

All Questions	Standard Questions
Start an application Fiscal Year (FY) [2020 Assistance to Firefighters Grants/ 2020 Staffing for Adequate Firefigher and Emergency Response/ 2020 Fire Prevention and Safety] application Organization name and DUNS	Start an application Fiscal Year (FY) [2020 Assistance to Firefighters Grants/ 2020 Staffing for Adequate Firefigher and Emergency Response/ 2020 Fire Prevention and Safety] application Organization name and DUNS
Fiscal Year (FY) 2020 Assistance to Firefighters Grants Status: Pending submission Application ID:	Fiscal Year (FY) 2020 Assistance to Firefighters Grants Status: Pending submission Application ID:
System for Award Management (SAM.gov) profile Please identify your organization to be associated with this application. All organization information in this section will come from the System for Award Management (SAM) profile for that organization.	System for Award Management (SAM.gov) profile Please identify your organization to be associated with this application. All organization information in this section will come from the System for Award Management (SAM) profile for that organization.
Information current from SAM.gov as of:	Information current from SAM.gov as of:
DUNS (includes DUNS+4):	DUNS (includes DUNS+4):
Employer Identification Number (EIN):	Employer Identification Number (EIN):
Organization legal name:	Organization legal name:
Organization (doing business as) name:	Organization (doing business as) name:
Mailing address:	Mailing address:
Physical address:	Physical address:
Is your organization delinquent on any federal debt?	Is your organization delinquent on any federal debt?
SAM.gov registration status:	SAM.gov registration status:
We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date	We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date
Applicant information Please provide the following additional information about the department or organization applying for this grant.	Applicant information Please provide the following additional information about the department or organization applying for this grant.
Applicant name (i.e., fire department name)	Applicant name (i.e., fire department name)
Main address of location impacted by this grant Main address 1	Main address of location impacted by this grant Main address 1
Main address 2 Optional	Main address 2 Optional
City	City
State/territory	State/territory
Zip code	Zip code
Zip extension	Zip extension
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?	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?

<p>Applicant characteristics</p> <p>The Assistance to Firefighters Grants Program's objective is to provide funding directly to fire departments and nonaffiliated EMS organizations or a State Fire Training Academy for the purpose of protecting the health and safety of the public and first responder personnel against fire and fire-related hazards. Please review the Notice of Funding Opportunity Announcement (NOFO) for information on available program areas and for more information on the evaluation process and conditions of award.</p>	<p>Applicant characteristics</p> <p>The Assistance to Firefighters Grants Program's objective is to provide funding directly to fire departments and nonaffiliated EMS organizations or a State Fire Training Academy for the purpose of protecting the health and safety of the public and first responder personnel against fire and fire-related hazards. Please review the Notice of Funding Opportunity Announcement (NOFO) for information on available program areas and for more information on the evaluation process and conditions of award.</p>
<p>Please provide the following additional information about the applicant.</p>	<p>Please provide the following additional information about the applicant.</p>
<p>Applicant type</p>	<p>Applicant type</p>
<p>Is this grant application a regional request? A regional request provides a direct regional and/or local benefit beyond your organization. You may apply for a regional request on behalf of your organization and any number of other participating eligible organizations within your region.</p>	<p>Is this grant application a regional request? A regional request provides a direct regional and/or local benefit beyond your organization. You may apply for a regional request on behalf of your organization and any number of other participating eligible organizations within your region.</p>
<p>What kind of organization do you represent?</p>	<p>What kind of organization do you represent?</p>
<p>What is the percentage of career members in your organization?</p>	<p>What is the percentage of career members in your organization?</p>
<p>How many active firefighters does your department have who perform firefighting duties?</p>	<p>How many active firefighters does your department have who perform firefighting duties?</p>
<p>How many of your active firefighters are trained to the level of Firefighter I or equivalent?</p>	<p>How many of your active firefighters are trained to the level of Firefighter I or equivalent?</p>
<p>How many of your active firefighters are trained to the level of Firefighter II or equivalent?</p>	<p>How many of your active firefighters are trained to the level of Firefighter II or equivalent?</p>
<p>Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?</p>	<p>Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?</p>
<p>Which of the following standards does your organization meet regarding physicals? If physicals are not required then do not select any option. (optional)</p>	<p>Which of the following standards does your organization meet regarding physicals? If physicals are not required then do not select any option. (optional)</p>
<p>How many members in your department are trained to the level of EMR or EMT, Advanced EMT or Paramedic?</p>	<p>How many members in your department are trained to the level of EMR or EMT, Advanced EMT or Paramedic?</p>
<p>Does your department have a Community Paramedic program?</p>	<p>Does your department have a Community Paramedic program?</p>
<p>How many personnel are trained to the Community Paramedic level?</p>	<p>How many personnel are trained to the Community Paramedic level?</p>
<p>How many stations are operated by your department?</p>	<p>How many stations are operated by your department?</p>
<p>Does your organization protect critical infrastructure of the state?</p>	<p>Does your organization protect critical infrastructure of the state?</p>

