

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
**ACTIVITY SPECIFIC QUESTIONS FOR AFG VEHICLE
APPLICANTS**

OMB No.: 1660-0054
Expiration Date: February 29 2016

PAPERWORK BURDEN DISCLOSURE NOTICE

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FY 2015 Assistance to Firefighters Grant Program
Session Time out in 29 mins

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Fire Vehicle Acquisition Request Details

Application 36% complete

The activities for program [Fire Vehicle Acquisition](#) are listed in the table below. If you intend to request funds for a vehicle, you must answer all of the activity specific questions and specify at least one budget item. 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). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). You may request multiple vehicles; however, each vehicle entry will require activity specific questions and narrative questions. In addition, the Vehicle Inventory section is required. Please Click on Update Vehicle Inventory link below to provide information about your fleet.

Click the Add Fire Department/Fire District Vehicle button below to build your program budget.

Once you have entered a vehicle line-item, the link to the vehicle's narrative will appear. Click on the Narratives link for further instructions. Once you have completed this section, press the Save and Continue button below.

Item	Total Cost	Additional Funding	Action
No line items are currently specified for this activity.			
<input type="button" value="Add Fire Department/Fire District Vehicle"/>			
Vehicle Inventory			Update Vehicle Inventory
Grant-writing fee associated with the preparation of this request.			\$0

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Application period ends in

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Add Firefighter Vehicle Program

Please provide the following information about the vehicle you want funded.

Note: Fields marked with an * are required.

Vehicle Details	
*1. What type or class of vehicle will you use the grant funds to purchase?	Select Vehicle Type Help
* Please provide a detailed description of the item selected above.	<input type="text"/> 100 characters left
*2. Cost: (whole dollar amounts only)	\$ <input type="text"/>
*3. Is the vehicle you propose to buy:	Select ▼
4. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced?	<input type="text"/>
*5. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Do you intend to use a group purchasing plan for this purchase?	<input type="radio"/> Yes <input type="radio"/> No
If "No", explain:	<input type="text"/> 100 characters left
*6. If awarded a grant, are the specifications available for immediate release?	<input type="radio"/> Yes <input type="radio"/> No
*7. What is the average age of the vehicles of this type or class in your fleet? (whole number only)	<input type="text"/>
8. What is the age of the vehicle being replaced? (whole number only)	<input type="text"/>
*9. Do you have a driver-training program equivalent to national or NFPA standards?	<input type="radio"/> Yes <input type="radio"/> No Help
If No, will you develop one prior to receipt of the vehicle per the Notice of Funding Opportunity Announcement (NOFO)?	<input type="radio"/> Yes <input type="radio"/> No
*10. Are you requesting funding for training specific to the vehicle acquisition? (Funding for requested training should be requested in the Firefighting Vehicle Additional Funding Section).	<input type="radio"/> Yes <input type="radio"/> No
If you are not requesting funding for training, will you obtain the appropriate training through other sources?	<input type="radio"/> Yes <input type="radio"/> No

