPA 1582 specifications ○ No	Help
	* 12. What is the minimum level of training and certification standard required by your locality/state?	O None O First responder O FF I O FF I/EMT O FF III O FF II/EMT	
	* 13. Will the personnel recruited meet the minimum local or State fire and EMS training and certification requirements for firefighters within 24 months of appointment?	○ Yes ○ No ○ N/A - (Requesting assistance to retain current members only)	



1. Applicant's Acknowledgements

2. Overview

3. Contact Information

4. Applicant Information

5. Applicant Characteristics (I)

6. Applicant Characteristics (II)

7. Department Call Volume

8. Request Details

9. Budget

10. Narrative Statement

11. Assurances and Certifications

12. Review Application

13. Submit Application

Print Application Return to Status Logout

Privacy Statement Disclaimers

#### Add Budget Item

Please provide the following information. You may request additional line items by clicking on the "Add Budget Item" link.

NOTE: The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates) before you submit your estimated costs. If you do not have these estimates, you can come back and modify this area at any point before you submit your application to FEMA. Only whole dollar amounts should be provided (no cents please).

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

* Category	~
If you selected Other, above, please specify:	
* Sub-Category	
If you selected Other, above, please specify:	
* Select Object Class:	Select Object Class ✓
If you selected Other, above, please specify:	
*Cost  At least one box must have a value greater than zero.	\$ First 12-Month Period of Your Grant \$ Second 12-Month Period of Your Grant Third 12-Month Period of Your Grant \$ Fourth 12-Month Period of Your Grant
* Description  Use the space to the right to provide specific details on the items/activities requested under this budget line item and how costs were determined. Provide a simple, yet descriptive explanation of the costs. Some examples are provided below:  • If requesting turnout gear/personal protective equipment, you should identify the number of new recruits that will receive gear under this award, a list of each item being requested (and associated cost per item), and the total cost of one full set of gear for each new recruit;  • If requesting salary costs for a recruitment coordinator, you should identify whether the position is part-time or full-time, the number of hours that will be worked per week, and the tasks that the individual will perform as part of the award;  • If requesting funds for member awards or incentives, you should include the type of award or incentive, the amount requested for each, and how the members will qualify to receive the incentive;  • If requesting station duty uniforms for new members, you should identify the number of new recruits that will receive uniforms under this award, a list of each item being requested, and the cost of each item.	2000 characters left

Go back

Save and Continue



1. Applicant's Acknowledgements

2. Overview

3. Contact Information

4. Applicant Information

5. Applicant Characteristics (I)

6. Applicant Characteristics (II)

7. Department Call Volume

8. Request Details

9. Budget

10. Narrative Statement

11. Assurances and Certifications

12. Review Application

13. Submit Application

Print Application Return to Status Logout

Privacy Statement **Disclaimers** 

### Budget

Application 70% complete

#### Recruitment and Retention of Volunteer Firefighters:

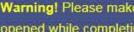
There is no local match requirement for this activity and there are no maximum Federal share limits. Therefore, any items requested under Recruitment and Retention will be 100% Federally funded.

Please review the budget information below. If you need to change any of the budget amounts on the matrix, you will need to change the budget information on the previous Request Details screen.

Using the information you entered	for your item's please enter and review the budg	et information below. Include totals in t	he right hand column and bottom row.		
	First 12-Month Period	Second 12-Month Period	Third 12-Month Period	Fourth 12-Month Period	Total
Personnel	0	0	0	0	0
Fringe Benefits	10,000	10,000	10,000	10,000	40,000
Travel	0	0	0	0	0
<u>Equipment</u>	0	0	0	0	0
Supplies	0	0	0	0	0
Contractual	0	0	0	0	0
<u>Other</u>	0	0	0	0	0
Indirect Charges	0	0	0	0	0
Federal Share	10,000	10,000	10,000	10,000	40,000
Applicant Share	0	0	0	0	0
Total:	10,000	10,000	10,000	10,000	40,000

Go Back

Save and Continue



- 1. Applicant's Acknowledgements
- 2. Overview
- Contact Information
- 4. Applicant Information
- Applicant Characteristics (I)
- Applicant Characteristics (II)
- 7. Department Call Volume
- 8. Request Details
- 9. Budget
- 10. Narrative Statement
- 11. Assurances and Certifications
- 12. Review Application
- 13. Submit Application

Print Application Return to Status Logout

Privacy Statement Disclaimers

## Narrative Statement for Volunteer Recruitment and Retention Activity

Application 80% 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.