Please describe the critical infrastructure protected below.	Please describe the critical infrastructure protected below.
Do you currently report to the National Fire Incident Reporting System (NFIRS)? You will be required to report to NFIRS for the entire period of the grant.	Do you currently report to the National Fire Incident Reporting System (NFIRS)? You will be required to report to NFIRS for the entire period of the grant.
Please enter your FDIN/FDID.	Please enter your FDIN/FDID.
Operating budget What is your organization's operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) dedicated to expenditures for day-to-day activities for the current (at time of application) fiscal year, as well as the previous two fiscal years?	Operating budget What is your organization's operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) dedicated to expenditures for day-to-day activities for the current (at time of application) fiscal year, as well as the previous two fiscal years?
Current Fiscal Year	Current Fiscal Year
Fiscal Year Operating budget Current fiscal year	Fiscal Year Operating budget Current fiscal year
Current fiscal year - 1	Current fiscal year - 1
Current fiscal year - 2	Current fiscal year - 2
What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?	What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?
Does your department have any rainy day reserves, emergency funds, or capital outlay?	Does your department have any rainy day reserves, emergency funds, or capital outlay?
Does your department have any rainy day reserves, emergency funds, or capital outlay?	Does your department have any rainy day reserves, emergency funds, or capital outlay?
What percentage of the declared operating budget is derived from the following Current fiscal year Current fiscal year - 1 Current fiscal year - 2 Taxes	What percentage of the declared operating budget is derived from the following Current fiscal year Current fiscal year - 1 Current fiscal year - 2 Taxes
Bond issues	Bond issues
EMS billing	EMS billing
Grants	Grants
Donations	Donations
Fund drives	Fund drives
Fee for service	Fee for service
Other	Other
Please explain the "Other" portion of the declared operating budget.	Please explain the "Other" portion of the declared operating budget.
Describe your financial need and how consistent it is with the intent of the AFG Program. Include details describing your organization's financial distress such as summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of your control.	Describe your financial need and how consistent it is with the intent of the AFG Program. Include details describing your organization's financial distress such as summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of your control.

In cases of demonstrated economic hardship, and upon the request of the grant applicant, the FEMA Administrator may grant an Economic Hardship Waiver. Is it your organization's intent to apply for an Economic Hardship Waiver?	In cases of demonstrated economic hardship, and upon the request of the grant applicant, the FEMA Administrator may grant an Economic Hardship Waiver. Is it your organization's intent to apply for an Economic Hardship Waiver?
Which type of waiver will you be applying for?	Which type of waiver will you be applying for?
Other funding sources This fiscal year, are you receiving Federal funding from any other grant program for the same purpose for which you are applying for this grant?	Other funding sources This fiscal year, are you receiving Federal funding from any other grant program for the same purpose for which you are applying for this grant?
This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?	This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?
Please provide an explanation for other funding sources in the space provided below.	Please provide an explanation for other funding sources in the space provided below.
Applicant and community trends Please provide the following additional information about the applicant.	Applicant and community trends Please provide the following additional information about the applicant.
Injuries and fatalities	Injuries and fatalities
What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?
What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar year	What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar year
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 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. type or class of vehicles Number of frontline apparatus Number of reserve apparatus Number of seated riding positions	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 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. type or class of vehicles Number of frontline apparatus Number of reserve apparatus Number of seated riding positions
Engines or pumpers (pumping capacity of 750 gallons per minute (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	Engines or pumpers (pumping capacity of 750 gallons per minute (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
Ambulances for transport and/or emergency response	Ambulances for transport and/or emergency response
Aerial apparatus: aerial ladder truck, telescoping, articulating, ladder towers, platform, tiller ladder truck, quint	Aerial apparatus: aerial ladder truck, telescoping, articulating, ladder towers, platform, tiller ladder truck, quint

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	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
Rescue vehicles: rescue squad, rescue (light, medium, heavy), technical rescue vehicle, hazardous materials unit	Rescue vehicles: rescue squad, rescue (light, medium, heavy), technical rescue vehicle, hazardous materials unit
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	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
Are the organizations in your region facing a new risk, expanding service to a new area, or experiencing an increased call volume?	Are the organizations in your region facing a new risk, expanding service to a new area, or experiencing an increased call volume?
Please explain how your department is facing a new risk, expanding service to a new area, or experiencing an increased call volume.	Please explain how your department is facing a new risk, expanding service to a new area, or experiencing an increased call volume.
Community description Please provide the following additional information about the community your organization serves. Type of jurisdiction served	Community description Please provide the following additional information about the community your organization serves. Type of jurisdiction served
What type of community does [your organization/ the host organization] serve?	What type of community does [your organization/ the host organization] serve?
What is the square mileage of your first due response zone/jurisdiction served?	What is the square mileage of your first due response zone/jurisdiction served?
What percentage of your primary response area is for the following: Percentage (must sum to 100%)	What percentage of your primary response area is for the following: Percentage (must sum to 100%)
Agriculture, wildland, open space, or undeveloped properties	Agriculture, wildland, open space, or undeveloped properties
Commercial and industrial purposes	Commercial and industrial purposes
Residential purposes	Residential purposes
Total	Total
What is the permanent resident population of your first due response zone/jurisdiction served?	What is the permanent resident population of your first due response zone/jurisdiction served?
Do you have a seasonal increase in population?	Do you have a seasonal increase in population?
What is your seasonal increase in population (number of people)?	What is your seasonal increase in population (number of people)?
Please describe your organization and/or community that you serve.	Please describe your organization and/or community that you serve.
Summary of responses per year per category 2020 2019 2018	Summary of responses per year per category 2020 2019 2018
NFIRS Series 100: Fire	NFIRS Series 100: Fire
NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)	NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)

