## DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency SPECIFIC QUESTIONS FOR AFG OPERATIONS AND SAFETY APPLICATIONS

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

### PAPERWORK BURDEN DISCLOSURE NOTICE

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ements	Fire Operations and Firefighter Sa	fety Request Details			
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) 005	The activities for program Fire Operations and Fire specific questions and specify at least one budget its research of current prices (i.e., check with at least to before you submit your application to DHS. Only wh any grant funds to be used for construction. Click View Details link below to build your program b Narratives link for further instructions. Once you hav	em. The cost figures you provide do not h to vendors for your estimates). If you do r ole dollar amounts should be provided (n budget. Once you have entered a line-iten	have to be firm quotes from not have these estimates, no cents please). The Assis	your vendors, but they should b you can come back and modify t stance to Firefighters Grant Prog link to the activity's narrative will	e estimated based his area at any poir ram does not allow
	Activity	Number of Entries	Total Cost	Additional Funding	Action
	Equipment	0	\$0	\$0	View Details
	Modify Facilities	0	\$0	\$0	View Details
	Personal Protective Equipment	0	\$ 0	\$0	View Details
	Training	0	\$ 0	\$0	View Details
	Wellness and Fitness Programs	0	\$ 0	\$ 0	View Details
	Grant-writing fee associated with the preparation of	this request.		\$0	
	Go Back Save and Continue				



Add Operations and Firefighter Safety - Equipment		
Equipment Details		
*1. What equipment will your organization purchase with this grant?	Select Equipment	<u>Help</u>
* Please provide a detailed description of the item selected above.	•	
	500 characters left	
*2. Number of units: (whole number only)		
*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$	
*4. Generally the equipment purchased under this grant program will: (select one)		
<ul> <li>Buy equipment for the first time (never owned before)</li> <li>Replace obsolete or damaged equipment that can no longer meet the applicable standards</li> </ul>		
◎ Increase the organization's available supply of the requested item(s)		
If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.		
*5. 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.	© Yes ◎ No	<u>Help</u>
*6. Is your department trained in the proper use of the equipment being requested?	🔘 Yes 🔘 No	
*7. Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested in the Equipment Additional Funding section). (Under the Action column select Update Additional Funding)	Ves No	Help
8. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	🔘 Yes 🔘 No	
Go back Save and Continue		
	Please provide the following information about the equipment you want funded. Only whole dollar amounts are acceptable. Note: Fields marked with an * are required.  Equipment Details  1. What equipment will your organization purchase with this grant?  * Please provide a detailed description of the item selected above.  *2. Number of units: (whole number only)  *3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)  *4. Generally the equipment purchased under this grant program will: (select one)  Buy equipment for the first time (never owned before) Buy equipment for the first time (never owned before) Increase the organization's available supply of the requested item(s)  If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.  *5. Will the equipment being requested bring the organization into voluntary compliance. *6. Is your department trained in the proper use of the equipment being requested training should be requested in the Equipment Additional Funding section). (Under the Action column select Update Additional Funding) 8. If you are not requesting funding to be trained for these item(s)? (Funding for requested training should be requested in the Equipment Additional Funding section). (Under the Action column select Update Additional Funding) 8. If you are not requesting fraining funds through this application, will you obtain training for this equipment through other sources?	Please provide the following information about the equipment you want funded. Only whole doilar amounts are acceptable. Note: Fields marked with an * are required.           Equipment will your organization purchase with this grant?       Select Equipment         * Obease provide a detailed description of the item selected above.       Select Equipment         * Please provide a detailed description of the item selected above.       \$00 characters left         * Number of units: (whole number only)       \$00 characters left         * Coost per unit: (whole doal amounds with this amount about field any volume discourds, rebuiks, etc.)       \$         * Coost per unit: (whole doal amounds with this amound should reflect any volume discourds, rebuiks, etc.)       \$         * Coost per unit: (whole doal amounds with this amound should reflect any volume discourds, rebuiks, etc.)       \$         * Coost per unit: (whole doal amounds with this amound should reflect any volume discourds, rebuiks, etc.)       \$         * Coost per unit: (whole doal amounds with this amound should reflect any volume discourds, rebuiks, etc.)       \$         * Coost per unit: (whole doal amounds with this amound should reflect any volume discourds, rebuiks, etc.)       \$         * Coost per unit: (whole doal amounds with this amound should reflect any volume discourds, rebuiks, etc.)       \$         * Duy equipment for the first time (never owned before)       \$       \$         * Increase the requipered thing preuested bring the organization into voluntary compliance with a national standards e

