



DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
**AFG APPLICATION (GENERAL QUESTIONS AND
NARRATIVE)**

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

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 9 hours per response. 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 (1660-0054) NOTE: Do not send your completed form to this address.



FY 2015 Assistance to Firefighters Grant Program
Session Time out in 30 mins

[Mail Center](#) | [Edit Profile](#) | [Change Password](#)

Applicant's Acknowledgements

Application 0% complete

- 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 programmatically allowable, technically feasible and can be completed within the award's one (1) year Period of Performance (POP).
- I certify that the applicant organization is aware that this application period is open from 02/06 to 11/08/2015 and will close at 5 PM EST; 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/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd_ehp_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.

Note: the Primary Point of Contact will be responsible for signing and submitting the application. Fields marked with an * 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 08-Oct-2015.

Application period ends in

30	6	4	6
days	hrs.	mins.	secs.

[USFA Home](#) | [FEEMA](#) | [Frequently Asked Questions](#) | [Glossary](#) | [Privacy](#) | [Help](#)



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Alternate Contact Information

Application 9% complete

In addition to yourself, please provide two additional points of contact for this application. Due to the complete grant cycle being as many as two years, please consider only listing permanent or long term members of the organization who will be involved or familiar with this application.

Note: Fields marked with an * are required.

Alternate Contact Information Number 1	
* Title	<input type="text"/>
Prefix (select one) (Select N/A if not applicable)	N/A ▼
* First Name	<input type="text"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text"/>
* Primary Phone (e.g. 123-456-7890)	<input type="text"/> Ext. <input type="text"/> Type <input style="width: 50px;" type="text" value="Select"/>
* Secondary Phone (e.g. 123-456-7890)	<input type="text"/> Ext. <input type="text"/> Type <input style="width: 50px;" type="text" value="Select"/>
Optional Phone (e.g. 123-456-7890)	<input type="text"/> Type <input style="width: 50px;" type="text" value="Select"/>
Fax (e.g. 123-456-7890)	<input type="text"/>
* Email (e.g. user@xyz.org)	<input type="text"/>

Alternate Contact Information Number 2	
* Title	<input type="text"/>
Prefix (select one) (Select N/A if not applicable)	N/A ▼
* First Name	<input type="text"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text"/>
* Primary Phone (e.g. 123-456-7890)	<input type="text"/> Ext. <input type="text"/> Type <input style="width: 50px;" type="text" value="Select"/>
* Secondary Phone (e.g. 123-456-7890)	<input type="text"/> Ext. <input type="text"/> Type <input style="width: 50px;" type="text" value="Select"/>
Optional Phone (e.g. 123-456-7890)	<input type="text"/> Type <input style="width: 50px;" type="text" value="Select"/>
Fax (e.g. 123-456-7890)	<input type="text"/>
* Email (e.g. user@xyz.org)	<input type="text"/>

Application period ends in

30 days 7 hrs 58 mins 51 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Applicant Information

Application 18% complete

Please complete the following information regarding your department.
Note: Fields marked with an * are required.

* Organization Name	<input type="text"/>
* Type of Applicant	<input type="checkbox"/> Fire Department/Fire District <input type="checkbox"/> Fire Department/Fire District (Regional) <input type="checkbox"/> Nonaffiliated EMS Organization <input type="checkbox"/> Nonaffiliated EMS Organization (Regional) <input type="checkbox"/> State Fire Training Academy <input type="checkbox"/> Regional Vehicle
* Fire Department/District, Non-Affiliated EMS, and Regional applicants, select type of Jurisdiction Served : If "Other", please enter the type of Jurisdiction	Select Type <input type="text"/> Help <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.	<input type="text"/>
* Mailing Address 1	<input type="text"/>
Mailing Address 2	<input type="text"/>
* City	<input type="text"/>
* State	Select a State <input type="text"/>
* Zip (e.g. 12345-6789)	<input type="text"/> - <input type="text"/> Need help for ZIP+4?
* Employer Identification Number (e.g. 12-3456789) Note: This information must match your SAM.gov profile. (e.g. 12-3456789)	<input type="text"/> Help
* Is your organization using the DUNS number of your Jurisdiction?	<input checked="" 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 selected Yes above)	<input type="checkbox"/> Yes
* What is your 9 digit DUNS number? (call 1-866-705-5711 to get a DUNS number)	<input type="text"/> Help
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 type="text"/> Help
* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?	<input checked="" type="radio"/> Yes <input type="radio"/> No Help
* 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

Application period ends in: 23 days 1 hrs 34 mins 24 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Headquarters or Main Station Physical Address

* Physical Address 1

Physical Address 2

* City

* State

* Zip (e.g. 12345-6789) -

[Need help for ZIP+4?](#)

Mailing address is the same as the physical address

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

[Help](#)

* Mailing Address 1

Mailing Address 2

* City

* State

* Zip (e.g. 12345-6789) -

[Need help for ZIP+4?](#)

Bank Account Information

* The bank account being used is: (Please select one from right)

- 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.
- Maintained by my Jurisdiction

Note: The following banking information must match your [SAM.gov](#) profile.

* Type of bank account

* Bank routing number - 9 digit number on the bottom left hand corner of your check (numbers only, no dashes)

* Re-enter Bank routing number

* Your account number (numbers only, no dashes)

* Re-enter your account number

Additional Information

* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?

* If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application.

* Is the applicant delinquent on any Federal debt?

If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:

4000 characters left



- [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 Information](#)
 - [9. Request Details](#)
 - [10. Budget](#)
 - [11. Assurances and Certifications](#)
 - [12. Review Application](#)
 - [13. Submit Application](#)
- [Print Application](#)
[Return to Status](#)
[Logout](#)
[Privacy Statement](#)
[Disclaimers](#)

Fire Department/Fire District Department Characteristics (Part I)

Application 27% complete

Please provide the following additional information regarding your organization.

Note: Fields marked with an * 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
* What kind of organization do you represent?	All Paid/Career <input type="button" value="Help"/>
If you answered "Combination", above, how many career members in your organization? (whole numbers only)	<input type="text"/>
If you answered "Volunteer" or "Combination" or "Paid on-call", how many of your volunteer Firefighters are paid members from another career department? (whole numbers only)	<input type="text"/>
* What type of community does your organization serve?	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural
* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)	<input type="radio"/> Yes <input type="radio"/> No
* What is the square mileage of your first-due response area? (whole number only)	<input type="text"/>
* What percentage of your response area is protected by hydrants? (whole number only)	<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"/>
* Does your organization protect critical infrastructure?	<input type="radio"/> Yes <input type="radio"/> No <input type="button" value="Help"/>
If "Yes", please describe the critical infrastructure protected below:	
<input style="width: 100%; height: 40px;" type="text"/>	
3000 characters left	
(Percentages in three answers below must sum up to 100%)	
* What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties? (whole number only)	<input type="text"/> %
* What percentage of your primary response area is for commercial and industrial purposes? (whole number only)	<input type="text"/> %
* What percentage of your primary response area is used for residential purposes? (whole number only)	<input type="text"/> %
* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only)	<input type="text"/> <input type="button" value="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? (whole number only)	<input type="text"/>
* How many active firefighters does your department have who perform firefighting duties? (whole numbers only)	<input type="text"/> <input type="button" value="Help"/>
* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only)	<input type="text"/>



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)
- [Privacy Statement](#)
- [Disclaimers](#)

*What percentage of your primary response area is used for residential purposes? (whole number only)	<input type="text"/> %												
*What is the permanent resident population of your <u>Primary/First-Due Response Area or jurisdiction served?</u> (whole numbers only)	<input type="text"/> 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? (whole number only)	<input type="text"/>												
*How many active firefighters does your department have who perform firefighting duties? (whole numbers only)	<input type="text"/> Help												
*How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only)	<input type="text"/>												
Does your department have a <u>Community Paramedic</u> program?	<input type="radio"/> Yes <input type="radio"/> No Help												
How many personnel are trained to the <u>Community Paramedic</u> level? (whole numbers only)	<input type="text"/>												
* How many stations are operated by your organization? (whole numbers only)	<input type="text"/>												
* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?	<input type="radio"/> Yes <input type="radio"/> No Help												
* Do you currently report to the National Fire Incident Reporting System (NFIRS)? Note: You will be required to report to NFIRS for the entire period of the grant. AFG does not require NFIRS reporting for nonaffiliated EMS Organizations and State Fire Training Academy.	<input type="radio"/> Yes <input type="radio"/> No Help												
If you answered "Yes" above, please enter your <u>FDIN/FDID</u> (max 15 characters)	<input type="text"/> Help												
*How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only)	<input type="text"/>												
*How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I)	<input type="text"/>												
Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?	<input type="radio"/> Yes <input type="radio"/> No												
If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the Firefighter II level in this application, please describe in the box below your training program and your plans to bring your membership up to Firefighter II.													
<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> 4000 characters left													
* 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"/> <u>Community Paramedic</u></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"/> <u>Community Paramedic</u>	<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"/> <u>Community Paramedic</u>	<input type="checkbox"/> Maritime Operations/Firefighting	<input type="checkbox"/> Wildland Fire Suppression											
* Please describe your organization and/or community that you serve.													
<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> 4000 characters left													



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Fire Department Characteristics (Part II)

Application 36% complete

Please provide the following additional information regarding your organization.
Note: Fields marked with an * are required.