NFIRS Series 300: Rescue & Emergency Medical Service Incident	NFIRS Series 300: Rescue & Emergency Medical Service Incident
NFIRS Series 400: Hazardous Condition (No Fire)	NFIRS Series 400: Hazardous Condition (No Fire)
NFIRS Series 500: Service Call	NFIRS Series 500: Service Call
NFIRS Series 600: Good Intent Call	NFIRS Series 600: Good Intent Call
NFIRS Series 700: False Alarm & False Call	NFIRS Series 700: False Alarm & False Call
NFIRS Series 800: Severe Weather & Natural Disaster	NFIRS Series 800: Severe Weather & Natural Disaster
NFIRS Series 900: Special Incident Type	NFIRS Series 900: Special Incident Type
How many responses per year per category? 2020 2019 2018	How many responses per year per category? 2020 2019 2018
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)?	Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)?
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?	Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)?	Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)?
Total acreage per year 2020 2019 2018	Total acreage per year 2020 2019 2018
What is the total acreage of all vegetation fires?	What is the total acreage of all vegetation fires?
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?	Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?	Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?	Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?
How many EMS-BLS Response Calls?	How many EMS-BLS Response Calls?
How many EMS-ALS Response Calls?	How many EMS-ALS Response Calls?
How many EMS-ALS Scheduled Transports?	How many EMS-ALS Scheduled Transports?
How many EMS-BLS Scheduled Transports?	How many EMS-BLS Scheduled Transports?
How many Community Paramedic Response Calls?	How many Community Paramedic Response Calls?

How many responses per year per category? 2020 2019 2018	How many responses per year per category? 2020 2019 2018
How many times did organizations in your region receive Mutual Aid?	How many times did organizations in your region receive Mutual Aid?
How many times did organizations in your region receive Automatic Aid?	How many times did organizations in your region receive Automatic Aid?
How many times did organizations in your region provide Mutual Aid?	How many times did organizations in your region provide Mutual Aid?
How many times did organizations in your region provide Automatic Aid?	How many times did organizations in your region provide Automatic Aid?
Of the Mutual and Automatic Aid responses, how many were structure fires?	Of the Mutual and Automatic Aid responses, how many were structure fires?
Are you requesting a Micro Grant? A Micro Grant is limited to \$50,000 in federal resources.	Are you requesting a Micro Grant? A Micro Grant is limited to \$50,000 in federal resources.
Add activity to Request Details Select activity	Add activity to Request Details Select activity
Add item to Equipment Select item:	Project Description and Budget: Clearly explain the organization's project objectives and the relationship to your organization's budget (e.g., personnel, equipment, contracts, etc.) and risk analysis by providing statistics to justify the needs. Describe the various activities to be implemented, including program priorities or facility modifications, to include details on how these are consistent with project objectives, your organization's mission and national, state, and/or local requirements. Provide details that link the proposed expenses to operations and safety, as well as to the completion of the project's goals.
QUANTITY	Cost Benefit: Describe how you plan to address the operations and personal safety needs of your organization, including cost effectiveness and sharing assets. The Operations and Safety Cost Benefit statement should also include details about gaining the maximum benefits from grant funding by citing reasonable or required costs, such as specific overhead and administrative costs. The request should also be consistent with your organization's mission and identify how funding will benefit your organization and affected personnel.

UNIT PRICE	Statement of Effect on Operations: Explain how this funding request will enhance the organization's overall effectiveness. Describe how the grant award will improve daily operations and reduce the organization's risk(s) including how frequently the requested item(s) will be used and in what capacity. Indicate how the requested item(s) will help the community and increase the organization's ability to save additional lives and property. Jurisdictions that demonstrate their commitment and proactive posture to reducing fire risk, by explaining their code enforcement (to include Wildland Urban Interface code enforcement) and mitigation strategies (including whether or not the jurisdiction has a FEMA-approved mitigation strategy) may receive stronger consideration under this criterion.
Budget class	I, *applicant name*, am hereby providing my signature for this award as of *date*
Description	I certify that my contact information is accurate.
Generally the equipment purchased under this grant program will:	By entering my password, I, *applicant name*, am hereby providing my signature for this application as of *date* *time*
Specify the age of equipment in years:	Please enter your password.
Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? In your narrative statement, please explain how this equipment will bring the organization into voluntary compliance.	
Is your department trained in the proper use of the equipment being requested?	
Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested as additional funding).	
If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	
Add project to Modify facilities Select project:	
Facility identification (e.g. Station #1 Southside Station)	
Does this facility have a fire alarm system?	
Does this facility have a fire sprinkler system?	
Does this facility have a diesel/smoke removal system?	

When was the last major renovation to this facility? Please enter date built if no renovations have occurred. (eg: mm/dd/yyyy)
Additional information:
Add item to Facility Select item:
What is the square footage of the area that your modification will directly affect?
Does the facility you wish to modify have a drive through bay?
What is the age of the facility that is being modified?
What type of facility will be modified?
What is the level of occupancy for the facility you wish to modify? Note: The occupancy is defined by the number of hours the facility is used within a single 24 hour time period.

How many vehicles do you plan on attaching to the system (only include currently owned vehicles or vehicles on order - do not include equipment for future capacity)?