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1. Applicant's Acknowledgements 2. Overview	Add Operations and Firefighter Safety - Modify Facilities	
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	Please provide the following information about the Modify Facilities you want funded. <b>Only whole dollar amounts are acceptable.</b> <b>Note:</b> When requesting one or more projects for one station (e.g. sprinklers & exhaust system) the total request cannot exceed \$100,000 per station. <b>All proj</b> you wish to enter an additional project, please fill out another set of Operations and Firefighter Safety - Modify Facilities questions. <b>Note:</b> Fields marked with an * are required. Facilities or additions which were built after January 1st, 2003 are ineligible for an award under this activity. <b>Reminder:</b> Documentation maybe required regarding the nature of the facility, flood plains, etc. prior to being considered for award. Modifications are changes within the existing structure. The original footprint/profile of the facility should remain essentially unchanged. Funding may not be use	sed to change the existing exterior footprint/profile of the building or add additional stories to the building.
Print Application Return to Status	Eligible projects include, but are not limited to: air improvement systems, alarms systems, antennas, generators (fixed), permanently mounted signs, renovation	ns to facilities, sprinklers, vehicle exhaust systems (fixed).
Logout	Modify Facilities Details	
Privacy Statement	*1. On what type of modification will the funds be spent?(Add one line-item request per facility being modified)	Select
<u>Disclaimers</u>	* Please provide a detailed description of the modification selected above.	500 characters left
	*2. What is the square footage of the area that your modification will directly affect? (number only)	
	3. If you are installing an exhaust system, 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)? (whole number only)	
	*4. Does the facility you wish to modify have a drive through bay?	© Yes ◎ No
	*5. Number of units: (whole number only)	
	*6. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	
	*7. What is the age of the facility that is being modified? (whole number only)	
	*8. What type of facility will be modified?	Station(s) with sleeping quarters (to include marine fire facilities)
	*9. 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.	<ul> <li>Full-Time (24/7)</li> <li>Part-Time (Daily, but not 24/7)</li> <li>Occasional</li> </ul>
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Application period ends in

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			FY 2015 Assistance to Firefighters Grant Program Session Time out in 30 mins
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<u>1. Applicant's Acknowledgements</u> <u>2. Overview</u> 3. Contact Information	Add Operations and Firefighter Safety - Personal Protective Equipment		î
<u>4. Applicant Information</u> <u>5. Applicant Characteristics (I)</u> <u>6. Applicant Characteristics (II)</u>	Please provide the following information about the personal protective equipment you want funded. Only whole dollar amounts are acceptable.		
7. Department Call Volume 8. Request Information 9. Request Details	Note: Fields marked with an * are required.		
10. Budget 11. Assurances and Certifications	Personal Protective Equipment Details		
12. Review Application 13. Submit Application	*1. Select the PPE that you propose to acquire (select one):	Select PPE	Help
Print Application Return to Status Logout	* Please provide a detailed description of the item selected above.		~ ~
Privacy Statement	*2. Number of units: (whole number only)	500 characters left	
<u>Disclaimers</u>	*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$	
	<ul> <li>*4. Please provide your amount for the appropriate question below:</li> <li>For turnout requests, what number of your on-duty active members <i>currently have</i> PPE that meets applicable NFPA and OSHA standards?</li> <li>If you are requesting new SCBA, how many of your seated riding positions <i>currently have</i> compliant SCBA assigned to it?</li> <li>If you are asking for specialized PPE (e.g., Haz-Mat), how many applicable members <i>currently have</i> specialized PPE that meets established standards?</li> </ul>		
	*5. What is the purpose of this request? (select one)	Select purpose	•
	6. Is your organization facing a new risk?	<ul> <li>No</li> <li>Yes, increase in call volume</li> <li>Yes, new service required</li> </ul>	
	What are the specific ages of the type of PPE you are requesting?	□ N/A	
	Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace. If you have 30 members then account for 30 sets of PPE.	Age (in Current Being Years) Inventory Replaced	
		Less than 1	
		2	
		3	
		4	
		6	
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<u>. Request Details</u> 0. Budget		19		
Assurances and Certifications		20		
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int Application		22		
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ivacy Statement		24		
sclaimers		25 or more		
		Number of members		
		without PPE		
	If you have indicated you are requesting SCBA or Cylinders in Question 1, to which edition(s) of the NFPA 1981 standard are your SCBA or Cylinders compliant? If not requesting SCBA/Cylinders, please select "N/A" and continue on to the next question. Please account for ALL SCBA/Cylinders	☑ N/A		
	currently in your department's inventory - not just the SCBA/Cylinders you wish to replace. If you have damaged or inoperable SCBA/Cylinders/Face Pieces please list them in the "Obsolete/Damaged" section.			
		Year		
		2013 Edition		
		2007 Edition		
		2002 Edition and	older	
		Obsolete/damage	ed	
	*7. Is your department trained in the proper use of the PPE/SCBA being requested?	© Yes © No		
	8. Are you requesting funding for training for this PPE/SCBA?	🔘 Yes 🔘 No		
	9. If you are not requesting training funds through this application, will you obtain training for this PPE/SCBA through other sources?	🔘 Yes 🔘 No		
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1. Applicant's Acknowledgements 2. Overview	Add Operations and Firefighter Safety - Training Program	
Contact Information Applicant Information Applicant Characteristics (I) Applicant Characteristics (II)	Please provide the following information about the training you want funded.	
. Department Call Volume . Request Information . Request Details	Note: Fields marked with an * are required.	
Budget     Assurances and Certifications     Review Application	*1. What type of training are you requesting? (select one)	ning Details
Submit Application t Application	Select	
<u>n to Status</u> I <u>t</u>	* Please provide a detailed description of the Training Program you selected.	
cy Statement aimers		
	*2. Generally, this program can best be categorized as: (select one)	
	<ul> <li>Training that is evaluated/tested using a national, state, or local standard</li> <li>Non-certification training</li> </ul>	
	*3. How many personnel will be trained by this program?	[
	*4. Generally, the training program provided under this grant: (select one)	
	Will bring your department into compliance with mandated national, state, or local training requirements, please specify:	
	Will address an identified risk for your department or community, please specify:	
	*5. Will this training enhance your ability to perform Mutual Aid?	
	If you answered Yes to the question above, please explain.	
	*6. Will this training include members from other fire departments and/or nonaffiliated EMS organizations?	
	*7. Will this training be:	
	Go back Save and Continue	