	2014 (whole numbers only)	2013 (whole numbers only)	2012 (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? Help	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Over the last three years, what was your organization's operating budget? Help	<input type="text"/> (whole number only) Help		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	<input type="text"/> (number only)		
Does your department have any rainy day reserves, emergency funds, or capital outlay?	<input type="radio"/> Yes <input type="radio"/> No		
If yes, what is the total amount currently set aside? (whole number only)	<input type="text"/>		
* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%	2014 (numbers only)	2013 (numbers only)	2012 (numbers only)
Taxes?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Bond Issues?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
EMS Billing?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Grants?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Donations?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fund drives?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fee for Service?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.			
<input type="text"/>			
Max 4000 characters			
4000 characters left			
* How many vehicles does your organization have in each type or class of vehicle listed below? 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. (Enter numbers only and enter 0 if you do not have any of the vehicles below.)			
Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions Help



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)
- [Privacy Statement](#)
- [Disclaimers](#)

What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?

*Over the last three years, what was your organization's operating budget?

 (whole number only)

* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?

 (number only)

Does your department have any rainy day reserves, emergency funds, or capital outlay?

 Yes No

If yes, what is the total amount currently set aside? (whole number only)

*What percentage of your annual operating budget is derived from:
Enter numbers only, percentages must sum up to 100%

Taxes?

	2014 (numbers only)	2013 (numbers only)	2012 (numbers only)
Taxes?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Bond Issues?

Bond Issues?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
--------------	------------------------	------------------------	------------------------

EMS Billing?

EMS Billing?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
--------------	------------------------	------------------------	------------------------

Grants?

Grants?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
---------	------------------------	------------------------	------------------------

Donations?

Donations?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
------------	------------------------	------------------------	------------------------

Fund drives?

Fund drives?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
--------------	------------------------	------------------------	------------------------

Fee for Service?

Fee for Service?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
------------------	------------------------	------------------------	------------------------

* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.

4000 characters left

* How many vehicles does your organization have in each type or class of vehicle listed below? 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. (Enter numbers only and enter 0 if you do not have any of the vehicles below.)

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions Help
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"/>

[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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)

- [Privacy Statement](#)
- [Disclaimers](#)

Fire Department Call Volume

Application **45%** 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.)

	2014	2013	2012
* 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rescue & Emergency Medical Service Incident - NFIRS Series 300	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Condition (No Fire) - NFIRS Series 400	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Call - NFIRS Series 500	<input type="text"/>	<input type="text"/>	<input type="text"/>
Good Intent Call - NFIRS Series 600	<input type="text"/>	<input type="text"/>	<input type="text"/>
False Alarm & False Call - NFIRS Series 700	<input type="text"/>	<input type="text"/>	<input type="text"/>
Severe Weather & Natural Disaster - NFIRS Series 800	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Incident Type - NFIRS Series 900	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the total acreage of all vegetation fires?	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application period ends in

9 days 4 hrs. 15 mins. 25 secs.



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)
- [Privacy Statement](#)
- [Disclaimers](#)

False Alarm & False Call - NFIRS Series 700	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Severe Weather & Natural Disaster - NFIRS Series 800	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Incident Type - NFIRS Series 900	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the total acreage of all vegetation fires?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Scheduled Transports	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Scheduled Transports	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many Community Paramedic Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization receive Automatic Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization provide Mutual Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization provide Automatic Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the Mutual and Automatic Aid responses, how many were structure fires?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



- [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 Information](#)**
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)
- [Privacy Statement](#)
- [Disclaimers](#)

Request Information

Application **54%** complete

Program Selection

Please use this section to select the program(s) for which you want to apply and provide the additional information requested.

*1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application **you will need to submit separate applications.**

Select	Program Name	Activities Available
<input type="radio"/>	Operations and Safety	[Modify Facilities] [Personal Protective Equipment] [Wellness and Fitness Programs] [Training] [Equipment]
<input type="radio"/>	Vehicle Acquisition	[Vehicle Acquisition]

*2. Will this grant benefit more than one organization?

Yes No

If you answered "Yes" to Question 2, please explain how this request benefits other organizations below:

1000 characters left

* 3. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.
(This amount will be included under Other Budget Object Class section of Budget page)(whole dollar amounts only)

\$

* 4. Are you requesting a Micro Grant?
A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.

Yes No [Help](#)

Application period ends in
9 days 4 hrs. 10 mins. 23 secs.



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Applicant Information

Application 27% complete

Please complete the following information regarding your department.

Note: Fields marked with an * are required.

* Organization Name	<input type="text"/>
* Type of Applicant	<input type="radio"/> Fire Department/Fire District <input type="radio"/> Fire Department/Fire District (Regional) <input checked="" type="radio"/> Nonaffiliated EMS Organization <input type="radio"/> Nonaffiliated EMS Organization (Regional) <input type="radio"/> State Fire Training Academy <input type="radio"/> Regional Vehicle
* Fire Department/District, nonaffiliated EMS, and Regional applicants, select type of Jurisdiction Served : If "Other", please enter the type of Jurisdiction	Select Type <input type="text"/> <input type="button" value="▼"/> Help <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.	<input type="text"/>
* Mailing Address 1	<input type="text"/>
Mailing Address 2	<input type="text"/>
* City	<input type="text"/>
* State	Select a State <input type="button" value="▼"/>
* Zip (e.g. 12345-6789)	<input type="text"/> - 5555 Need help for ZIP+4?
* Employer Identification Number (e.g. 12-3456789) Note: This information must match your SAM.gov profile. (e.g. 12-3456789)	<input type="text"/> Help
* Is your organization using the DUNS number of your Jurisdiction?	<input checked="" 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 selected Yes above)	<input type="checkbox"/> Yes
* What is your 9 digit DUNS number? (call 1-866-705-5711 to get a DUNS number)	<input type="text"/> Help
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 type="text"/> Help
* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?	<input checked="" type="radio"/> Yes <input type="radio"/> No Help
* 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

Application period ends in

8 days 10 hrs 28 mins 4 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Headquarters or Main Station Physical Address

Physical Address 1	<input type="text"/>
Physical Address 2	<input type="text"/>
City	<input type="text"/>
State	Select a State <input type="text"/>
Zip (e.g. 12345-6789)	20871 - 0043 Need help for ZIP+4?

Mailing address is the same as the physical address
 Note: This information must match your [SAM.gov](#) profile. [Help](#)

Mailing Address 1	12 main
Mailing Address 2	<input type="text"/>
City	city
State	Maryland <input type="text"/>
Zip (e.g. 12345-6789)	<input type="text"/> - <input type="text"/> Need help for ZIP+4?

Bank Account Information

The bank account being used is: (Please select one from right)

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.

Maintained by my Jurisdiction

Note: The following banking information must match your [SAM.gov](#) profile.

Type of bank account	<input type="radio"/> Checking <input checked="" type="radio"/> Savings
Bank routing number - 9 digit number on the bottom left hand corner of your check (numbers only, no dashes)	<input type="text"/> Help
Re-enter Bank routing number	<input type="text"/>
Your account number (numbers only, no dashes)	<input type="text"/>
Re-enter your account number	<input type="text"/>

Additional Information

For this fiscal year (Federal) is your organization 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 checked="" 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 will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is the applicant delinquent on any Federal debt?	<input type="radio"/> Yes <input checked="" 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 left

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

Application period ends in

8 days 10 hrs 24 mins 5 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)

- [Privacy Statement](#)
- [Disclaimers](#)

EMS Department Characteristics (Part I)

Application 36% complete

Please provide the following information regarding your organization.

Note: Fields marked with an * are required.