Application period ends in
 9 days 3 hrs 55 mins 53 secs



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*3. Is the vehicle you propose to buy:	Select ▼
4. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced?	<input type="text"/>
*5. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Do you intend to use a group purchasing plan for this purchase?	<input type="radio"/> Yes <input type="radio"/> No
If "No", explain:	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> 100 characters left
*6. If awarded a grant, are the specifications available for immediate release?	<input type="radio"/> Yes <input type="radio"/> No
*7. What is the average age of the vehicles of this type or class in your fleet? (whole number only)	<input type="text"/>
8. What is the age of the vehicle being replaced? (whole number only)	<input type="text"/>
*9. Do you have a driver-training program equivalent to national or NFPA standards?	<input type="radio"/> Yes <input type="radio"/> No Help
If No, will you develop one prior to receipt of the vehicle per the Notice of Funding Opportunity Announcement (NOFO)?	<input type="radio"/> Yes <input type="radio"/> No
*10. Are you requesting funding for training specific to the vehicle acquisition? (Funding for requested training should be requested in the Firefighting Vehicle Additional Funding Section).	<input type="radio"/> Yes <input type="radio"/> No
If you are not requesting funding for training, will you obtain the appropriate training through other sources?	<input type="radio"/> Yes <input type="radio"/> No
*11. If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A Help
Please enter the type and year of manufacture for vehicle being replaced.	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> 100 characters left
Please enter the VIN (Vehicle Identification Number) for the vehicle you are requesting to replace:	<input type="text"/>
*12. How long have you owned the vehicle you are replacing? (whole number only)	<input type="text"/> Years <input checked="" type="checkbox"/> N/A
*13. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations?	<input type="radio"/> Yes <input type="radio"/> No
*14. Will this vehicle be used on Automatic and/or Mutual Aid?	Select ▼ Help
*15. How many vehicles of this type or class are currently in your fleet? (whole number only)	<input type="text"/>
*16. How many vehicles of this type or class in your fleet were manufactured prior to 2002? (whole number only)	<input type="text"/>
17. Is this a converted vehicle?	<input type="radio"/> Yes <input type="radio"/> No
18. Is your department facing a new risk?	<input type="radio"/> Yes <input type="radio"/> No
19. What is the number of calls the vehicle being replaced supported last calendar year? (whole number only)	<input type="text"/>

Application period ends in 9 days 3 hrs. 52 mins. 2 secs.



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Firefighting Vehicle - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**.

[Budget Object Class Definitions](#)

Additional Funding		
a. Personnel (whole number only)	Help	\$ <input type="text"/>
b. Fringe Benefits (whole number only)	Help	\$ <input type="text"/>
c. Travel (whole number only)	Help	\$ <input type="text"/>
d. Equipment (whole number only)	Help	\$ <input type="text"/>
e. Supplies (whole number only)	Help	\$ <input type="text"/>
f. Contractual (whole number only)	Help	\$ <input type="text"/>
g. Construction (whole number only)	Help	\$ <input type="text"/>
h. Other (whole number only)	Help	\$ <input type="text"/>
i. Indirect Charges (whole number only)	Help	\$ <input type="text"/>
j. State Taxes (whole number only)	Help	\$ <input type="text"/>

Explanation

4000 characters left

Application period ends in
 9 days 3 hrs. 47 mins. 16 secs.



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Firefighting Vehicle - Narrative

The program narratives should provide all the information necessary for you to justify your needs and for the program office to make an award decision. In the program narrative sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire grant application.

Please ensure that your narrative clearly addresses each of the following areas to the best of your ability. Follow the sequence and specifically address each of the following topics:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community?

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 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 project narrative statements 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., quote marks, bullets, etc), or graphs.

Note: Fields marked with an * 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.

*** Section # 1** Project Description: In the space provided below, include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc. ***4000 characters**

4000 characters left

*** Section # 2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. ***4000 characters**

Application period ends in 9 days 3 hrs. 45 mins. 59 secs.



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*** Section # 2 Cost/Benefit:** In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. ***4000 characters**

4000 characters left

*** Section # 3 Statement of Effect:** How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community? ***4000 characters**

4000 characters left

Application period ends in
9 days 3 hrs. 44 mins. 49 secs.



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Firefighting Vehicle Inventory

Please provide the following information.

- Please fill out Vehicle Inventory details

Vehicle Inventory			
* If you have 15 emergency response vehicles or less, list all of your Engines or Pumpers, Tankers, Aerials, Brush/Rescue Vehicles. List all vehicles providing the type, the age, the pump capacity (gpm) if applicable, and the carrying capacity (gallons).			
Vehicle Type (possible terms: Additional Vehicles, Aerial Apparatus, Ambulance, Brush/Quick Attack, Engine (or Pumper), Rescue Vehicles, Tanker)	Age	GPM	Gallons
1	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
2	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
3	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
4	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
5	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
6	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
7	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
8	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
9	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
10	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
11	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
12	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
13	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
14	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
15	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>

Application period ends in 9 days 3 hrs. 42 mins. 38 secs.