Application period ends in 9 3 13 58 days hrs. mins. secs.

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Explanation:

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Self-directed/test-validated
 None of the above

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12. Review Application 13. Submit Application

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### Fire Operations and Firefighter Safety Request Details

Applicants must have all four Priority 1 activities already in place (or request the missing Priority 1 activity to have all four in place), or you will be unable to request any Priority 2 activities in your application.

You may only apply for Priority 2 activities if you offer or are requesting a combination of the four activities required under Priority 1.

Simultaneous requests for Priority 1 and Priority 2 activity(ies) will receive a lower funding consideration than requests that complete the bundle of the four (4) Priority 1 activities.

Fields marked with an \* are required.

### Fire Department/Fire District Wellness and Fitness

Does your organization currently offer this activity?	Are you requesting funding for this activity in this application?	Will this activity be mandatory?	Will this activity be offered to all members?
Select 🗸	Select 👻	Select 👻	Select -
Select 🗸	Select 👻	Select -	Select -
Select 🗸	Select 🗸	Select 👻	Select 🗸
Select 🗸	Select 👻	Select 👻	Select 🗸
	Select  Select  Select	Does your organization currently offer this activity?     application?       Select •     Select •       Select •     Select •       Select •     Select •	Does your organization currently offer this activity?     application?     will this activity be mandatory?       Select •     Select •     Select •       Select •     Select •     Select •       Select •     Select •     Select •

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Application period ends in

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6. Applicant Characteristics (II)
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9. Request Details
10. Budget
11. Assurances and Certifications
12. Review Application
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Print Application Return to Status Logout

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# Add Firefighter Wellness and Fitness Program

Priority 2 Wellness and Fitness (if you are requesting Wellness and Fitness activities outside of Initial Physical Exam, Job Related Immunization, Periodic Medical Exam/Health Screening and/or Behavorial Health):

Wellness and Fitness Details	
* 1. Which program will your organization offer during the requested grant's period of performance (POP)?	Select Program
* 2. Does your organization currently offer this activity?	Select 👻
* 3. Are you requesting funding for a priority 2 activity with this application?	Select 👻
* 4. Will this program be mandatory?	Select -
* 5. Will this program be offered to all?	Select 👻

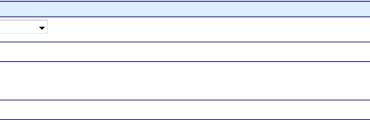
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### Add Budget Item

Please provide the following information about the training you want funded. Only whole dollar amounts are acceptable.