* What kind of organization do you represent?	All Paid/Career Help
If you answered "Combination", above, how many are Career members in your organization? (whole number only)	<input type="text"/>
* What type of community does your organization serve?	<input checked="" type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural
* Does your department transport?	<input checked="" type="radio"/> Yes <input type="radio"/> No
* What is the square mileage of your Primary/First Due Response Area ?(whole number only)	<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"/>
* Does your organization protect critical infrastructure of the state?	<input type="radio"/> Yes <input checked="" type="radio"/> No Help
(Percentages in three answers below must sum up to 100%)	
* What percentage of your primary response area is for Agriculture, Wildland, open space, or undeveloped properties? (whole number only)	<input type="text"/> %
* What percentage of your jurisdiction's primary response area is for commercial and industrial purposes?(whole number only)	<input type="text"/> %
* What percentage of your jurisdiction's primary response area is used for residential purposes? (whole number only)	<input type="text"/> %
* What is the permanent resident population of your Primary/First Due Response Area served? (whole number only)	<input type="text"/> Help
* Do you have a seasonal increase in population?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If "Yes" what is your seasonal increase in population? (whole number only)	<input type="text"/>
* How many active members does your EMS organization have that meet the minimum EMS certification standards as dictated by your jurisdiction or state? (whole number only)	<input type="text"/>
* How many stations are operated by your organization?(whole number only)	<input type="text"/>
* How many personnel are trained to Emergency Medical Responder?(whole number only)	<input type="text"/>
* How many untrained members perform other duties such as only drive?(whole number only)	<input type="text"/>
* How many personnel are trained to Emergency Medical Technician (EMT)?(whole number only)	<input type="text"/>
* How many personnel are trained to EMT Advanced?(whole number only)	<input type="text"/>

Application period ends in **8** days **5** hrs. **44** mins. **24** secs.



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)

- [Privacy Statement](#)
- [Disclaimers](#)

* 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 style="width: 90%;" type="text"/>			
* Does your organization protect critical infrastructure of the state?	<input checked="" type="radio"/> Yes <input type="radio"/> No Help			
(Percentages in three answers below must sum up to 100%)				
* What percentage of your primary response area is for Agriculture, Wildland, open space, or undeveloped properties? (whole number only)	<input style="width: 40%;" type="text"/> %			
* What percentage of your jurisdiction's primary response area is for commercial and industrial purposes?(whole number only)	<input style="width: 40%;" type="text"/> %			
* What percentage of your jurisdiction's primary response area is used for residential purposes? (whole number only)	<input style="width: 40%;" type="text"/> %			
* What is the permanent resident population of your Primary/First Due Response Area served? (whole number only)	<input style="width: 40%;" type="text"/> Help			
*Do you have a seasonal increase in population?	<input checked="" type="radio"/> Yes <input type="radio"/> No			
If "Yes" what is your seasonal increase in population? (whole number only)	<input style="width: 40%;" type="text"/>			
*How many active members does your EMS organization have that meet the minimum EMS certification standards as dictated by your jurisdiction or state? (whole number only)	<input style="width: 40%;" type="text"/>			
* How many stations are operated by your organization?(whole number only)	<input style="width: 40%;" type="text"/>			
* How many personnel are trained to Emergency Medical Responder?(whole number only)	<input style="width: 40%;" type="text"/>			
* How many untrained members perform other duties such as only drive?(whole number only)	<input style="width: 40%;" type="text"/>			
* How many personnel are trained to Emergency Medical Technician (EMT)?(whole number only)	<input style="width: 40%;" type="text"/>			
* How many personnel are trained to EMT Advanced?(whole number only)	<input style="width: 40%;" type="text"/>			
* How many personnel are trained to Paramedic?(whole number only)	<input style="width: 40%;" type="text"/>			
* Does your department have a Community Paramedic program?	<input checked="" type="radio"/> Yes <input type="radio"/> No Help			
* How many personnel are trained to the Community Paramedic level? (whole number only)	<input style="width: 40%;" type="text"/>			
* What services does your organization provide?				
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Advanced Life Support Non-Transport <input type="checkbox"/> Advanced Life Support Transport <input type="checkbox"/> BLS/ALS Schedule Transport <input type="checkbox"/> Basic Life Support Non-Transport <input type="checkbox"/> Basic Life Support Transport </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Community Paramedic <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Haz-Mat Operational Level <input type="checkbox"/> Maritime Operations <input type="checkbox"/> Medical First Response </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Rescue Operational Level <input type="checkbox"/> Rescue Technical Level <input type="checkbox"/> Swift Water Rescue <input type="checkbox"/> Vehicle Extrication </td> </tr> </table>		<input type="checkbox"/> Advanced Life Support Non-Transport <input type="checkbox"/> Advanced Life Support Transport <input type="checkbox"/> BLS/ALS Schedule Transport <input type="checkbox"/> Basic Life Support Non-Transport <input type="checkbox"/> Basic Life Support Transport	<input type="checkbox"/> Community Paramedic <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Haz-Mat Operational Level <input type="checkbox"/> Maritime Operations <input type="checkbox"/> Medical First Response	<input type="checkbox"/> Rescue Operational Level <input type="checkbox"/> Rescue Technical Level <input type="checkbox"/> Swift Water Rescue <input type="checkbox"/> Vehicle Extrication
<input type="checkbox"/> Advanced Life Support Non-Transport <input type="checkbox"/> Advanced Life Support Transport <input type="checkbox"/> BLS/ALS Schedule Transport <input type="checkbox"/> Basic Life Support Non-Transport <input type="checkbox"/> Basic Life Support Transport	<input type="checkbox"/> Community Paramedic <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Haz-Mat Operational Level <input type="checkbox"/> Maritime Operations <input type="checkbox"/> Medical First Response	<input type="checkbox"/> Rescue Operational Level <input type="checkbox"/> Rescue Technical Level <input type="checkbox"/> Swift Water Rescue <input type="checkbox"/> Vehicle Extrication		
* Please describe your organization and/or community that you serve.				
<div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>				
3918 characters left				

Application period ends in 8 days 5 hrs. 42 mins. 24 secs.



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)

- [Privacy Statement](#)
- [Disclaimers](#)

EMS Department Characteristics (Part II)

Application 36% complete

Please provide the following additional information regarding your organization.

Note: Fields marked with an * are required.

	2014 (whole numbers only)	2013 (whole numbers only)	2012 (whole numbers only)
* 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"/>
* Over the last three years, what was your organization's operating budget? (whole number only) Help	<input type="text"/> (whole number only) Help		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	<input type="text"/> (number only)		
* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%	2014 (numbers only)	2013 (numbers only)	2012 (numbers only)
Taxes?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Bond Issues?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
EMS Billing?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Grants?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Donations?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fund drives?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fee for Service?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.			
<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>			
4000 characters left			
* How many vehicles does your organization have in each of the type or class of vehicle listed below? You must include vehicles that are leased or 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. (Enter numbers only and enter 0 if you do not have any of the vehicles below)			
Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions Help
Ambulances	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bariatric Ambulance(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Transport - Community Paramedic	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Go Back](#)

Application period ends in

8 days 5 hrs 34 mins 41 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)
- [Privacy Statement](#)
- [Disclaimers](#)

EMS Department Call Volume

Application **54%** complete

Please provide the total number of incidents that your department responded to for each of the three year period (Jan - Dec). Include only those alarms which your department was a primary responder and not second due on giving Mutual Aid.
Note: Each incident must be counted only once regardless of the number of units 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.)

		2014 (whole number only)	2013 (whole number only)	2012 (whole number only)
* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)				
Structural Fire	Help	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Response Calls	Help	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Response Calls	Help	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Scheduled Transports	Help	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Scheduled Transports	Help	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle Extrications	Help	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many Community Paramedic Response Calls	Help	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Rescue	Help	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Condition/Materials Calls	Help	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		0 <input type="text"/>	0 <input type="text"/>	0 <input type="text"/>
* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)				
Total calls requiring transport, exclusive of scheduled transport declared above	Help	<input type="text"/>	<input type="text"/>	<input type="text"/>
All Other Calls and Incidents not declared above, including fire, good-intent, etc.	Help	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application period ends in
 8 days 5 hrs. 25 mins. 34 secs.



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)
- [Privacy Statement](#)
- [Disclaimers](#)

• Please select a program you wish to apply

EMS Request Information

Application **54%** complete

Program Selection

Select a program for which you are applying. If you are interested in applying under Vehicle Acquisition, Operations and Safety, and/or Regional application(s) you will need to submit separate applications for each component program.

*1. Select a program for which you are applying. You can apply for as many activities within a program as you need.

Select	Program Name	Activities Available
<input type="radio"/>	EMS Operations and Safety	[Modify Facilities] [Personal Protective Equipment] [Training] [Wellness and Fitness Programs] [Equipment]
<input type="radio"/>	Vehicle Acquisition	[Vehicle Acquisition]

*2. Will this grant benefit more than one organization?

Yes No

* 3. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.
(This amount will be included under Other Budget Object Class section of Budget page)(whole dollar amounts only)

\$ 0

* 4. Are you requesting a Micro Grant?
A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.

Yes No [Help](#)

[Go Back](#)

[Save and Continue](#)

Application period ends in
8 days 5 hrs. 23 mins. 49 secs.



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)

- [Privacy Statement](#)
- [Disclaimers](#)

Applicant Information

Application **63%** complete

Please complete the following information regarding your department.

Note: Fields marked with an * are required.