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Budget

Application 72% complete

Review and confirm the budget information below. When you are finished, press the *Save and Continue* button below.

Note: Fields marked with an * are required.

Budget Object Class		
a. Personnel	Help	\$ 0
b. Fringe Benefits	Help	\$ 0
c. Travel	Help	\$ 0
d. Equipment	Help	\$ 50,000
e. Supplies	Help	\$ 0
f. Contractual	Help	\$ 7,000
g. Construction	Help	\$ 0
h. Other	Help	\$ 0
i. Indirect Charges	Help	\$ 0
j. State Taxes	Help	\$ 0
Federal and Applicant Share		
Federal Share		\$ 51,819
Applicant Share		\$ 5,181
Applicant Share of Award (%)		10
* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 5,181)		
a. Applicant	(whole dollar amounts only)	\$ 5181
b. State	(whole dollar amounts only)	\$
c. Local	(whole dollar amounts only)	\$
d. Other Sources	(whole dollar amounts only)	\$
If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.		
<div style="border: 1px solid gray; height: 30px;"></div>		
4000 characters left		
Total Budget		\$ 57,000

[Go Back](#) [Save and Continue](#)

Application period ends in 9 days 3 hrs. 40 mins. 4 secs.



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EMS Vehicle Acquisition Request Details

Application **63%** complete

The activities for program **EMS Vehicle Acquisition** are listed in the table below. If you intend to request funds for a vehicle, you must answer all of the activity specific questions and specify at least one budget item. 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). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). You may request multiple vehicles; however, each vehicle entry will require activity specific questions and narrative questions. In addition, the Vehicle Inventory section is required. Please Click on Update Vehicle Inventory link below to provide information about your fleet.

Click the Add Nonaffiliated EMS Vehicle button below to build your program budget.

Once you have entered a vehicle line-item, the link to the vehicle's narrative will appear. Click on the Narratives link for further instructions. Once you have completed this section, press the Save and Continue button below.

Item	Total Cost	Additional Funding	Action
No line items are currently specified for this activity.			

[Add Nonaffiliated EMS Vehicle](#)

Vehicle Inventory	Update Vehicle Inventory
-------------------	--

Grant-writing fee associated with the preparation of this request.	\$0
--	-----

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Application period ends in

8 days 5 hrs. 15 mins. 39 secs.



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Add Nonaffiliated EMS Vehicle Program

Please provide the following information about the vehicle you are requesting. **If your organization is applying for equipment and a vehicle, you must fill out a separate application for the equipment. If you are requesting training for the vehicle it should be requested under "additional funds" (this section).**

Note: Fields marked with an * are required.

Vehicle Details	
*1. What type or class of vehicle will you use the grant funds to purchase?	Select Vehicle Type <input type="text"/>
* Please provide a detailed description of the item selected above.	<input type="text"/> 100 characters left
*2. Cost: (whole dollar amounts only)	\$ <input type="text"/>
*3. Is the vehicle you propose to buy:	Select <input type="text"/>
4. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced?	<input type="text"/>
*5. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Do you intend to use a group purchasing plan for this purchase?	<input type="radio"/> Yes <input type="radio"/> No
If "No", explain:	<input type="text"/> 100 characters left
*6. If awarded a grant, are the specifications available for immediate release?	<input type="radio"/> Yes <input type="radio"/> No
*7. What is the average age of the vehicles of this type or class in your fleet? (whole number only)	<input type="text"/>
8. What is the age of the vehicle being replaced? (whole number only)	<input type="text"/>
*9. Do you have a driver-training program equivalent to national or NFPA standards?	<input type="radio"/> Yes <input type="radio"/> No Help
If No, will you develop one prior to receipt of the vehicle per the Notice of Funding Opportunity Announcement (NOFO)?	<input type="radio"/> Yes <input type="radio"/> No
*10. Are you requesting funding for training specific to the vehicle acquisition? (Funding for requested training should be requested in the EMS Vehicle Additional Funding Section).	<input type="radio"/> Yes <input type="radio"/> No
If you are not requesting funding for training, will you obtain the appropriate training through other sources?	<input type="radio"/> Yes <input type="radio"/> No
*11. If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A Help
Please enter the type and year of manufacture for vehicle being replaced.	<input type="text"/> 100 characters left