* Item (select one)	Select Item
* Please provide a detailed description of the item selected above.	
	500 characters left
* Select Object Class	Select Object Class 👻
If you selected other above, please specify	
* Number of units: (whole number only)	
* Cost per Unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	

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b. Finge Benefis       isis         c. Trand       isis         c. Explorited       isis         d. Equiprinted       isis         a. Supplies       isis         c. Supplies       isis         c. Contractual       isis         g. Construction       isis         a. Other       isis         b. Other       isis         c. Other       isis         c. Other       isis         j. Stafe Traces       isis         r. Applicant Stares       isis         r. Local <t< td=""><td>Budget Object Class</td><td></td><td></td></t<>	Budget Object Class		
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Féderal Share       S         Applicant Share       Applicant Share         Applicant Share of Award (%)       -         * Non-Federal Resources must equal the Applicant Share of \$ 0,181)       -         a. Applicant       (whole dotar amounts only)       \$ 5181         b. State       (whole dotar amounts only)       \$ 5         c. Local       (whole dotar amounts only)       \$ 5         d. Other Sources       (whole dotar amounts only)       \$ 5         f you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.         4000 characters left       \$ 200 characters left       \$ 5         Total Budget       \$ 200 characters left       \$ 5	j. State Taxes	Help	
Applicant Share       Applicant Share of Award (%)         * Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 5,181)         a. Applicant       (whele dolar amounts only)         b. State       (whele dolar amounts only)         c. Local       (whele dolar amounts only)         d. Other Sources       (whele dolar amounts only)         f. Journel of the sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.         4000 characters left       Total Budget         Save and Continue       Save and Continue	Federal and Applicant Share		
Applicant Share of Award (%)       * Non-Federal Resources must equal the Applicant Share of \$ 5,181         * Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 5,181)       \$ 5181         a. Applicant       (whole dolar amounts ony)       \$ 5181         b. State       (whole dolar amounts ony)       \$ 5         c. Local       (whole dolar amounts ony)       \$ 5         d. Other Sources       (whole dolar amounts ony)       \$ 5         f. you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.         4000 characters left       \$       \$         Total Budget       \$       \$	Federal Share		\$
• Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ \$,151)         a. Applicant       (whole dolar amounts only)         b. State       (whole dolar amounts only)         c. Local       (whole dolar amounts only)         d. Other Sources       (whole dolar amounts only)         f you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.         4000 characters left       Total Budget	Applicant Share		
a. Applicant       (whole dolar amounts only)       \$ 5181         b. State       (whole dolar amounts only)       \$         c. Local       (whole dolar amounts only)       \$         d. Other Sources       (whole dolar amounts only)       \$         f you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.         4000 characters left	Applicant Share of Award (%)		
b. State       (whole dollar amounts only)       S         c. Local       (whole dollar amounts only)       S         d. Other Sources       (whole dollar amounts only)       S         If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.         4000 characters left       Total Budget         Go Back       Save and Continue	* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 5,181)		
b. State (whole dollar amounts only) c. Local (whole dollar amounts only) d. Other Sources (whole dollar amounts only) d. Other Sources (whole dollar amounts only) f you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.	a. Applicant		s 5181
(whole dollar amounts only)       \$		(whole dollar amounts only)	
(whole dollar amounts only)       S         d. Other Sources       (whole dollar amounts only)         (whole dollar amounts only)       S         If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.         4000 characters left       Total Budget         Go Back       Save and Continue	D. State	(whole dollar amounts only)	\$
d. Other Sources (whole dollar amounts only) (whole dollar amounts only) If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency. 4000 characters left Total Budget Go Back Save and Continue	c. Local		2
(whole dollar amounts only)  If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.  4000 characters left  4000 characters left  Total Budget  Go Back Save and Continue		(whole dollar amounts only)	پ س
4000 characters left Total Budget \$ Go Back Save and Continue	d. Other Sources	(whole dollar amounts only)	\$
4000 characters left Total Budget \$ Go Back Save and Continue	If you entered a value in Other Sources other than zero (0), include your explanation below. You $\alpha$	an use this space to provide information on the project, cost share match, or if you have an indi	ract cost agreement with a federal agency
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Go Back Save and Continue	4000 characters left		
	Total Budget		\$
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	9 3 40 4 dave bre mine sere	USFA Home   FEMA   Frequently Asked Questions   Glossary   Privacy   ]	Help



1. Applicant's Adknowledgements
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

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# **EMS Operations and Safety Request Details**

The activities for program EMS Operations and Safety are listed in the table below. If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item. The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction.

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

Activity	Number of Entries	Total Cost	1
Equipment	0	\$0	
Modify Facilities	0	\$ 0	
Personal Protective Equipment	0	\$0	
Training	0	\$ 0	
Wellness and Fitness Programs	0	\$0	

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

Go Back Save and Continue

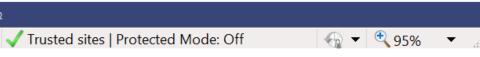
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Application period ends in

	FY 2015 Assistance to Firefighters Grant Program
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### Application 63% complete

Additional Funding	Action
\$ 0	View Details
\$0	





1. Applicant's Acknowledgements
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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

# **EMS Operations and Safety Request Details**

Add Nonaffiliated EMS Equipment

Below is a list of items included in your application. Click the Add Nonaffiliated EMS Equipment button to add an item to be funded. You may update or delete the list by clicking the appropriate link under the Action column. Once you are done, press the Return to Summary button below.