* Organization Name	Oppey
* Type of Applicant	<input type="radio"/> Fire Department/Fire District <input checked="" type="radio"/> Fire Department/Fire District (Regional) <input type="radio"/> Nonaffiliated EMS Organization <input type="radio"/> Nonaffiliated EMS Organization (Regional) <input type="radio"/> State Fire Training Academy <input type="radio"/> Regional Vehicle
* Fire Department/District, nonaffiliated EMS, and Regional applicants, select type of Jurisdiction Served : If "Other", please enter the type of Jurisdiction	Select Type <input type="text"/> Help
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.	<input type="text"/>
* Mailing Address 1	<input type="text"/>
Mailing Address 2	<input type="text"/>
* City	<input type="text"/>
* State	Select a State <input type="text"/>
* Zip (e.g. 12345-6789)	<input type="text"/> - <input type="text"/> Need help for ZIP+4?
* Employer Identification Number (e.g. 12-3456789) Note: This information must match your SAM.gov profile. (e.g. 12-3456789)	<input type="text"/> Help
* Is your organization using the DUNS number of your Jurisdiction?	<input checked="" 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 selected Yes above)	<input type="checkbox"/> Yes
* What is your 9 digit DUNS number ? (call 1-866-705-5711 to get a DUNS number)	<input type="text"/> Help
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	<input type="text"/> Help

Application period ends in
 7 days 1 hrs. 31 mins. 39 secs.



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's entity's SAM.gov record.

Headquarters or Main Station Physical Address

• Physical Address 1

Physical Address 2

• City

• State

• Zip (e.g. 12345-6789) -

[Need help for ZIP+4?](#)

Mailing address is the same as the physical address

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

[Help](#)

• Mailing Address 1

Mailing Address 2

• City

• State

• Zip (e.g. 12345-6789) -

[Need help for ZIP+4?](#)

Bank Account Information

• The bank account being used is: (Please select one from right)

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!

Maintained by my Jurisdiction

Note: The following banking information must match your [SAM.gov](#) profile.

• Type of bank account Checking Savings

• Bank routing number - 9 digit number on the bottom left hand corner of your check (numbers only, no dashes)

• Re-enter Bank routing number

• Your account number (numbers only, no dashes)

• Re-enter your account number

[Help](#)

Additional Information

• For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request? Yes No

• If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application. Yes No

• Is the applicant [delinquent on any Federal debt](#)? Yes No

[Help](#)

If you answered yes to any of the additional questions above, please provide an explanation in the space provided below.

4000 characters left

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

Application period ends in

5 days 1 hrs 15 mins 21 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Regional Characteristics (Part I)

Application 63% complete

Please provide the following additional information regarding your organization.

Note: Fields marked with an * are required.

* What kind of organization do you represent?	All Paid/Career	Help
If you answered "Combination", above, how many Career members are in your organization? (whole number only)	<input type="text"/>	
* What type of community will your regional project serve (what is the make up of the majority of the region affected by the project)?	<input checked="" type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural	
* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
* What is the square mileage of the region affected by the project? (whole number only)	<input type="text"/>	
* In what county/parish is the host applicant physically located? If you have more than one station, in what county/parish is your main station located?	<input type="text"/>	
* Does your region protect critical infrastructure of the state?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Help
(Percentages in three answers below must sum up to 100%)		
* What percentage of your region's land use is for Agriculture , Wildland , Open space, or Undeveloped properties? (whole number only)	<input type="text"/> %	
* What percentage of your region's land use is for commercial and industrial purposes? (whole number only)	<input type="text"/> %	
* What percentage of your region's land is used for residential purposes? (whole number only)	<input type="text"/> %	
* What is the permanent resident population of your region served? Remember this is the combined population of all departments/agencies included in this application (whole number only)	<input type="text"/>	Help
* Do you have a seasonal increase in population?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If "Yes" what is your seasonal increase in population? (whole number only)	<input type="text"/>	
* What is the total membership in your region? <i>Remember this is the combined personnel of all departments/agencies included in this application.(whole number only)</i>	<input type="text"/>	Help
* How many active members are trained to Firefighter I? (whole number only)	<input type="text"/>	
* How many active members are trained to Firefighter II? (whole number only)	<input type="text"/>	
* How many active BLS providers does your region have? (whole number only)	<input type="text"/>	
* How many active ALS providers does your region have?(whole number only)	<input type="text"/>	
* How many active Emergency Medical Responders does your region have?(whole number only)	<input type="text"/>	
* How many personnel are trained to the Community Paramedic level? (whole number only)	<input type="text"/>	
* How many stations are in your region? (whole number only)	<input type="text"/>	
* If you (the host applicant) are a fire department, do you report to the National Fire Incident Reporting System (NFIRS)?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Help
If you answered "Yes" above, please enter your Requesting departments FDIN/FDID .(max 15 characters)	<input type="text"/>	Help
* How many regional partners will directly participate in this project? (whole number only)	<input type="text"/>	
* Please list each participating agency by name along with a point of contact, to include a phone number. All regional participants must be eligible as defined by the AFG Funding Opportunity Announcement (e.g., Fire Departments or nonaffiliated EMS organizations)	<input type="text"/>	

Note: All fields are required

Application period ends in

5 days	1 hrs	11 mins	41 secs
--------	-------	---------	---------



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

What is your regional membership population? (whole number only)

• What is the total membership in your region?
Remember this is the combined personnel of all departments/agencies included in this application.(whole number only) [Help](#)

• How many active members are trained to Firefighter I? (whole number only)

• How many active members are trained to Firefighter II? (whole number only)

• How many active BLS providers does your region have? (whole number only)

• How many active ALS providers does your region have?(whole number only)

• How many active Emergency Medical Responders does your region have?(whole number only)

• How many personnel are trained to the [Community Paramedic](#) level? (whole number only)

• How many stations are in your region? (whole number only)

• If you (the host applicant) are a fire department, do you report to the National Fire Incident Reporting System (NFIRS)? Yes No [Help](#)

If you answered "Yes" above, please enter your Requesting departments [FDIN/FDID](#) (max 15 characters) [Help](#)

• How many regional partners will directly participate in this project? (whole number only)

• Please list each participating agency by name along with a point of contact, to include a phone number. All regional participants must be eligible as defined by the AFG Funding Opportunity Announcement (e.g., Fire Departments or nonaffiliated EMS organizations)

Note: All fields are required.

Beneficiary Organization Information	
• Participating Organization Name	<input type="text"/>
• First Name	<input type="text"/>
• Last Name	<input type="text"/>
• Phone Number (e.g. 123-456-7890)	<input type="text"/> Ext. <input type="text"/>

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

• Do all departments in this request report to NFIRS? Yes No

• Do all agencies meet the regional minimum for NIMS compliancy? Yes No [Help](#)

• What services are provided by your organization and the organizations participating in the regional application? [Help](#)

<input type="checkbox"/> Advanced Life Support Non-Transport	<input type="checkbox"/> Community Paramedic	<input type="checkbox"/> Rescue Fire Suppression
<input checked="" type="checkbox"/> Advanced Life Support Transport	<input type="checkbox"/> Haz-Mat Operational Level	<input type="checkbox"/> Rescue Operational Level
<input type="checkbox"/> Airport Rescue Firefighting (ARFF)	<input type="checkbox"/> Haz-Mat Technical Level	<input type="checkbox"/> Rescue Technical Level
<input type="checkbox"/> BLS/ALS Schedule Transport	<input type="checkbox"/> Maritime Response	<input type="checkbox"/> Structural Fire Suppression
<input type="checkbox"/> Basic Life Support Non-Transport	<input type="checkbox"/> Medical First Response	<input type="checkbox"/> Swift Water Rescue
<input type="checkbox"/> Basic Life Support Transport		

• Please describe your organization and/or community that you serve. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

4000 characters left

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

Application period ends in

5 days 1 hrs 10 mins 36 secs



Regional Characteristics (Part II)

Application 63% complete

- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Please provide the following additional information regarding your organization.
Note: Fields marked with an * are required.

	2014 (whole numbers only)	2013 (whole numbers only)	2012 (whole numbers only)
* What is the total number of line of duty member fatalities in your region 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 region over the last three calendar years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
*What is the cumulative total of the three-year budgets of all participating organizations in this project?	<input type="text"/> (whole number only)		
* How much of this declared budget is dedicated to personnel costs (salary, fringe, and overtime)?	<input type="text"/> (number only)		
* What percentage of the declared operating budget is derived from: Enter numbers only, percentages must sum up to 100%	2014 (numbers only)	2013 (numbers only)	2012 (numbers only)
Taxes?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Bond Issues?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
EMS Billing?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Grants?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Donations?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fund drives?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fee for Service?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control

4000 characters left

* How many vehicles are operational within the region in each of the type or class of vehicle listed below? You must include vehicles that are leased or 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. (Enter numbers only and enter 0 if you do not have any of the vehicles below)

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions Help
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, Type II Engine Urban Interface	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ambulances that are used for transport:	<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, Bariatric Ambulance(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Application period ends in
5 days 1 hrs 7 mins 16 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Regional Call Volume

Application 63% complete

Please provide the number of incidents your region responded to in each of the following categories for the last 3 calendar years. Do not include incidents in which you were called as the second-due or for Mutual Aid.
Note: Each incident must be counted only once regardless of the number of units 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.)