Add item to Personal Protective Equipment (PPE) Select item:
What is the purpose of this request?
Are you requesting for members that currently do not have above-mentioned item?
Is your department trained in the proper use of the PPE/SCBA being requested?
Are you requesting funding for training for this PPE/SCBA?
If you are not requesting training funds through this application, will you obtain training for this PPE/SCBA through other sources?
How many of your on-duty active members currently have PPE that meets applicable NFPA and OSHA standards?
Less than 1
2
3
4
5
6
7
8

9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25 or More
How many of your seated riding positions currently have compliant SCBA assigned to it?
2018 Edition
2013 Edition
2007 Edition and older
Obsolete/non-compliant
Add project to Training Select project:
Provide a detailed description of the Training Program you selected.
Generally, this program can best be categorized as:
How many personnel will be trained by this program?
Generally, the training program provided under this grant:
Please specify:

Will this training enhance your ability to perform Mutual Aid?
Please explain
Will this training include members from other fire departments and/or nonaffiliated EMS organizations?
Will this training be:
Add item to Training
Select item:
Initial Physical Exam
Job Related Immunization Program
Periodic Physical Exam/Health Screening
Behavioral Health NFPA 1500 or equivalent
Cancer Screening Program/Equipment
Add item to Wellness and Fitness Project
Select item:
Project Description and Budget: Clearly explain the organization's project objectives and the relationship to your organization's budget (e.g., personnel, equipment, contracts, etc.) and risk analysis by providing statistics to justify the needs. Describe the various activities to be implemented, including program priorities or facility modifications, to include details on how these are consistent with project objectives, your organization's mission and national, state, and/or local requirements. Provide details that link the proposed expenses to operations and safety, as well as to the completion of the project's goals.
Cost Benefit: Describe how you plan to address the operations and personal safety needs of your organization, including cost effectiveness and sharing assets. The Operations and Safety Cost Benefit statement should also include details about gaining the maximum benefits from grant funding by citing reasonable or required costs, such as specific overhead and administrative costs. The request should also be consistent with your organization's mission and identify how funding will benefit your organization and affected personnel.

Statement of Effect on Operations: Explain how this funding request will enhance the organization's overall effectiveness. Describe how the grant award will improve daily operations and reduce the organization's risk(s) including how frequently the requested item(s) will be used and in what capacity. Indicate how the requested item(s) will help the community and increase the organization's ability to save additional lives and property. Jurisdictions that demonstrate their commitment and proactive posture to reducing fire risk, by explaining their code enforcement (to include Wildland Urban Interface code enforcement) and mitigation strategies (including whether or not the jurisdiction has a FEMA-approved mitigation strategy) may receive stronger consideration under this criterion.

Equipment

Modify facilities

Personal Protective Equipment (PPE)

Training

Wellness and fitness programs

Is your proposed project limited to one or more of the following activities : Planning and development of policies or processes. Management, administrative, or personnel actions. Classroom-based training. Acquisition of mobile and portable equipment (not involving installation) on or in a building.

EHP screening form attachment (optional)

Budget summary

Personnel

Fringe benefits

Travel

Equipment

Supplies

Contractual

Construction

Other

Total direct charges

Indirect charges

TOTAL

Applicant

State

Other sources

Remarks

Federal resources

Non-federal resources

Program income
Did any individual or organization assist with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application?
Add application participant Add all individuals or organizations that assisted with this application.
Add a participant
First name
Middle initial
Last name
Primary phone
Ext
Type
Email
Address line 1
Address line 2
City
State/territory
Zip extension
Add secondary point of contact Enter a secondary point of contact for this application.
Title
Prefix
Secondary phone
Optional phone
Fax number
Email
I, *applicant name*, am hereby providing my signature for this award as of *date*
I certify that my contact information is accurate.
By entering my password, I, *applicant name*, am hereby providing my signature for this application as of *date* *time*
Please enter your password.
Do you have a fixed training facility?
How many training facilities are operated by your organization?
How many full time instructors are engaged in Firefighter Training?
How many part time instructors are engaged in Firefighter Training?

How many volunteer or adjunct instructors do you have?
Do you offer live fire training?
How many students do you teach annually?
How many Firefighter I classes do you teach annually?
How many Firefighter II classes do you teach annually?
How many wildland firefighting classes do you teach annually?
Number of students who completed Firefighter I?
Number of students who completed Firefighter II?
Does your organization teach classes?
Taxes
Bond Issues
Direct Billing to Students
Charge fire departments for training
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 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.
Tankers or tenders (water capacity of 1,000 gallons or more)
Enter the number of members that do not have this item
Please explain how this request benefits other organizations.
Per the Notice of Funding Opportunity, do you have a Memorandum of Understanding (MOU) or equivalent document in place?
Please attach your MOU or equivalent document (optional):
How many regional partners will directly participate in this project?
Please list each participating agency by name along with a point of contact (POC), to include a phone number. All regional participants must be eligible as defined by the Notice of Funding Opportunity.
Participating organization name
POC first name
POC last name
Phone number
Phone number extension

EIN
How many active firefighters does your region have who perform firefighting duties? This is the combined personnel of all departments/agencies included in this application
How many of the active firefighters in your region are trained to the level of Firefighter I or equivalent?
How many of the active firefighters in your region are trained to the level of Firefighter II or equivalent?
How many members in your region are trained to the level of EMR or EMT, Advanced EMT or Paramedic?
Do the departments in your region have a Community Paramedic program?
How many stations are in your region?
Does your region protect critical infrastructure of the state?
Do all departments in this request report to NFIRS?
Please enter the FDIN/FDID of the host department.
Operating budget What is the cumulative operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) of all participating organizations in this project dedicated to expenditures for day-to-day activities for the current (at time of application) fiscal year, as well as the previous two fiscal years?
Injuries and fatalities
What is the total number of line of duty member fatalities in your region over the last three calendar years?
What is the total number of line of duty member injuries in your region over the last three calendar years?
Which activity are you applying for?
Current Fiscal Year (i.e., 2020)
Operating budget
What is the total amount currently set aside?
Describe the planned purpose of this fund.
EMS billing
Fund drives
Fee for service