### Nonaffiliated EMS Equipment

Return to Summary

9. Request Details				
10. Budget	Item	Number of units	Cost per unit	
11. Assurances and Certifications 12. Review Application		No line items are c	urrently specified for this activity.	
12. Neview Application				

Print Application Return to Status Logout

13. Submit Application

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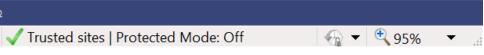
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Application period ends in

FY 2015 Assistance to Firefighters Grant Program Session Time out in 30 mins Mail Center | Edit Profile | Change Password

Total Cost

Action





1. Applicant's Adknowledgements 2. Overview	Add Operations a
3. Contact Information	
4. Applicant Information	Discon a new ide the following is
5. Applicant Characteristics (I)	Please provide the following in
6. Applicant Characteristics (II)	
7. Department Call Volume	
8. Request Information	Note: Fields marked with an *
9. Request Details	
10. Budget	*1. What equipment will your
11. Assurances and Certifications	(select one)
12. Review Application	
13. Submit Application	
	* Please provide a detailed d
Print Application	
Return to Status	
Logout	*2. Number of units: (whole n
Privacy Statement	
Disclaimers	*3. Cost per unit: (whole dollar

# and Safety - EMS Equipment

information about the equipment you want funded. Only whole dollar amounts are acceptable.

are required.

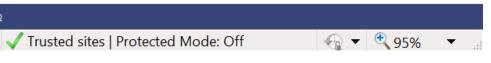
*1. What equipment will your organization purchase with this grant? (select one)	Select Equipment
* Please provide a detailed description of the item selected above.	
	500 characters left
*2. Number of units: (whole number only)	
*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$
*4. Generally the equipment purchased under this grant program will: (select one)	Select
*5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc.?	🖲 Yes 🛞 No
In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.	
If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years	
*6. At what level of service will this equipment be used if awarded this grant?	Select
*7. Is your department trained in the proper use of the equipment being requested?	🔍 Yes 🔍 No
8. Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested in the Equipment Additional Funding section).	🔘 Yes 🔘 No
9. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	🖲 Yes 🖱 No

Go back Save and Continue

8 4 58 56 days hrs. mins. secs.

Application period ends in

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

Print Application Return to Status Logout

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# Add Operations and Safety - EMS Modify Facilities

Please provide the following information about the Modify Facilities you want funded. Only whole dollar amounts are acceptable.

Note: When requesting one or more projects for one station (e.g. sprinklers & exhaust system) the total request cannot exceed \$100,000 per station. All projects must be entered as separate line-items regardless if the projects are in the same station. If you wish to enter an additional project, please fill out another set of EMS Operations and Safety - Modify Facilities questions.

Note: Fields marked with an \* are required. Facilities or additions which were built after January 1st, 2003 are ineligible for an award under this activity.

Reminder: Documentation maybe required regarding the nature of the facility, flood plains, etc. prior to being considered for award.

Modifications are changes within the existing structure. The original footprint/profile of the facility should remain essentially unchanged. Funding may not be used to change the existing exterior footprint/profile of the building or add additional stories to the building.

Modify Facilities Details	
*1. On what type of modification will the funds be spent? (Add one line-item request per facility being modified)	Select
* Please provide a detailed description of the modification selected above.	500 characters left
* Please give us the square footage of the area that your modification will directly affect.	
*2. What is the age of the facility that is being modified? (whole number only)	
*3. What type of facility will be modified?	Select
4. If you are installing an exhaust system, 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)? (whole number only)	
*5. Number of units: (whole number only)	
*6. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	
*7. 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.	<ul> <li>Full-Time (24/7)</li> <li>Part-Time (Daily, but not 24/7)</li> <li>Occasional</li> </ul>
*8. Does the facility you wish to modify have a drive through bay?	🖉 Yes 🕲 No