	2014	2013	2012
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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rescue & Emergency Medical Service Incident - NFIRS Series 300	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Condition (No Fire) - NFIRS Series 400	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Call - NFIRS Series 500	<input type="text"/>	<input type="text"/>	<input type="text"/>
Good Intent Call - NFIRS Series 600	<input type="text"/>	<input type="text"/>	<input type="text"/>
False Alarm & False Call - NFIRS Series 700	<input type="text"/>	<input type="text"/>	<input type="text"/>
Severe Weather & Natural Disaster - NFIRS Series 800	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Incident Type - NFIRS Series 900	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the total acreage of all vegetation fires?	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Scheduled Transports	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Scheduled Transports	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many Community Paramedic Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>
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?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization receive Automatic Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization provide Mutual Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization provide Automatic Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the Mutual and Automatic Aid responses, how many were structure fires?	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Application period ends in

5 days 0 hrs 56 mins 13 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)
- [Privacy Statement](#)
- [Disclaimers](#)

• Please select a program you wish to apply

Regional Request Information

Application **54%** complete

Activity Selection

Please use this section to select the program for which you want to apply and provide some additional information requested. 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) 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 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.

*1. Select a program for which you are applying. Regional applications are not eligible for modification of facilities or wellness and fitness programs. You can apply for as many activities within a program as you need.

Select	Program Name	Activities Available
<input type="radio"/>	Regional (Operations and Safety)	[Equipment] [Personal Protective Equipment] [Training]

* 2. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.
(This amount will be included under Other Budget Object Class section of Budget page)(whole dollar amounts only)

\$

Application period ends in

5 days 0 hrs 52 mins 32 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Applicant Information

Application 63% complete

Please complete the following information regarding your department.

Note: Fields marked with an * are required.

* Organization Name	<input type="text"/>
* Type of Applicant	<input type="radio"/> Fire Department/Fire District <input type="radio"/> Fire Department/Fire District (Regional) <input type="radio"/> Nonaffiliated EMS Organization <input type="radio"/> Nonaffiliated EMS Organization (Regional) <input type="radio"/> State Fire Training Academy <input checked="" type="radio"/> Regional Vehicle
* Fire Department/District, nonaffiliated EMS, and Regional applicants, select type of Jurisdiction Served : If "Other", please enter the type of Jurisdiction	City <input type="text"/> <input type="text"/> <input type="text"/> Help
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="text"/>
* Zip (e.g. 12345-6789)	<input type="text"/> - <input type="text"/> Need help for ZIP+4?
* Employer Identification Number (e.g. 12-3456789) Note: This information must match your SAM.gov profile. (e.g. 12-3456789)	<input type="text"/> Help
* Is your organization using the DUNS number of your Jurisdiction?	<input checked="" 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 selected Yes above)	<input type="checkbox"/> Yes
* What is your 9 digit DUNS number ? (call 1-866-705-5711 to get a DUNS number)	<input type="text"/> Help
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 type="text"/> Help
* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?	<input checked="" type="radio"/> Yes <input type="radio"/> No Help
* 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 type="text"/>

Application period ends in
 7 days 3 hrs 12 mins 23 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Headquarters or Main Station Physical Address	
• Physical Address 1	<input type="text"/>
Physical Address 2	<input type="text"/>
• City	<input type="text"/>
• State	Select a State <input type="text"/>
• Zip (e.g. 12345-6789)	<input type="text"/> - <input type="text"/> 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. Help	
• Mailing Address 1	<input type="text"/>
Mailing Address 2	<input type="text"/>
• City	<input type="text"/>
• State	Select a State <input type="text"/>
• Zip (e.g. 12345-6789)	<input type="text"/> - <input type="text"/> 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 checked="" type="radio"/> Maintained by my Jurisdiction
Note: The following banking information must match your SAM.gov profile.	
• Type of bank account	<input type="radio"/> Checking <input checked="" type="radio"/> Savings
• Bank routing number - <u>9 digit</u> number on the bottom left hand corner of your check (numbers only, no dashes)	<input type="text"/> Help
• Re-enter Bank routing number	<input type="text"/>
• Your account number (numbers only, no dashes)	<input type="text"/>
• Re-enter your account number	<input type="text"/>
Additional Information	
• For this fiscal year (Federal) is your organization 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 checked="" 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 will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application.	<input type="radio"/> Yes <input checked="" type="radio"/> No
• Is the applicant delinquent on any Federal debt ?	<input type="radio"/> Yes <input checked="" type="radio"/> No Help
If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:	
<div style="border: 1px solid #ccc; height: 40px;"></div>	
4000 characters left	

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

Application period ends in
 7 days 3 hrs 9 mins 10 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Regional Characteristics (Part I)

Application 27% complete

Please provide the following additional information regarding your organization.

Note: Fields marked with an * are required.

* What kind of organization do you represent?	All Paid/Career <input type="button" value="v"/>	Help
If you answered "Combination", above, how many Career members are in your organization? (whole number only)	<input type="text"/>	
* What type of community will your regional project serve (what is the make up of the majority of the region affected by the project)?	<input type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural	
* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)	<input type="radio"/> Yes <input type="radio"/> No	
* What is the square mileage of the region affected by the project? (whole number only)	<input type="text"/>	
* In what county/parish is the host applicant physically located? If you have more than one station, in what county/parish is your main station located?	<input type="text"/>	
* Does your region protect critical infrastructure of the state?	<input type="radio"/> Yes <input type="radio"/> No	Help
(Percentages in three answers below must sum up to 100%)		
* What percentage of your region's land use is for Agriculture , Wildland , Open space, or Undeveloped properties? (whole number only)	<input type="text"/> %	
* What percentage of your region's land use is for commercial and industrial purposes? (whole number only)	<input type="text"/> %	
* What percentage of your region's land is used for residential purposes? (whole number only)	<input type="text"/> %	
* What is the permanent resident population of your region served? Remember this is the combined population of all departments/agencies included in this application (whole number only)	<input type="text"/>	Help
* Do you have a seasonal increase in population?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
If "Yes" what is your seasonal increase in population? (whole number only)	<input type="text"/>	
* What is the total membership in your region? <i>Remember this is the combined personnel of all departments/agencies included in this application.</i> (whole number only)	<input type="text"/>	Help
* How many active members are trained to Firefighter I? (whole number only)	<input type="text"/>	
* How many active members are trained to Firefighter II? (whole number only)	<input type="text"/>	
* How many active BLS providers does your region have? (whole number only)	<input type="text"/>	
* How many active ALS providers does your region have?(whole number only)	<input type="text"/>	
* How many active Emergency Medical Responders does your region have?(whole number only)	<input type="text"/>	
* How many personnel are trained to the Community Paramedic level? (whole number only)	<input type="text"/>	
* How many stations are in your region? (whole number only)	<input type="text"/>	
* If you (the host applicant) are a fire department, do you report to the National Fire Incident Reporting System (NFIRS)?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Help
If you answered "Yes" above, please enter your Requesting departments FDIN/FDID (max 15 characters)	<input type="text"/>	Help
* How many regional partners will directly participate in this project? (whole number only)	<input type="text"/>	
* Please list each participating agency by name along with a point of contact, to include a phone number. All regional participants must be eligible as defined by the AFG Funding Opportunity Announcement (e.g., Fire Departments or nonaffiliated EMS organizations)		

Application period ends in
 7 days 2 hrs 56 mins 52 secs

Done

Trusted sites | Protected Mode: Off

95%



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

• What is the total membership in your region?
Remember this is the combined personnel of all departments/agencies included in this application.(whole number only)

• How many active members are trained to Firefighter I? (whole number only)

• How many active members are trained to Firefighter II? (whole number only)

• How many active BLS providers does your region have? (whole number only)

• How many active ALS providers does your region have?(whole number only)

• How many active Emergency Medical Responders does your region have?(whole number only)

• How many personnel are trained to the [Community Paramedic](#) level? (whole number only)

• How many stations are in your region? (whole number only)

• If you (the host applicant) are a fire department, do you report to the National Fire Incident Reporting System (NFIRS)? Yes No [Help](#)

If you answered "Yes" above, please enter your Requesting departments [FDIN/FDID](#) (max 15 characters) [Help](#)

• How many regional partners will directly participate in this project? (whole number only)

• Please list each participating agency by name along with a point of contact, to include a phone number. All regional participants must be eligible as defined by the AFG Funding Opportunity Announcement (e.g., Fire Departments or nonaffiliated EMS organizations)