Application period ends in

8 days 5 hrs. 20 mins. 56 secs.



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4. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced?	<input type="text"/>
*5. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Do you intend to use a group purchasing plan for this purchase?	<input type="radio"/> Yes <input type="radio"/> No
If "No", explain:	<input type="text"/> 100 characters left
*6. If awarded a grant, are the specifications available for immediate release?	<input type="radio"/> Yes <input type="radio"/> No
*7. What is the average age of the vehicles of this type or class in your fleet? (whole number only)	<input type="text"/>
8. What is the age of the vehicle being replaced? (whole number only)	<input type="text"/>
*9. Do you have a driver-training program equivalent to national or NFPA standards?	<input type="radio"/> Yes <input type="radio"/> No Help
If No, will you develop one prior to receipt of the vehicle per the Notice of Funding Opportunity Announcement (NOFO)?	<input type="radio"/> Yes <input type="radio"/> No
*10. Are you requesting funding for training specific to the vehicle acquisition? (Funding for requested training should be requested in the EMS Vehicle Additional Funding Section).	<input type="radio"/> Yes <input type="radio"/> No
If you are not requesting funding for training, will you obtain the appropriate training through other sources?	<input type="radio"/> Yes <input type="radio"/> No
*11. If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A Help
Please enter the type and year of manufacture for vehicle being replaced.	<input type="text"/> 100 characters left
Please enter the VIN (Vehicle Identification Number) for the vehicle you are requesting to replace:	<input type="text"/>
*12. How long have you owned the vehicle you are replacing? (whole number only)	<input type="text"/> Years <input checked="" type="checkbox"/> N/A
*13. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations?	<input type="radio"/> Yes <input type="radio"/> No
*14. Will this vehicle be used on Automatic and/or Mutual Aid?	Select <input type="text"/> Help
*15. How many vehicles of this type or class are currently in your fleet? (whole number only)	<input type="text"/>
*16. How many vehicles of this type or class in your fleet were manufactured prior to 2002? (whole number only)	<input type="text"/>
17. Is this a converted vehicle?	<input type="radio"/> Yes <input type="radio"/> No
18. Is your department facing a new risk?	<input type="radio"/> Yes <input type="radio"/> No
19. What is the number of calls the vehicle being replaced supported last calendar year? (whole number only)	<input type="text"/>

Application period ends in

8 days 5 hrs 18 mins 11 secs



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EMS Vehicle - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**.

[Budget Object Class Definitions](#)

Additional Funding		
a. Personnel (whole number only)	Help	\$ <input type="text"/>
b. Fringe Benefits (whole number only)	Help	\$ <input type="text"/>
c. Travel (whole number only)	Help	\$ <input type="text"/>
d. Equipment (whole number only)	Help	\$ <input type="text"/>
e. Supplies (whole number only)	Help	\$ <input type="text"/>
f. Contractual (whole number only)	Help	\$ <input type="text"/>
g. Construction (whole number only)	Help	\$ <input type="text"/>
h. Other (whole number only)	Help	\$ <input type="text"/>
i. Indirect Charges (whole number only)	Help	\$ <input type="text"/>
j. State Taxes (whole number only)	Help	\$ <input type="text"/>

Explanation

4000 characters left

Application period ends in

8 days 5 hrs. 9 mins. 29 secs.