* 1a. What problems and/or issues is the department experiencing in recruiting new volunteer firefighters (i.e., why are you unretaining current members (i.e., why are the current volunteer firefighters leaving)? (3000 characters)	able to recruit members)? What are the problems and/or issues the department is experiencing in

3000 characters left

\* Element #1 - Project Description (30%):

\* 1b. What is the department's implementation plan to directly address the problems and/or issues discussed above? What are the methods and specific steps that will be used to achieve this plan? (3000 characters)

3000 characters left

1c. How will the recruitment of new volunteer firefighters and/or retention of current volunteer firefighters impact the department's operational needs or capabilities 2 (1500 chara-



Mail Center | Edit Profile | Change Password 1. Applicant's Acknowledgements \* 1c. How will the recruitment of new volunteer firefighters and/or retention of current volunteer firefighters impact the department's operational needs or capabilities? (1500 characters) 2. Overview 3. Contact Information 4. Applicant Information 5. Applicant Characteristics (I) 6. Applicant Characteristics (II) 7. Department Call Volume 8. Request Details 9. Budget 10. Narrative Statement 11. Assurances and Certifications 12. Review Application 13. Submit Application 1500 characters left Print Application Return to Status \* 1d. What are the specific benefits the new volunteer firefighters and/or retention of current volunteer firefighters will provide for the fire department(s) and community? (1000 characters) Logout Privacy Statement Disclaimers 1000 characters left \* 1e. If your grant will have a regional impact, which activities are part of the regional request and which activities are exclusive to the host applicant, if applicable. (2000 characters) 2000 characters left \*Element #2 - Impact on Daily Operations (30%): \* 2a. How are the community and the current volunteer firefighters in the department at risk without the items/activities requested in this application? How will that risk be reduced if awarded? (2000 characters)

Application period ends in

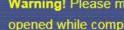


Mail Center | Edit Profile | Change Password 1. Applicant's Acknowledgements \*Element #2 - Impact on Daily Operations (30%): 2. Overview Contact Information 4. Applicant Information \* 2a. How are the community and the current volunteer firefighters in the department at risk without the items/activities requested in this application? How will that risk be reduced if awarded? (2000 characters) 5. Applicant Characteristics (I) 6. Applicant Characteristics (II) 7. Department Call Volume 8. Request Details 10. Narrative Statement 11. Assurances and Certifications 12. Review Application 13. Submit Application Print Application Return to Status 2000 characters left Privacy Statement \* 2b. How often does your department currently comply with the applicable NFPA 1710 or NFPA 1720 standards? What impact will the recruitment of new volunteer firefighters and/or the retention of current volunteer Disclaimers firefighters 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 the Applicant Characteristics section of the 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) 2000 characters left

Application period ends in

9. Budget

Logout



1. Applicant's Acknowledgements 2. Overview \* 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 3. Contact Information programs, other grant programs, etc.)? How have similar projects been funded in the past? (2000 characters) 4. Applicant Information 5. Applicant Characteristics (I) 6. Applicant Characteristics (II) 7. Department Call Volume 8. Request Details 9. Budget 10. Narrative Statement 11. Assurances and Certifications 12. Review Application 13. Submit Application Print Application 2000 characters left Return to Status Logout \* 3c. How are the critical functions of your department affected without this funding? (1000 characters) Privacy Statement Disclaimers 1000 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 items/activities 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)

Application



\* 3c. How are the critical functions of your department affected without this funding? (1000 characters) 1000 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 items/activities 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

Application

1. Applicant's Acknowledgements

2. Overview

3. Contact Information 4. Applicant Information 5. Applicant Characteristics (I) 6. Applicant Characteristics (II) 7. Department Call Volume 8. Request Details 9. Budget

10. Narrative Statement

12. Review Application 13. Submit Application

Print Application Return to Status

Privacy Statement **Disclaimers** 

Logout

11. Assurances and Certifications