Beneficiary Organization Information	
• Participating Organization Name	<input type="text"/>
• First Name	<input type="text"/>
• Last Name	<input type="text"/>
• Phone Number (e.g. 123-456-7890)	<input type="text"/> Ext. <input type="text"/>

• Do all departments in this request report to NFIRS? Yes No

• Do all agencies meet the regional minimum for NIMS compliancy? Yes No [Help](#)

• What services are provided by your organization and the organizations participating in the regional application? [Help](#)

<input type="checkbox"/> Advanced Life Support Non-Transport	<input type="checkbox"/> Community Paramedic	<input type="checkbox"/> Rescue Fire Suppression
<input type="checkbox"/> Advanced Life Support Transport	<input type="checkbox"/> Haz-Mat Operational Level	<input type="checkbox"/> Rescue Operational Level
<input type="checkbox"/> Airport Rescue Firefighting (ARFF)	<input type="checkbox"/> Haz-Mat Technical Level	<input type="checkbox"/> Rescue Technical Level
<input type="checkbox"/> BLS/ALS Schedule Transport	<input type="checkbox"/> Maritime Response	<input type="checkbox"/> Structural Fire Suppression
<input type="checkbox"/> Basic Life Support Non-Transport	<input type="checkbox"/> Medical First Response	<input type="checkbox"/> Swift Water Rescue
<input type="checkbox"/> Basic Life Support Transport		

• Please describe your organization and/or community that you serve. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

4000 characters left



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

• Please answer the number of Seated Riding Positions under Ambulances category

Regional Characteristics (Part II)

Application 36% complete

Please provide the following additional information regarding your organization.
Note: Fields marked with an * are required.

	2014 (whole numbers only)	2013 (whole numbers only)	2012 (whole numbers only)
* What is the total number of line of duty member fatalities in your region 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 region over the last three calendar years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
*What is the cumulative total of the three-year budgets of all participating organizations in this project?	<input type="text"/> (whole number only)		
* How much of this declared budget is dedicated to personnel costs (salary, fringe, and overtime)?	<input type="text"/> (number only)		
* What percentage of the declared operating budget is derived from: Enter numbers only, percentages must sum up to 100%	2014 (numbers only)	2013 (numbers only)	2012 (numbers only)
Taxes?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Bond Issues?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
EMS Billing?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Grants?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Donations?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fund drives?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fee for Service?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control

4000 characters left

* How many vehicles are operational within the region in each of the type or class of vehicle listed below? You must include vehicles that are leased or 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. (Enter numbers only and enter 0 if you do not have any of the vehicles below)

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
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, Type II Engine Urban Interface	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ambulances that are used for transport:	<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, Bariatric Ambulance(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Application period ends in
 7 days 2 hrs 37 mins 27 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)
- [Privacy Statement](#)
- [Disclaimers](#)

Please answer the number of responses under Of the Mutual and Automatic Aid responses, how many were structure fires? category for year 2012

Regional Call Volume

Application 45% complete

Please provide the number of incidents your region responded to in each of the following categories for the last 3 calendar years. Do not include incidents in which you were called as the second-due or for Mutual Aid.
Note: Each incident must be counted only once regardless of the number of units 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.)

	2014	2013	2012
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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rescue & Emergency Medical Service Incident - NFIRS Series 300	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Condition (No Fire) - NFIRS Series 400	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Call - NFIRS Series 500	<input type="text"/>	<input type="text"/>	<input type="text"/>
Good Intent Call - NFIRS Series 600	<input type="text"/>	<input type="text"/>	<input type="text"/>
False Alarm & False Call - NFIRS Series 700	<input type="text"/>	<input type="text"/>	<input type="text"/>
Severe Weather & Natural Disaster - NFIRS Series 800	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Incident Type - NFIRS Series 900	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the total acreage of all vegetation fires?	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Extractions from Vehicles" (NFIRS Code 352)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Scheduled Transports	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Scheduled Transports	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many Community Paramedic Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>
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?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization receive Automatic Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization provide Mutual Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization provide Automatic Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the Mutual and Automatic Aid responses, how many were structure fires?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application period ends in 7 days 2 hrs. 28 mins. 34 secs.



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)

- [Privacy Statement](#)
- [Disclaimers](#)

- Please select a program you wish to apply

Regional Vehicle Request Information

Application **54%** complete

Program Selection

Please use this section to select the program for which you want to apply and provide the additional information requested.

*1. Select a program for which you are applying. If you are interested in applying under Vehicle Acquisition, Operations and Safety, and/or Regional application(s) you will need to submit separate applications for each component program.

Select	Program Name	Activities Available
<input type="radio"/>	Regional Vehicle Acquisition	[Vehicle Acquisition]

* 2. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.
(This amount will be included under Other Budget Object Class section of Budget page)(whole dollar amounts only)

\$ 0

Application period ends in

7 days 2 hrs. 19 mins. 7 secs.



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Applicant Information

Application 63% complete

Please complete the following information regarding your department.
Note: Fields marked with an * are required.

* Organization Name	<input type="text"/>
* Type of Applicant	<input type="radio"/> Fire Department/Fire District <input type="radio"/> Fire Department/Fire District (Regional) <input type="radio"/> Nonaffiliated EMS Organization <input checked="" type="radio"/> Nonaffiliated EMS Organization (Regional) <input type="radio"/> State Fire Training Academy <input type="radio"/> Regional Vehicle
* Fire Department/District, nonaffiliated EMS, and Regional applicants, select type of Jurisdiction Served : If "Other", please enter the type of Jurisdiction	Select Type <input type="text"/> <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="text"/>
* Zip (e.g. 12345-6789)	<input type="text"/> - <input type="text"/> Need help for ZIP+4?
* Employer Identification Number (e.g. 12-3456789) Note: This information must match your SAM.gov profile. (e.g. 12-3456789)	<input type="text"/>
* Is your organization using the DUNS number of your Jurisdiction?	<input checked="" 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 selected Yes above)	<input type="checkbox"/> Yes
* What is your 9 digit DUNS number? (call 1-866-705-5711 to get a DUNS number)	<input type="text"/>
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 type="text"/>
* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?	<input checked="" 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 type="text"/>
Physical Address 2	<input type="text"/>

Application period ends in

4 days 7 hrs 29 mins 36 secs

- 3. Contact Information
- 4. Applicant Information
- 5. Applicant Characteristics (I)
- 6. Applicant Characteristics (II)
- 7. Department Call Volume
- 8. Request Information
- 9. Request Details
- 10. Budget
- 11. Assurances and Certifications
- 12. Review Application
- 13. Submit Application

- Print Application
- Return to Status
- Logout
- Privacy Statement
- Disclaimers

Physical Address 1

Physical Address 2

City

State

Zip (e.g. 12345-6789) - [Need help for ZIP+4?](#)

Mailing address is the same as the physical address
 Note: This information must match your [SAM.gov](#) profile. [Help](#)

Mailing Address 1

Mailing Address 2

City

State

Zip (e.g. 12345-6789) - [Need help for ZIP+4?](#)

Bank Account Information

The bank account being used is: (Please select one from right)

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.

Maintained by my Jurisdiction

Note: The following banking information must match your [SAM.gov](#) profile.

Type of bank account Checking Savings

Bank routing number - 9 digit number on the bottom left hand corner of your check (numbers only, no dashes) [Help](#)

Re-enter Bank routing number

Your account number (numbers only, no dashes)

Re-enter your account number

Additional Information

For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request? Yes No

If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application. Yes No

Is the applicant [delinquent on any Federal debt?](#) Yes No [Help](#)

If you answered yes to any of the additional questions above, please provide an explanation in the space provided below.

4000 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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Regional Characteristics (Part I)

Application 27% complete

Please provide the following additional information regarding your organization.

Note: Fields marked with an * are required.