<p>Describe your financial need to include descriptions of the following: Income vs. expense breakdown of the current annual budget Budget shortfalls and the inability to address financial needs without federal assistance Actions taken to obtain funding elsewhere (i.e. state assistance programs or other grant programs) How your critical functions are affected without this funding</p>
<p>This fiscal year, are you receiving Federal funding from any other grant program for the same purpose for which you are applying for this grant?</p>
<p>What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?</p>
<p>What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?</p>
<p>What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?</p>
<p>Tankers or tenders (water capacity of 1,000 gallons or more)</p>
<p>Is your department facing a new risk, expanding service to a new area, or experiencing an increased call volume?</p>
<p>Type of jurisdiction served</p>
<p>What percentage of your primary response area is protected by hydrants?</p>
<p>What is the permanent resident population of your first due response zone/jurisdiction served?</p>
<p>What is your seasonal increase in population (number of people)?</p>
<p>Please describe your organization and/or community that you serve.</p>
<p>Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?</p>
<p>Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)?</p>
<p>What is the total acreage of all vegetation fires?</p>
<p>What is the total acreage of all vegetation fires?</p>
<p>How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.</p>

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?
How many EMS-BLS Response Calls?
How many EMS-ALS Response Calls?
How many EMS-BLS Scheduled Transports?
How many EMS-ALS Scheduled Transports?
How many Community Paramedic Response Calls?
How many times did your organization receive Mutual Aid?
How many times did your organization receive Automatic Aid?
How many times did your organization provide Mutual Aid?
How many times did your organization provide Automatic Aid?
Does the proposed program have, or will it establish, a multi-organizational partnership and/or partnerships with other fire-related organizations?
Provide details on who the partner(s) are and the specific roles and contributions of the partners to the program.
Is this grant application a regional request? A regional request provides a direct regional and/or local benefit beyond your organization. You may apply for a regional request on behalf of your organization and any number of other participating eligible organizations within your region.
Participating organization name
POC last name
Phone number
Phone number extensio
EIN
Per the Notice of Funding Opportunity, do you have a Memorandum of Understanding (MOU) or equivalent document in place?
Please describe the critical infrastructure protected below.

<p>What was the operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) for the host organization related to fire-related programs and emergency response for the current (at time of application) fiscal year, as well as the previous three fiscal years? Current Fiscal Year (i.e., 2020)</p>
<p>Are the organizations in your region facing a new risk, expanding service to a new area, or experiencing an increased call volume?</p>
<p>Please explain how the organizations in the region are facing a new risk, expanding service to a new area, or experiencing an increased call volume.</p>
<p>Type of jurisdiction served by the host organization</p>
<p>What type of community does the host organization serve?</p>
<p>What is the square mileage of the first due response zone/jurisdiction to be served?</p>
<p>What percentage of the primary response area is for the following</p>
<p>What is the permanent resident population of the first due response zone/jurisdiction of the region being served? Remember this is the combined population of all organizations included in this application.</p>
<p>Does the region have a seasonal increase in population?</p>
<p>What is the seasonal increase in population (number of people)?</p>
<p>Select the item that best describes the NFPA standard your department is attempting to meet:</p>
<p>What is the department's current (at the start of the application period) budgeted operational staffing level? Include all budgeted positions, even if they are not currently filled.</p>
<p>How many budgeted, but vacant operational positions does your department have at the start of the application period?</p>
<p>Staffing levels at the start of the application period</p>
<p>Staffing levels at one year prior to the start of the application period</p>
<p>Staffing levels at two years prior to the start of the application period</p>
<p>If awarded this grant, what will the staffing levels be in your department?</p>

Please provide details on the department's existing staffing model to include the number of shifts, number of positions per shift, chief level officer staffing per shift (i.e., Battalion Chief, District Chief, etc.), and contracted shift hours per week/pay period. If the contracted shift hours included FLSA overtime or Kelly Days, please be sure to include details.

Does your department utilize part-time paid firefighters?

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

Does your department utilize reserve/relief paid firefighters?

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

How often does your department meet the NFPA assembly requirements as indicated in the table above for the department's first due response zone/jurisdiction served?

What is the average actual staffing level on your first arriving engine company or vehicle capable of initiating suppression activities on the number of structure fires indicated in the Department call volume section of your application?

Do you provide NFPA 1582 annual medical/physical exams?

How often do you anticipate that your department will meet the NFPA assembly requirements as indicated in the table above?

What will be the average actual staffing level on your first arriving engine company or vehicle capable of initiating suppression activities on the number of structure fires indicated in the Department call volume section of your application?

Will you provide the new hires with NFPA 1582 entry-level physicals?

Will the personnel hired meet the minimum EMS training and certification as required by your Authority Having Jurisdiction (AHJ)?
Is it your department's intent to sustain the awarded positions after the completion of the period of performance?
Describe the department's step-by-step hiring process (application period, written test, physical, approval) and the timeline for each step.
How many recruits can be trained in one academy class?
How long after award will the department be able to start a recruit class?
How often are your recruit classes held?
Does the department need governing body approval to accept and implement the award?
Provide details on the timeline needed to accept the grant award.
Is your request for hiring firefighters based on a risk analysis, staffing needs analysis, or an Insurance Services Office (ISO) rating?
Describe how the analysis was conducted and the outcome of the analysis or ISO rating.
Does your department currently have a policy in place to recruit and hire veterans?
Please provide a brief description of the policy in place.
Why does the department need the positions requested in this application?
How will the positions requested in this application be used within the department? (e.g., 4th on engine, open a new station, eliminate browned out stations, reduce overtime)?
What specific services will the requested positions provide to the fire department and community?
Describe how funds awarded through this grant would enhance the department's ability to protect critical infrastructure within the primary response area.
Explain how the community and the current firefighters employed by the department are at risk without the positions requested in this application.
How will that risk be reduced if awarded?
Describe the benefits (e.g., quantifying the anticipated savings and/or efficiencies) the department and community will realize if awarded the positions requested in this application.