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EMS Vehicle - Narrative

The program narratives should provide all the information necessary for you to justify your needs and for the program office to make an award decision. In the program narrative sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire grant application.

Please ensure that your narrative clearly addresses each of the following areas to the best of your ability. Follow the sequence and specifically address each of the following topics:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community?

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 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 project narrative statements 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., quote marks, bullets, etc), or graphs.

Note: Fields marked with an * 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.

*** Section # 1** Project Description: In the space provided below, include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc. ***4000 characters**

4000 characters left

*** Section # 2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. ***4000 characters**

Application period ends in

8 days 5 hrs. 8 mins. 26 secs.



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*** Section # 2 Cost/Benefit:** In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. ***4000 characters**

4000 characters left

*** Section # 3 Statement of Effect:** How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community? ***4000 characters**

4000 characters left

Application period ends in

8 days 5 hrs. 7 mins. 14 secs.



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EMS Vehicle Inventory

Please provide the following information.

- Please fill out Vehicle Inventory details

Vehicle Inventory			
If you have 15 emergency response vehicles or less, list all vehicles providing the type, the age, and if the vehicle is used for patient transportation.			
Vehicle #	Vehicle Type (possible terms: Ambulance, Bariatric Ambulance or Non-Transport-Community Paramedic)	Age	Is the vehicle used for Transport?
1	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
2	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
3	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
4	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
5	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
6	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
7	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
8	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
9	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
10	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
11	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
12	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
13	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
14	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
15	Select	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

Application period ends in

8 days
5 hrs.
13 mins.
6 secs.



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Add Regional Vehicle Program

Please provide the following information about the vehicle you want funded. **If your organization is applying for equipment and a vehicle, you must fill out a separate application for the equipment. If your organization is requesting multiple vehicles, then you must complete separate sheets for the Vehicle Details, Additional Funding, and Narrative of each vehicle you are requesting.**

Note: Fields marked with an * are required.

Vehicle Details	
*1. What type or class of vehicle will you use the grant funds to purchase? (select one)	Select Vehicle Type <input type="text"/>
* Please provide a detailed description of the item selected above.	<input type="text"/> 100 characters left
*2. Cost: (whole dollar amounts only)	\$ <input type="text"/>
*3. Per the Notice of Funding Opportunity Announcement (NOFO), will you have a memorandum of understanding (MOU) in place that cover the staffing and use of the vehicle(s)?	<input type="radio"/> Yes <input type="radio"/> No
*4. Are you the primary responder for this specialty in the region?	<input type="radio"/> Yes <input type="radio"/> No
If No to Question #4 who will be the primary responder?	<input type="text"/>
*5. Does a State Authority need to be aware of your application for this unit?	<input type="radio"/> Yes <input type="radio"/> No
*6. Where is the next closest resource of this type?	<input type="text"/>
*7. How many miles away is the organization? (whole number only)	<input type="text"/>
*8. Is the vehicle you propose to buy:	Select <input type="text"/>
9. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced? (whole number only)	<input type="text"/>
*10. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Do you intend to use a group purchasing plan for this purchase?	<input type="radio"/> Yes <input type="radio"/> No
If "No", explain:	<input type="text"/> 100 characters left
*11. If awarded a grant, are the specifications available for immediate release?	<input type="radio"/> Yes <input type="radio"/> No
12. What is the age of the vehicle being replaced? (whole number only)	<input type="text"/>
*13. What is the average age of the vehicles of this type or class at the proposed station? (whole number only)	<input type="text"/>
*14. Do you have a driver-training program equivalent to national or NFPA standards?	<input type="radio"/> Yes <input type="radio"/> No Help

Application period ends in

7 days 2 hrs. 13 mins. 24 secs.