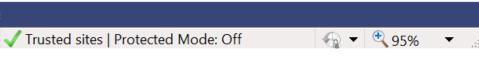
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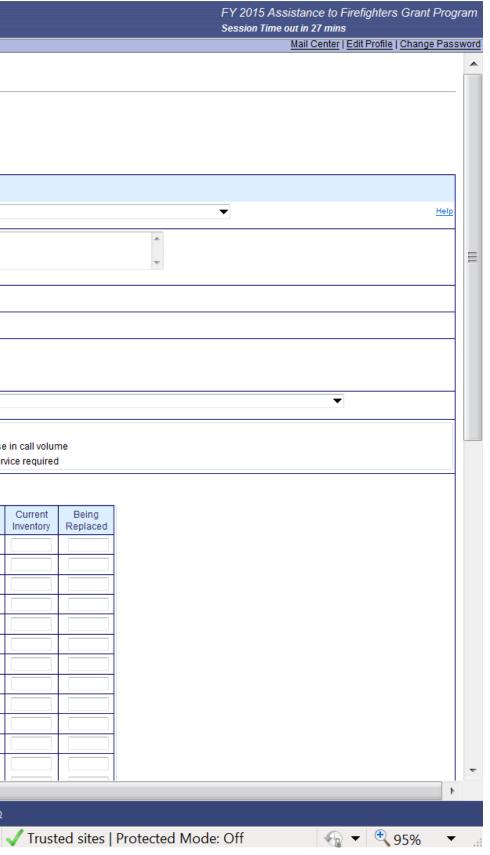
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FY 2015 Assistance to Firefighters Grant Program
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1. Applicant's Advnowledgements 2. Overview	Add Operations and Safety - EMS Personal Protective Equipment			
3. Contact Information 4. Applicant Information 5. Applicant Characteristics (I) 6. Applicant Characteristics (II) 7. Department Call Volume 8. Request Information 9. Request Details	Please provide the following information about the personal protective equipment you want funded. Only whole dollar amounts are acceptable. Note: Fields marked with an • are required.			
10. Budget 11. Assurances and Certifications	Personal Protective Equipment Details			
12. Review Application 13. Submit Application	*1. Select the PPE that you propose to acquire (select one):	Select PPE		
Print Application Return to Status Logout	* Please provide a detailed description of the item selected above.			
Privacy Statement	*2. Number of units: (whole number only)	500 characters left		
<u>Disclaimers</u>	*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$		
	<ul> <li>*4. Please provide your amount for the appropriate question below:</li> <li>For protective clothing, how many of your on-duty active members <i>currently have</i> PPE that meets applicable NFPA and OSHA standards?</li> <li>If you are requesting new SCBA, how many of your seated riding positions <i>currently have</i> compliant SCBA that meets established standards?</li> <li>If you are asking for specialized PPE (e.g., Haz-Mat), how many applicable members <i>currently have</i> specialized PPE that meets applicable NFPA and OSHA standards?</li> </ul>			
	*5. What is the purpose of this request? (select one)	Select purpose		
	6. Is your organization facing a new risk?	<ul> <li>No</li> <li>Yes, increase</li> <li>Yes, new ser</li> </ul>		
	What are the specific ages of the type of PPE you are requesting?	N/A		
	Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace. If you have 30 members then account for 30 sets of PPE.	Age (in Years)	Current Inventory	Bei Repla
		Less than 1		
		1		
		2		
		3		
		5		
		6		
		7		
		8		
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licant Characteristics (II) artment Call Volume		11		
est Information		12		
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ners		20		
		21		+
				+
		22		_
		23		_
		24		
		25 or more		
		Number of members without PPE		T
	If you have indicated you are requesting SCBA or Cylinders in Question 1, to which edition(s) of the NFPA 1981 standard are your SCBA or Cylinders compliant? If not requesting SCBA/Cylinders, please select "N/A" and continue on to the next question. Please account for ALL SCBA/Cylinders currently in your department's inventory - not just the SCBA/Cylinders you wish to replace. If you have damaged or inoperable SCBA/Cylinders/Face Pieces please list them in the "Obsolete/Damaged" section.	✓ N/A	ear	
		2013 Edition		
		2007 Edition		
		2002 Edition ar	nd older	
		Obsolete/dama	ageo	
	*7. Is your department trained in the proper use of the PPE/SCBA being requested?	🔘 Yes 🔘 No		_
	8. Are you requesting funding for training for this PPE/SCBA?	🔍 Yes 🔍 No		
	9. If you are not requesting training funds through this application, will you obtain training for this PPE/SCBA through other sources?	🔘 Yes 🔘 No		
	Go back Save and Continue			
	III			
Application period ends in	8 days       4 hrs.       27 mins.       47 secs.         USFA Home   FEMA   Frequently Asked Questions   Glo	<u>ssary   Privacy   Helr</u>	2	
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1. Applicant's Advnowledgements 2. Overview	Add Operation
3. Contact Information	
4. Applicant Information 5. Applicant Characteristics (I)	Please provide the foll
6. Applicant Characteristics (II) 7. Department Call Volume	Note: Fields marked w
8. Request Information 9. Request Details	
10. Budget 11. Assurances and Certifications	* 1. What type of traini
12. Review Application 13. Submit Application	* 2. If awarded these f
Print Application Return to Status	* 3. Are you asking for
Logout	L

### Privacy Statement Disclaimers

# ions and Safety - EMS Training Program

lowing information about the training you are requesting funding.

vith an • are required.