If you have any additional information you would like to include about the department and/or this application in general, please provide below. Optional

Add position to Hiring of Firefighters
Select position:

How many full-time firefighter positions are you requesting? "Full-time" is considered 2,080 hours or more worked per year.

Number of firefighters

What are the anticipated annual costs per position, per year? Annual costs include the base salary (exclusive of non-FLSA overtime) and the standard benefits package (including the average health cost, dental, vision, FICA, life insurance, retirement/pension, etc.) offered by the fire department. To get the "average" health care costs, average the annual cost among various health insurance plans offered (i.e., self only, family, etc). Do not use figures that assume all employees will select self or family coverage.

What benefits are included in the annual benefits amount? You must provide details on the dollar amounts or percentages for each benefit being provided (health costs (family, employee only, employee plus one), dental, vision, FICA, life insurance, retirement/pension, etc.). Note: Failure to provide this information may results in reductions to the requested amounts.

Benefits funded

What are the anticipated annual costs for this position, per year? Annual costs include the base salary (exclusive of non-FLSA overtime) and the standard benefits package (including the average health cost, dental, vision, FICA, life insurance, retirement/pension, etc.) offered by the fire department.

Please download the EHP Screening form available at <https://www.fema.gov/media-library/assets/documents/90195>. Once you have been awarded the grant and have accepted the award, please complete and send your screening form and attachments to GPDEHPinfo@fema.dhs.gov.

What is the total number of active volunteer firefighters in your region, not including administrative or EMS only members?

Do the majority of participating departments (more than 50%) provide NFPA 1582 annual medical/physical exams?
Will the majority of participating departments (more than 50%) provide the new recruits with NFPA 1582 entry-level physicals?
How many active volunteer firefighters are needed by your region to adequately comply with applicable NFPA assembly requirements? Include only operational volunteer firefighters; administrative or EMS only members should not be included.
How many active volunteer operational firefighters joined your region over the last three years?
How many active volunteer operational firefighters left your region over the last three years?
Do you currently have a comprehensive marketing plan in place as part of your recruitment and retention efforts? A marketing plan must be in place or requested in the application if requesting grant funds to recruit new members.
Do you currently have a Recruitment and Retention Coordinator or Program Manager?
Do the majority of participating departments (more than 50%) offer worker's compensation/accidental death and dismemberment (AD&D) insurance for active volunteer firefighters?
What level of firefighter training and certification will the majority of participating departments (more than 50%) be trained to as required by their Authority Having Jurisdiction (AHJ)?
Will the firefighters recruited meet the firefighter training and certification requirements indicated in the previous question within 24 months of appointment?
Please provide details on the training program currently in place, or that will be implemented upon award, to ensure that members meet the above firefighter training and certification requirements with 24 months of appointment.
Describe the problems and issues the region is experiencing in recruiting new volunteer firefighters (e.g., why are you unable to recruit members on your own?).
What are the problems and issues the region is experiencing in retaining current members (e.g., why are the current volunteer firefighters leaving?).

Describe the implementation plan, including the goals, objectives, methods, specific steps, and timelines to directly address the identified problems or issues.
Describe the current marketing plan already in place, or the marketing plan to be put in place with grant funds.
Describe how the program will be evaluated for its impact on identified recruitment and retention problems and issues. How will the overall effectiveness of the grant be measured?
Describe the specific services the new volunteer firefighters and/or retention of current volunteer firefighters will provide for the fire department(s) and community. Discuss how the regional partners will benefit and which activities they will benefit from.
Describe how the community and current volunteer firefighters in the region are at risk without the items or activities requested in this application
Explain the impact of recruitment of new volunteer firefighters and/or the retention of current volunteer firefighters will have on the NFPA compliance for departments in your region.
Describe the benefits (e.g., quantifying the anticipated savings and/or efficiencies) the region and community will realize if awarded the positions requested in this application.
If you have any additional information you would like to include about the region and/or this application in general, please provide below. Optional
Add category to Recruitment and Retention
Add sub-category to Awards/Incentives for Operational Activities
Add sub-category to Explorer/Cadet/Mentoring Programs
Add sub-category to Grant Administrator
Add sub-category to Insurance packages
Add sub-category to Length of Service Award Program (LOSAP) or Retirement Program
Add sub-category to Marketing Program
Add sub-category to New Member Costs
Add sub-category to Nominal Stipend
Add sub-category to Other (Explain)
Add sub-category to Personal Protective Equipment (PPE)
Add sub-category to Program Manager

Add sub-category to Recruitment & Retention Coordinator
Add sub-category to Remodeling/Renovation of Existing Facilities
Add sub-category to Staffing Needs/Risk Assessment
Add sub-category to Tuition assistance for higher education
Question
Organization name and DUNS
Which activity are you applying for?
What kind of organization do you represent?
Do you currently report to the National Fire Incident Reporting System (NFIRS)? You will be required to report to NFIRS for the entire period of the grant.
What is your organization's operating budget for programs that enhance the safety of the public and firefighters with respect to fire and fire-related hazards (including fire prevention, fire code enforcement, fire/arson investigation, wildfire prevention, and firefighter health and safety research and development)? Please include costs (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) for the current (at the time of application) fiscal year, as well as the previous two fiscal years.
Please explain the applicant's need for financial assistance to carry out the proposed project(s). Provide detail about the applicant's total operating budget, including a high-level breakdown of the budget. Describe the applicant's inability to address financial needs without federal assistance. Discuss other actions the applicant has taken to meet their needs. Include information on efforts to obtain funding elsewhere and how similar projects have been funded in the past.
Please attach your request for a waiver (optional):
Please provide the following additional information about the community your organization serves.
Add project to [Community Risk Reduction/ Wildfire Risk Reduction/ Code Enforcement /Awareness/ Fire Arson Investigation/ National /State/Regional/Programs and Projects/Grant Writer Fee] Select project:

Add item to [General Prevention/Awareness/
Juvenile Fire Setter projects/ Other
(Explain)/ Public Education/ Risk
Assessments/ Smoke Alarm Installations
(door to door with home safety inspection)/
Smoke Alarms (all other projects)/ Sprinkler
Awareness/ Training]

Select item:

Project name

Is this a national-level project, with a
national impact?

Phone number extension

Who is the target audience for the planned
project?

Identify the target audience

What is the estimated size of the target
audience?

How was this target audience determined?

Briefly describe the method used to
determine the target audience.

Please provide a brief synopsis of the
proposed project and then identify the
specific goals and objectives of your
project.

Please explain your experience and ability in
developing and conducting (i.e., timely and
satisfactory project completion) past fire
prevention and safety projects. Additionally,
please demonstrate the experience and
expertise you have in managing the type of
project you are proposing.

Commitment to Mitigation: Fire Department
applicants that can demonstrate their
commitment and proactive posture to
reducing fire risk will receive higher
consideration. Applicants must explain their
code adoption and enforcement (to include
Wildland Urban Interface and
commercial/residential sprinkler code
adoption and enforcement) and mitigation
strategies (including whether or not the
jurisdiction has a FEMA-approved mitigation
strategy). Applicants can also demonstrate
their commitment to reducing fire risk by
applying to implement fire mitigation
strategies (code adoption and enforcement)
via this application.

as well as meeting FEMA's goal to reduce risk by conducting a risk assessment as a basis for action. Vulnerability is a "weak link," demonstrating high-risk behavior, living conditions, or any type of high-risk situation. The Vulnerability Statement should include a description of the steps taken to determine the vulnerability and identify the target audience. The methodology for determination of vulnerability (i.e., how the vulnerability was found) should be discussed in-depth in the application's Narrative Statement.

The specific vulnerability that will be addressed with the proposed project can be established through a formal or informal risk assessment. FEMA encourages the use of local statistics, rather than national statistics, when discussing the vulnerability.

In a clear, to-the-point statement, the applicant should summarize the vulnerability the project will address, including who is at risk, what the risks are, where the risks are, and how the risks can be prevented, reduced, or mitigated.

For the purpose of the FY 2020 FP&S NOFO, formal risk assessments consist of the use of software programs or recognized expert analysis that assess risk trends. Informal risk assessments could include an in-house review of available data (e.g., National Fire Incident Reporting System [NFIRS]) to determine fire loss, burn injuries or loss of life over a period of time, and the factors that are the cause and origin for each occurrence, including a lack of adoption and enforcement of certain codes.

Project Description: Applicants must describe in detail not only the project components but also how the proposed project addresses the identified capability gap, due to financial need and/or the vulnerabilities identified in the vulnerability statement. The following information should be included:

Project Components

Review of any existing programs or models that have been successful.

Detailed description of how the proposed project components fill the identified capability gap

If working with Fire Service

Partners/Organizations, identify each partner/organization and the role(s) they will fill in the successful completion of the proposed project.

Details regarding the methods and specific steps that will be used to achieve the goals and objectives

Timelines outlining the chronological project steps (this is critical for determining the likeliness of the project's completion within the period of performance)

Where applicable, examples of marketing efforts to promote the project, who will deliver the project (e.g., effective partnerships), and the manner in which materials or deliverables will be distributed

Requests for props (i.e., tools used in educational or awareness demonstrations), including specific goals, measurable results, and details on the frequency for which the prop will be utilized as part of the implementation plan. Applicants should include information describing the efforts that will be used to reach the high-risk audience and/or the number of people reached through the proposed project (examples of props include safety trailers, puppets, or costumes)

Where human subjects are involved, describe plans for submission to the Institutional Review Board (IRB) (for further guidance and requirements, see the Human Subjects Research section of the NOFO)

NOTE: For applicants proposing a complex project that may require a 24-month Period of Performance, please include significant justification and details in the implementation plan that justify the applicant's need for a Period of Performance of more than 12 months.

Evaluation Plan: Projects should include a plan for evaluation of effectiveness and identify measurable goals. Applicants seeking to carry out awareness and educational projects, for example, should identify how they intend to determine that there has been an increase in knowledge about fire hazards, or measure a change in the safety behaviors of the audience. Applicants should demonstrate how they will measure risk at the outset of the project in comparison to how much the risk decreased after the project is finished. There are various ways to measure the knowledge gained about fire hazards, including the use of surveys, pre- and post-tests, or documented observations. Applicants are encouraged to attend training on evaluation methods, such as the National Fire Academy's "Demonstrating Your Fire Prevention Program's Worth."

Cost Benefit: Projects will be evaluated and scored by the Peer Review Panelists based on how well the applicant addresses the fire prevention needs of the department or organization in an economic and efficient manner. The applicant should show how it will maximize the level of funding that goes directly into the delivery of the project. The costs associated with the project also must be reasonable for the target audience that will be reached, and a description should be included of how the anticipated project benefit(s) (quantified if possible) outweighs the cost(s) of the requested item(s). The application should provide justification for all costs included in the project in order to assist the Technical Evaluation Panel with their review.