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9. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced? (whole number only)	<input type="text"/>
*10. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Do you intend to use a group purchasing plan for this purchase?	<input type="radio"/> Yes <input type="radio"/> No
If "No", explain:	<input type="text"/> 100 characters left
*11. If awarded a grant, are the specifications available for immediate release?	<input type="radio"/> Yes <input type="radio"/> No
12. What is the age of the vehicle being replaced? (whole number only)	<input type="text"/>
*13. What is the average age of the vehicles of this type or class at the proposed station? (whole number only)	<input type="text"/>
*14. Do you have a driver-training program equivalent to national or NFPA standards?	<input type="radio"/> Yes <input type="radio"/> No Help
If No, will you develop one prior to receipt of the vehicle per the Notice of Funding Opportunity Announcement (NOFO)?	<input type="radio"/> Yes <input type="radio"/> No
*15. Are you requesting funding for training specific to the vehicle acquisition? (Funding for requested training should be requested in the Regional Vehicle Additional Funding Section).	<input type="radio"/> Yes <input type="radio"/> No
If you are not requesting funding for training, will you obtain the appropriate training through other sources ?	<input type="radio"/> Yes <input type="radio"/> No
*16. If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A Help
Please enter the type and year of manufacture for vehicle being replaced.	<input type="text"/> 100 characters left
Please enter the VIN (Vehicle Identification Number) for the vehicle you are requesting to replace:	<input type="text"/>
*17. How long have you owned the vehicle you are replacing? (whole number only)	<input type="text"/> Years <input checked="" type="checkbox"/> N/A
*18. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations?	<input type="radio"/> Yes <input type="radio"/> No
*19. Will this vehicle be used on automatic and/or mutual aid?	Select <input type="text"/> Help
*20. How many vehicles of the same type/class as the requested vehicle are assigned to the location the requested vehicle will be located? (whole number only)	<input type="text"/>
*21. How many vehicles of this type or class in your fleet were manufactured prior to 2002? (whole number only)	<input type="text"/>
22. Is this a converted vehicle?	<input type="radio"/> Yes <input type="radio"/> No
23. Is your department facing a new risk?	<input type="radio"/> Yes <input type="radio"/> No
24. What is the number of calls the vehicle being replaced supported last calendar year? (whole number only)	<input type="text"/>

Application period ends in

7 days 2 hrs. 8 mins. 33 secs.



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Regional Vehicle - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is **optional**.

[Budget Object Class Definitions](#)

Additional Funding		
a. Personnel (whole number only)	Help	\$ <input type="text"/>
b. Fringe Benefits (whole number only)	Help	\$ <input type="text"/>
c. Travel (whole number only)	Help	\$ <input type="text"/>
d. Equipment (whole number only)	Help	\$ <input type="text"/>
e. Supplies (whole number only)	Help	\$ <input type="text"/>
f. Contractual (whole number only)	Help	\$ <input type="text"/>
g. Construction (whole number only)	Help	\$ <input type="text"/>
h. Other (whole number only)	Help	\$ <input type="text"/>
i. Indirect Charges (whole number only)	Help	\$ <input type="text"/>
j. State Taxes (whole number only)	Help	\$ <input type="text"/>

Explanation

4000 characters left

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[Save and Continue](#)

Application period ends in

7 days 1 hrs. 58 mins. 36 secs.



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Firefighting Vehicle Inventory

Please provide the following information.

- Please fill out Vehicle Inventory details

Vehicle Inventory				
If you have 15 emergency response vehicles or less, list all of your Engines/Pumpers, Tankers, Aerials, Brush and Rescue Vehicles. List all vehicles providing the type, the age, the pump capacity (gpm) if applicable, and the carrying capacity (gallons).				
Vehicle ID	Vehicle Type (possible terms: Additional Vehicles, Aerial Apparatus, Ambulance, Brush/Quick Attack, Engine (or Pumper), Rescue Vehicles, Tanker)	Age	GPM	Gallons
1	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application period ends in **7** days **1** hrs. **54** mins. **52** secs.