Training Program Details	
* 1. What type of training are you requesting?	Select 🔻
* 2. If awarded these funds, to what level will you be training your personnel?	Select
* 3. Are you asking for funding for equipment to go with the level of your training?	🔘 Yes 🔘 No

Note: Eligible expenses include: instructional costs for EMS training, books and materials, training equipment and supplies, exam and course fees, certification and re-certification expenses and continuing education.

Medications and communications centers constitute ineligible expenses.

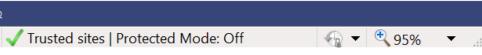
	Training Line- Item Details
* Item: (select one)	Select Item
* Please provide a detailed description of the item selected above.	500 characters left
* Select Object Class	Select Object Class 💌
If you selected "Other" above, please specify	
* Number of units: (whole number only)	
* Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$

Go back Save and Continue

8 4 25 38 days hrs. mins. secs.

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	Session Time out in 30 mins
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	Help





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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

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# Add EMS Wellness and Fitness Program

Priority 2 Wellness and Fitness (if you are requesting Wellness and Fitness activities outside of Initial Physical Exam, Job Related Immunization, Periodic Medical Exam/Health Screening and/or Behavorial Health):

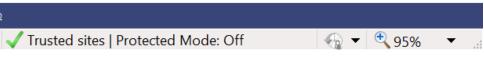
	Wellness and Fitness Details		
	* 1. What will your program offer during the grant year? (select one)	Select Program	
	* 2. Does your organization currently offer this activity?	Select 💌	
	* 3. Are you requesting funding with this application?	Select 🔻	
	* 4. Will this activity be mandatory?	Select 🔻	
	* 5. Will this activity be offered to all?	Select 💌	

Go back Save and Continue

8 4 19 39 days hrs. mins. secs.

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	FY 2015 Assistance to Firefighters Grant Program	
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### 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

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Go back Save and Continue

Add Budget Item

Please provide the following information about the training you want funded. Only whole dollar amounts are acceptable.

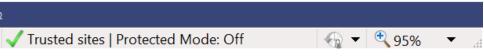
* Item (select one)	Select Item	
* Please provide a detailed description of the item selected above.		
	500 characters left	
* Select Object Class	Select Object Class 💌	
If you answered other above, please specify		
* Number of units: (whole number only)		
* Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$	

8 4 17 40 days hrs. mins. secs.

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FEMA FORM 080-0-2b

FY 2015 Assistance to Firefighters Grant Progra		n
	Session Time out in 30 mins	
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### Please select a program you wish to apply 1. Applicant's Adknowledgements

State Fire	Training	Academy	Request	Information
------------	----------	---------	---------	-------------

### Program Selection

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

	10. Budget 11. Assurances and Certifications	*1. Select State Fire Training Academy, then enter a grant writer fee if applicable.		
12. Review Application Select Program Name		Activities Available		
	13. Submit Application	©	State Fire Training Academy	[Equipment] [Personal Protective Equipment] [Vehicle Acquisition]
Print Application         Return to Status         Logout         * 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		

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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

Go Back Save and Continue

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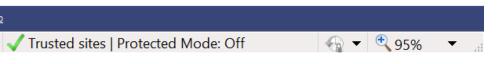


1. Applicant's Advnowledgements 2. Overview	Add State Fire Training Academy - Equipment	
S. Applicant Characteristics (I)     C. Department Call Volume     S. Request Information     S. Request Details     10. Budget	Please provide the following information about the equipment you want funded. Only whole dollar amounts are acceptable. Note: Fields marked with an • are required.	
	Equipment Details	
	*1. What equipment will your organization purchase with this grant?	Select Equipment
11. Assurances and Certifications         12. Review Application         13. Submit Application	* Please provide a detailed description of the item selected above.	
Print Application		500 characters left
Return to Status	*2. Number of units: (whole number only)	
Logout	*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$
Privacy Statement Disclaimers	*4. Generally the equipment purchased under this grant program will: (select one)	
	<ul> <li>Buy equipment for the first time (never owned before)</li> <li>Replace obsolete or damaged equipment that can no longer meet the applicable standards</li> <li>Increase the organization's available supply of the requested item(s)</li> </ul>	
	If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.	
	*5. 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.	🖲 Yes 🖲 No
	Go back Save and Continue	

7 4 47 15 days hrs. mins. secs.