* What kind of organization do you represent?	All Paid/Career	Help
If you answered "Combination", above, how many Career members are in your organization? (whole number only)	<input type="text"/>	
* What type of community will your regional project serve (what is the make up of the majority of the region affected by the project)?	<input checked="" type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural	
* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
* What is the square mileage of the region affected by the project? (whole number only)	<input type="text"/>	
* In what county/parish is the host applicant physically located? If you have more than one station, in what county/parish is your main station located?	<input type="text"/>	
* Does your region protect critical infrastructure of the state?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Help
(Percentages in three answers below must sum up to 100%)		
* What percentage of your region's land use is for Agriculture , Wildland , Open space, or Undeveloped properties? (whole number only)	<input type="text"/> %	
* What percentage of your region's land use is for commercial and industrial purposes? (whole number only)	<input type="text"/> %	
* What percentage of your region's land is used for residential purposes? (whole number only)	<input type="text"/> %	
* What is the permanent resident population of your region served? Remember this is the combined population of all departments/agencies included in this application (whole number only)	<input type="text"/>	Help
* Do you have a seasonal increase in population?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If "Yes" what is your seasonal increase in population? (whole number only)	<input type="text"/>	
* What is the total membership in your region? <i>Remember this is the combined personnel of all departments/agencies included in this application.</i> (whole number only)	<input type="text"/>	Help
* How many active members are trained to Firefighter I? (whole number only)	<input type="text"/>	
* How many active members are trained to Firefighter II? (whole number only)	<input type="text"/>	
* How many active BLS providers does your region have? (whole number only)	<input type="text"/>	
* How many active ALS providers does your region have?(whole number only)	<input type="text"/>	
* How many active Emergency Medical Responders does your region have?(whole number only)	<input type="text"/>	
* How many personnel are trained to the Community Paramedic level? (whole number only)	<input type="text"/>	
* How many stations are in your region? (whole number only)	<input type="text"/>	
* If you (the host applicant) are a fire department, do you report to the National Fire Incident Reporting System (NFIRS)?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Help
If you answered "Yes" above, please enter your Requesting departments FDIN/FDID .(max 15 characters)	<input type="text"/>	Help
* How many regional partners will directly participate in this project? (whole number only)	<input type="text"/>	
* Please list each participating agency by name along with a point of contact, to include a phone number. All regional participants must be eligible as defined by the AFG Funding Opportunity Announcement (e.g., Fire Departments or nonaffiliated EMS organizations)	<input type="text"/>	

Note: All fields are required.

Application period ends in

4 days 7 hrs 25 mins 40 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

What is your regional membership population? (whole number only)

• What is the total membership in your region?
Remember this is the combined personnel of all departments/agencies included in this application.(whole number only) [Help](#)

• How many active members are trained to Firefighter I? (whole number only)

• How many active members are trained to Firefighter II? (whole number only)

• How many active BLS providers does your region have? (whole number only)

• How many active ALS providers does your region have?(whole number only)

• How many active Emergency Medical Responders does your region have?(whole number only)

• How many personnel are trained to the [Community Paramedic](#) level? (whole number only)

• How many stations are in your region? (whole number only)

• If you (the host applicant) are a fire department, do you report to the National Fire Incident Reporting System (NFIRS)? Yes No [Help](#)

If you answered "Yes" above, please enter your Requesting departments [FDIN/FDID](#) (max 15 characters) [Help](#)

• How many regional partners will directly participate in this project? (whole number only)

• Please list each participating agency by name along with a point of contact, to include a phone number. All regional participants must be eligible as defined by the AFG Funding Opportunity Announcement (e.g., Fire Departments or nonaffiliated EMS organizations)

Note: All fields are required.

Beneficiary Organization Information	
• Participating Organization Name	<input type="text"/>
• First Name	<input type="text"/>
• Last Name	<input type="text"/>
• Phone Number (e.g. 123-456-7890)	<input type="text"/> Ext. <input type="text"/>

• Do all departments in this request report to NFIRS? Yes No

• Do all agencies meet the regional minimum for NIMS compliancy? Yes No [Help](#)

• What services are provided by your organization and the organizations participating in the regional application? [Help](#)

<input type="checkbox"/> Advanced Life Support Non-Transport	<input type="checkbox"/> Community Paramedic	<input type="checkbox"/> Rescue Fire Suppression
<input checked="" type="checkbox"/> Advanced Life Support Transport	<input type="checkbox"/> Haz-Mat Operational Level	<input type="checkbox"/> Rescue Operational Level
<input type="checkbox"/> Airport Rescue Firefighting (ARFF)	<input type="checkbox"/> Haz-Mat Technical Level	<input type="checkbox"/> Rescue Technical Level
<input type="checkbox"/> BLS/ALS Schedule Transport	<input type="checkbox"/> Maritime Response	<input type="checkbox"/> Structural Fire Suppression
<input type="checkbox"/> Basic Life Support Non-Transport	<input type="checkbox"/> Medical First Response	<input type="checkbox"/> Swift Water Rescue
<input type="checkbox"/> Basic Life Support Transport		

• Please describe your organization and/or community that you serve. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

4000 characters left

Application period ends in

4 days 7 hrs 24 mins 27 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Regional Characteristics (Part II)

Application 27% complete

Please provide the following additional information regarding your organization.
Note: Fields marked with an * are required.

	2014 (whole numbers only)	2013 (whole numbers only)	2012 (whole numbers only)
* What is the total number of line of duty member fatalities in your region 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 region over the last three calendar years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
*What is the cumulative total of the three-year budgets of all participating organizations in this project?	<input type="text"/> (whole number only)		
* How much of this declared budget is dedicated to personnel costs (salary, fringe, and overtime)?	<input type="text"/> (number only)		
* What percentage of the declared operating budget is derived from: Enter numbers only, percentages must sum up to 100%	2014 (numbers only)	2013 (numbers only)	2012 (numbers only)
Taxes?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Bond Issues?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
EMS Billing?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Grants?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Donations?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fund drives?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fee for Service?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control

4000 characters left

* How many vehicles are operational within the region in each of the type or class of vehicle listed below? You must include vehicles that are leased or 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. (Enter numbers only and enter 0 if you do not have any of the vehicles below)

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions Help
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): <small>Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I, Type II Engine Urban Interface</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ambulances that are used for transport:	<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: <small>Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint</small>	<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): <small>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</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rescue Vehicles: <small>Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Vehicles: <small>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, Bariatric Ambulance(s)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Application period ends in
4 days 7 hrs 22 mins 40 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Regional Call Volume

Application 27% complete

Please provide the number of incidents your region responded to in each of the following categories for the last 3 calendar years. Do not include incidents in which you were called as the second-due or for Mutual Aid.
Note: Each incident must be counted only once regardless of the number of units 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.)

	2014	2013	2012
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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rescue & Emergency Medical Service Incident - NFIRS Series 300	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Condition (No Fire) - NFIRS Series 400	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Call - NFIRS Series 500	<input type="text"/>	<input type="text"/>	<input type="text"/>
Good Intent Call - NFIRS Series 600	<input type="text"/>	<input type="text"/>	<input type="text"/>
False Alarm & False Call - NFIRS Series 700	<input type="text"/>	<input type="text"/>	<input type="text"/>
Severe Weather & Natural Disaster - NFIRS Series 800	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Incident Type - NFIRS Series 900	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the total acreage of all vegetation fires?	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Scheduled Transports	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Scheduled Transports	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many Community Paramedic Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>
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?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization receive Automatic Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization provide Mutual Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many times did your organization provide Automatic Aid?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the Mutual and Automatic Aid responses, how many were structure fires?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application period ends in

4 days 7 hrs 20 mins 50 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)
- [Privacy Statement](#)
- [Disclaimers](#)

• Please select a program you wish to apply

Regional Request Information

Application 27% complete

Activity Selection

Please use this section to select the program for which you want to apply and provide some additional information requested. 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) 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 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.

*1. Select a program for which you are applying. Regional applications are not eligible for modification of facilities or wellness and fitness programs. You can apply for as many activities within a program as you need.

Select	Program Name	Activities Available
<input type="radio"/>	Regional (EMS Operations and Safety)	[Equipment] [Personal Protective Equipment] [Training]

* 2. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.
(This amount will be included under Other Budget Object Class section of Budget page)(whole dollar amounts only)

\$0

Application period ends in

4 days 7 hrs 8 mins 6 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

Applicant Information

Application 63% complete

Please complete the following information regarding your department.

Note: Fields marked with an * are required.

* Organization Name	<input type="text"/>
* Type of Applicant	<input type="radio"/> Fire Department/Fire District <input type="radio"/> Fire Department/Fire District (Regional) <input type="radio"/> Nonaffiliated EMS Organization <input type="radio"/> Nonaffiliated EMS Organization (Regional) <input checked="" type="radio"/> State Fire Training Academy <input type="radio"/> Regional Vehicle
* State Fire Training Academy applicants, please name your State/Territory:	Select a State <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.	<input type="text"/>
* Mailing Address 1	<input type="text"/>
Mailing Address 2	<input type="text"/>
* City	<input type="text"/>
* State	Select a State <input type="text"/>
* Zip (e.g. 12345-6789)	<input type="text"/> - <input type="text"/> Need help for ZIP+4?
* Employer Identification Number (e.g. 12-3456789) Note: This information must match your SAM.gov profile. (e.g. 12-3456789)	<input type="text"/> Help
* Is your organization using the DUNS number of your Jurisdiction?	<input checked="" 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 selected Yes above)	<input type="checkbox"/> Yes
* What is your 9 digit DUNS number ? (call 1-866-705-5711 to get a DUNS number)	<input type="text"/> Help
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 type="text"/> Help
* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?	<input checked="" type="radio"/> Yes <input type="radio"/> No Help
* 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 checked="" type="checkbox"/> Yes
Headquarters or Main Station Physical Address	
* Physical Address 1	<input type="text"/>
Physical Address 2	<input type="text"/>

Application period ends in
 8 days 3 hrs 46 mins 59 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

* Physical Address 1	<input type="text"/>
Physical Address 2	<input type="text"/>
* City	<input type="text"/>
* State	Select a State ▼
* Zip (e.g. 12345-6789)	<input type="text"/> - <input type="text"/> Need help for ZIP+4?