Sustainability: Is it your organization's intent to deliver this program after the grant performance period? If so, how will the overall activity be sustained and what are the long-term benefits? Examples of sustainable projects can be illustrated through the long-term benefits derived from the delivery of the project, the presence of non-federal partners likely to continue the effort, or the demonstrated long-term commitment of the applicant.

Additional Comments: If you have any additional comments about your project, please provide them here.

Item

Other description

Budget class

Will you conduct both door-to-door smoke alarm installations and provide home safety inspections, as part of a comprehensive home fire safety campaign?

Describe the plan to ensure the alarms will be installed.

Describe the type of alarms that will be installed and the rationale for this selection. Note that FEMA, through its FP&S Grants, promotes the use of smoke alarms that are powered by non-removable, long-life batteries, and are enclosed within a tamper-resistant housing. Applicants who do not plan on using smoke alarms powered by non-removable, long-life batteries, and are enclosed within a tamper-resistant housing, must address the rationale for using alternatives.

Does the proposed project include sprinkler awareness that affects the entire community, such as educating the public about sprinklers, promoting sprinklers, and demonstrating working models of sprinklers?
Is this project focusing on first time code adoption and code enforcement or reinstatement of code adoption and code enforcement?
Explain how
Will this project aim to aggressively investigate every fire?
Please explain how this project will assist you in reaching this goal
Explain your jurisdiction's training requirements for fire investigation personnel
Does your project focus on residential fire issues and/or firefighter safety and wellness by dissemination and implementation of programs, policies, or products from previous studies that used rigorous scientific methods to determine effectiveness?
Do you propose to develop a new project focusing on residential fire issues and/or firefighter safety and wellness that does not include a research component?
Does the proposed project aim to measurably change firefighter behavior and decision-making?
Does your project propose the creation of a new database? Note that creation of new databases must be applied for under the Research & Development Activity.
Is your project proposing to interface with government databases?
Explain how the systems will interface or data exchange will occur. Please also explain how this effort will not duplicate existing databases or previously funded efforts.
Does your project include research activities? Research means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.
Please explain.
Does your project include living individuals the investigators (whether professional or students) will obtain data from, including opinions, facts, or other reported items or biologic specimens, through intervention or interaction, whether identifiable or not?

<p>This project will require Institutional Review Board (IRB) review to obtain approval or to obtain an exemption. Has the project been submitted for IRB review?</p>
<p>Have you completed a literature review (NIST, DHS S&T, USFA, DARPA, HSAA, OJP, etc.)?</p>
<p>How does the project proposal differ from what is already funded?</p>
<p>Project category (select the most relevant)</p>
<p>Provide an abstract that includes the following headings: Purpose and Aims, Relevance, Methods, and Anticipated Outcomes</p>
<p>PI name</p>
<p>PI phone</p>
<p>PI email</p>
<p>Narrative Statement The narrative portion of the application should contain supporting information that allows for evaluation of your project(s). If you are applying for a grant in the Research and Development program area, your Narrative Statement must address the evaluation elements outlined in the Notice of Funding Opportunity. Please see the Notice of Funding Opportunity for details regarding the R&D program area formatting requirements and page number maximums for the Narrative and Appendix documents.</p>
<p>Narrative attachment You are required to upload an attachment.</p>
<p>Appendix attachment You are required to upload an attachment.</p>

Fire service panel evaluation criteria

A panel of fire service peer reviewers will evaluate the applications by using the narrative statements below to determine the worthiness of the request for an award.

Please ensure that your narrative clearly addresses each of the following evaluation criteria elements to the best of your ability with detailed but concise information. You may either type your narrative statements in the spaces provided below or create the text in your word processing system and then copy it into the appropriate spaces provided below. Please note the narrative block does not allow for formatting. Do not type your narrative using only capital letters.

Additionally, do not include tables, special fonts (i.e., quote marks, bullets, etc.), or graphs. Please review the Notice of Funding Opportunity for additional narrative details.

Purpose: Please clearly identify the benefits of the proposed research project to improve firefighter safety, health, or wellness, and identify specific gaps in knowledge that will be addressed.

Implementation by fire service: Please discuss how the outcomes/products of this research, if successful, are likely to be widely/nationally adopted and accepted by the fire service as changes that enhance firefighter safety, health, or wellness.

Potential impact: Please discuss the potential impact of the research outcome/product on firefighter safety by quantifying the possible reduction in the number of fatal or non-fatal injuries or on the projected wellness by significantly improving the overall health of firefighters.

Barriers: Please identify and discuss potential fire service and other barriers to successfully completing the study on schedule, including contingencies and strategies to deal with barriers if they materialize. This may include barriers that could inhibit the proposed fire service participation in the study, barriers that could inhibit the adoption of successful results by the fire service when the project is completed, or project components most likely to cause delay in successful completion.

Partners: Participation of the fire service as a partner in the research from development to dissemination is regarded as an essential part of all projects. Describe the fire service partners and contractors that will support the project to accomplish the objectives of the study. The specific roles and contributions of the partners to the project should be described. Partnerships should be formed with national fire-related organizations, in addition to local and regional fire departments. Letters of support and letters of commitment to actively participate in the project should be included in the Appendix of the application. Generally, participants of a diverse population, including both career and volunteer firefighters, are expected to facilitate acceptance of results nationally. In cases where this is not practical, due to the nature of the study or other limitations, these circumstances should clearly be explained.