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Regional Vehicle - Narrative

The program narratives should provide all the information necessary for you to justify your needs and for the program office to make an award decision. In the program narrative sections, please explain your needs and how the grants funds will be utilized. A panel of your peers will review the narratives below and the financial need narrative in the Applicant Characteristics II section as part of their evaluation of your entire grant application.

Please ensure that your narrative clearly addresses each of the following areas to the best of your ability. Follow the sequence and specifically address each of the following topics:

- **Section #1** Project Description: What are you requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc?
- **Section #2** Cost/Benefit: What benefits will your department or community realize if the project described is funded? Provide justification for the budget items relating to the cost of the requested items.
- **Section #3** Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community?

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 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 project narrative statements 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., quote marks, bullets, etc), or graphs.

Note: Fields marked with an * 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.

* **Section # 1** Project Description: In the space provided below, include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc. ***4000 characters**

4000 characters left

* **Section # 2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. ***4000 characters**

Application period ends in

7 days 1 hrs. 52 mins. 42 secs.



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*** Section # 2 Cost/Benefit:** In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. ***4000 characters**

4000 characters left

*** Section # 3 Statement of Effect:** How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community? ***4000 characters**

Max 4000 characters

4000 characters left

Application period ends in

7	1	48	10
days	hrs.	mins.	secs.



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Add State Fire Training Academy Vehicle Program

Please provide the following information about the vehicle you are requesting. **If your organization is applying for equipment and a vehicle, you must fill out a separate application for the equipment. If you are requesting training for the vehicle it should be requested under "additional funds" (this section).**

Note: Fields marked with an * are required.

Vehicle Details	
*1. What type or class of vehicle will you use the grant funds to purchase? (select one)	Select Vehicle Type <input type="text"/>
* Please provide a detailed description of the item selected above.	<input type="text"/> 100 characters left
*2. Cost: (whole dollar amounts only)	\$ <input type="text"/>
*3. Is the vehicle you propose to buy:	Select <input type="text"/>
4. Was the vehicle you're requesting to replace built prior to the applicable NFPA vehicle standard from 1992?	<input type="radio"/> Yes <input type="radio"/> No
5. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced? (whole number only)	<input type="text"/>
*6. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)	<input type="radio"/> Yes <input type="radio"/> No
*7. If awarded a grant, are the specifications available for immediate release?	<input type="radio"/> Yes <input type="radio"/> No
8. What is the age of the vehicle being replaced? (whole number only)	<input type="text"/>
*9. Do you have a driver-training program equivalent to national or NFPA standards?	<input type="radio"/> Yes <input type="radio"/> No Help
10. If No, will you develop one prior to receipt of the vehicle per the Notice of Funding Opportunity Announcement (NOFO)?	<input type="radio"/> Yes <input type="radio"/> No
If you are not requesting funding for training, will you obtain the appropriate training through other sources ?	<input type="radio"/> Yes <input type="radio"/> No
*11. If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A Help
Please enter the type and year of manufacture for vehicle being replaced.	<input type="text"/> 100 characters left
12. How long have you owned the vehicle you are replacing? (whole number only)	<input type="text"/> Years
*13. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations?	<input type="radio"/> Yes <input type="radio"/> No

Application period ends in
 7 days 4 hrs 39 mins 31 secs



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State Fire Training Academy Request Details

Application 63% complete

The activities for program [State Fire Training Academy](#) are listed in the table below. If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item. 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). If you do not have these estimates, you can come back and modify this area at any point **before** you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction.

Click View Details link below to build your program budget. Once you have entered a line-item for an activity below, the link to the activity's narrative will appear. Click on the Narratives link for further instructions. Once you have completed this section, press the *Save and Continue* button below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	0	\$ 0	\$ 0	View Details
Personal Protective Equipment	0	\$ 0	\$ 0	View Details
Vehicle Acquisition	0	\$ 0	\$ 0	View Details Update Vehicle Inventory

Grant-writing fee associated with the preparation of this request.	\$0
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