Mailing address is the same as the physical address
 Note: This information must match your [SAM.gov](#) profile. [Help](#)

* Mailing Address 1	<input type="text"/>
Mailing Address 2	<input type="text"/>
* City	<input type="text"/>
* State	Select a State ▼
* Zip (e.g. 12345-6789)	<input type="text"/> - <input type="text"/> Need help for ZIP+4?

Bank Account Information

* The bank account being used is: (Please select one from right)	<input checked="" 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 type="radio"/> Checking <input checked="" type="radio"/> Savings
* Bank routing number - 9 digit number on the bottom left hand corner of your check (numbers only, no dashes)	<input type="text"/> Help
* Re-enter Bank routing number	<input type="text"/>
* Your account number (numbers only, no dashes)	<input type="text"/>
* Re-enter your account number	<input type="text"/>

Additional Information

* For this fiscal year (Federal) is your organization 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 checked="" type="radio"/> No
State Fire Training Academy applicants only: * For this fiscal year (Federal) is your organization receiving non-budgetary funding from any non-Federal source for the same purpose for which this application is being submitted?	<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 will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application.	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Is the applicant delinquent on any Federal debt ?	<input type="radio"/> Yes <input checked="" 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 left

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

Application period ends in
8 days 3 hrs 45 mins 21 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

State Fire Training Academy Characteristics (Part I)

Application 27% complete

Please provide the following additional information regarding your organization.

Note: Fields marked with an * are required.

* Do you have a fixed training facility?	<input type="radio"/> Yes <input type="radio"/> No		
* How many training facilities are operated by your organization? (whole number only)	<input type="text"/>		
* How many full time instructors are engaged in Firefighter Training? (whole number only)	8 <input type="text"/>		
* How many part time instructors are engaged in Firefighter Training?(whole number only)	8 <input type="text"/>		
* How many volunteer or adjunct instructors do you have?(whole number only)	8 <input type="text"/>		
*Do you offer live fire training?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
* (All fields in this section are required.)	2014 <small>(whole number only)</small>	2013 <small>(whole number only)</small>	2012 <small>(whole number only)</small>
How many students do you teach annually?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many Firefighter I classes do you teach annually?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many Firefighter II classes do you teach annually?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many wildland firefighting classes do you teach annually?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of students who completed Firefighter I	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of students who completed Firefighter II	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Training Program Details Please list the number of students you teach each year in the classes listed below by putting the total in the columns to the right for the past three years. (All fields in this section are required.)	2014 <small>(whole number only)</small>	2013 <small>(whole number only)</small>	2012 <small>(whole number only)</small>
* Does your organization teach classes?	<input type="radio"/> Yes <input type="radio"/> No		
--General Training--			
Operations (NFPA 472)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Firefighter I (NFPA 1001)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Firefighter II (NFPA 1002)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructor Training (NFPA 1041)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver/Operator (NFPA 1002)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Officer Training (NFPA 1021)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application period ends in 8 days 3 hrs 42 mins 10 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)

- [Privacy Statement](#)
- [Disclaimers](#)

Officer Training (NFPA 1021)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wildland Firefighter Certification (NFPA 1051/NWCG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wildland Officer (NFPA 1051/1143/NWCG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport Rescue Firefighting (ARFF) (NFPA 1003)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIT Training (NFPA 1407/29 CFR 1910.134g(4))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space Rescue - Awareness level (NFPA 1670/29 CFR 1910.146)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Rescue (NFPA 1670)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Rescue/Urban Search and Rescue - Awareness level (NFPA 1670/1006)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Rescue/Urban Search and Rescue - Operations level (NFPA 1670/1006)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Rescue/Urban Search and Rescue - Technician level (NFPA 1670/1006)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haz-Mat - Technician/Specialist level (NFPA 472)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection Control (NFPA 1581)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical First Responder Training (First Responder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Technician - Basic (EMT B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Technician - (EMT I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Technician - (EMT P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Technician - (EMT P) Community Paramedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Scene Rehab (NFPA 1500/1584)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass Casualty Incident Training (MCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NIMS (NFA/EMI/NWFCG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident Management Course (NFA/EMI/NWFCG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated Emergency Management Course (NFPA 1561/IEMC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Inspector (NFPA 1031)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Investigator (NFPA 1033)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Educator (NFPA 1035)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Application period ends in 7 days 5 hrs 26 mins 26 secs



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)
- [Privacy Statement](#)
- [Disclaimers](#)

Firefighter Safety and Survival Training (NFPA 1407/29 CFR 1910.146)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fire Officer I,II, III, and/or IV (NFPA 1021)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fire Prevention (NFPA 1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maritime (NFPA 1405/1005)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Environmental (EPA Training/Learning Center)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exercises/Preparedness (NFA/EMI)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
---CBRNE Training---				
Operations-level Training (National Law Enforcement Training Agency)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technician-level Training (National Law Enforcement Training Agency)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other CBRNE Training (National Law Enforcement Training Agency)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weapons of Mass Destruction - Operations level (NFPA 472)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weapons of Mass Destruction - Technician Level for Rural (NFPA 472)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weapons of Mass Destruction - Technician Level for Urban/Suburban (NFPA 472)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other/Specialized Weapons of Mass Destruction Training (NFPA 472)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
---Specialized CBRNE Training---				
Specialist (National Law Enforcement Training Agency)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMS for Incidents Involving CBRNE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICS for Terrorism (National Law Enforcement Training Agency)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mass Decontamination (National Law Enforcement Training Agency)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Live Agent (National Domestic Preparedness Consortium)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Explosives and Secondary Device Awareness (National Domestic Preparedness Consortium)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of students taught each year	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

- Based on the list above please tell us what additional classes you offer each year and how many times a year each class is offered.

4000 characters left



State Fire Training Academy Characteristics (Part II)

Application 36% complete

- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

- [Print Application](#)
- [Return to Status](#)
- [Logout](#)
- [Privacy Statement](#)
- [Disclaimers](#)

Please provide the following additional information regarding your organization.
Note: Fields marked with an * are required.

*Over the last three years, what was your organization's operating budget?	<input type="text"/> (whole number only)		
*How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	<input type="text"/> (number only)		
*What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%	2014 (numbers only)	2013 (numbers only)	2012 (numbers only)
Taxes?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Bond Issues?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Grants?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Donations?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Direct Billing to students?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Charge Fire Departments for training?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.			
<div style="border: 1px solid #ccc; height: 40px;"></div>			
4000 characters left			
* Are you requesting a vehicle as part of your application for funding assistance	<input type="radio"/> Yes <input type="radio"/> No		
* How many vehicles does your organization have in each of the type or class of vehicle listed below? You must include vehicles that are leased 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. (Enter numbers only and Enter 0 if you don't have any of the vehicles below)			
Type or Class of Vehicle	Number of Apparatus		
Number of Engines or Pumpers you own. <small>An Engine is a pumper with a 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 Engine or Type II Engine Urban Interface</small>	<input type="text"/>		
Number of Ambulances for transport and/or emergency response:	<input type="text"/>		
Number of tankers you own. <small>Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):</small>	<input type="text"/>		
Number of Aerial Apparatus you own <small>Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint</small>	<input type="text"/>		
Number of Brush/Quick Attack <small>A Brush/Quick Attack is a vehicle with pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons: Brush Truck, Patrol Unit (Pick up w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine</small>	<input type="text"/>		
Number of Rescue Vehicles: <small>Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit</small>	<input type="text"/>		
Number of Additional Vehicles: <small>Air/Light Unit, Rehab Units Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle</small>	<input type="text"/>		

Application period ends in
7 days 5 hrs 1 mins 1 secs

Done

Trusted sites | Protected Mode: Off

95%



- [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 Information](#)
- [9. Request Details](#)
- [10. Budget](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

[Print Application](#)
[Return to Status](#)
[Logout](#)

[Privacy Statement](#)
[Disclaimers](#)

• Please select a program you wish to apply

State Fire Training Academy Request Information

Application 54% complete

Program Selection

Please use this section to select the program(s) for which you want to apply and provide the additional information requested.

*1. Select State Fire Training Academy, then enter a grant writer fee if applicable.

Select	Program Name	Activities Available
<input type="radio"/>	State Fire Training Academy	[Equipment] [Personal Protective Equipment] [Vehicle Acquisition]

* 2. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.
(This amount will be included under Other Budget Object Class section of Budget page)(whole dollar amounts only)

\$0

Application period ends in

7 days 4 hrs 57 mins 26 secs