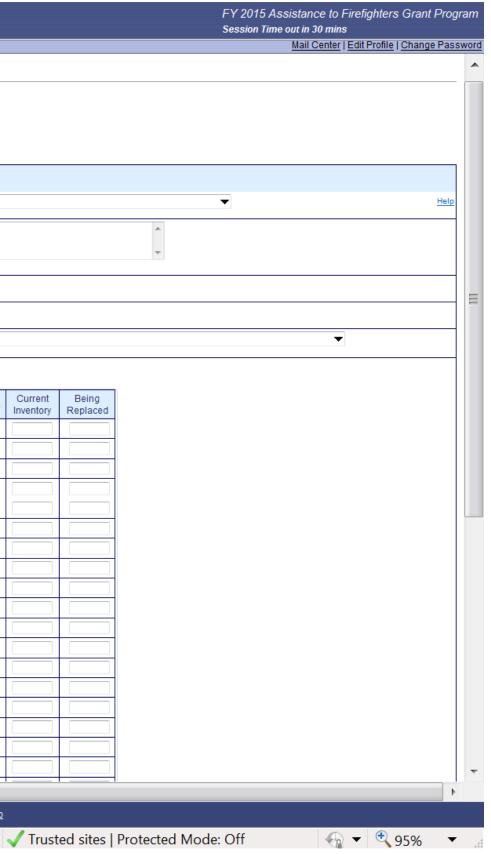
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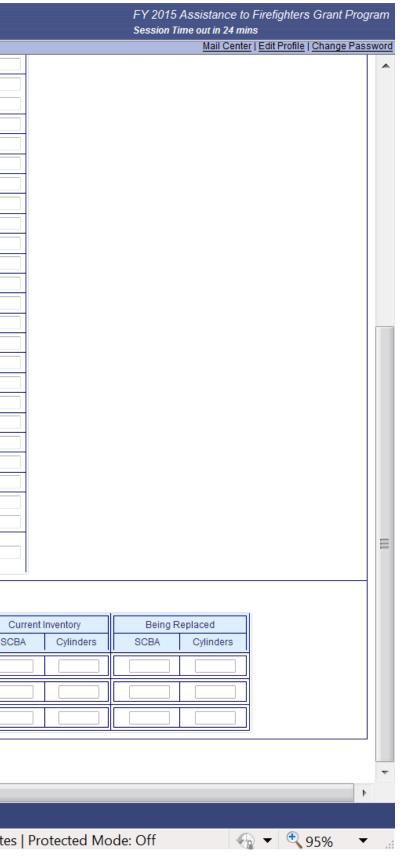




1. Applicant's Adknowledgements	Add State Fire Training Academy - Personal Protective Equipment			
2. Overview 3. Contact Information 4. Applicant Information 5. Applicant Characteristics (I) 6. Applicant Characteristics (II) 7. Department Call Volume 8. Request Information	Please provide the following information about the personal protective equipment you want funded. Only whole dollar amounts are acceptable. Note: Fields marked with an • are required.			
9. Request Details 10. Budget	Personal Protective Equipment Details			
11. Assurances and Certifications 12. Review Application	*1. Select the PPE that you propose to acquire (select one):	Select PPE		
13. Submit Application	* Please provide a detailed description of the item selected above.			
Print Application Return to Status Logout		500 characters left		
Privacy Statement	*2. Number of units: (whole number only)			
Disclaimers	*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$		
	*4. What is the purpose of this request? (select one)	Select purpose		
	What are the specific ages of the type of PPE you are requesting?	N/A		
	Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace. If you have 30 members then account for 30 sets of PPE.	Age (in Years)	Current Inventory	Being Replaced
		Less than 1		
		1		
		2		
		3		
		4		
		5		
		6		
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		8		
		10		
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		13		
		14		
		15		
		16		
		17		
Application period ends in	7 3 40 4 days hrs. uSFA Home   FEMA   Frequently Asked Questions   Gloss	ary   Privacy   Help		



3. Contact Information       4       4         4. Applicant Information       5       5         5. Applicant Characteristics (II)       5       5         7. Department Call Volume       6       5         8. Request Information       7       5         9. Request Information       7       5         10. Budget       7       9         11. Assurances and Certifications       10       10         12. Review Application       10       11         13. Subit Application       12       11         14. Assurances and Certifications       12       11         13. Subit Application       11       11         13. Subit Application       12       13	
1. Applicant Admonstration       3       3         2. Overview       4       4         3. Contact Information       4       4         4. Applicant Information       5       6         5. Applicant Characteristics (I)       5       6         8. Applicant Characteristics (I)       6       6         9. Request Information       7       6         11. Assurances and Certifications       8       6         12. Review Application       9       6         13. Submit Application       10       11         14. Application       12       12         13. Submit Application       12       12         13. Cogott       13       13       13	
2. Overview       3         3. Contact Information       4         4. Applicant Information       5         6. Applicant Characteristics (1)       5         8. Request Information       6         9. Request Information       8         10. Budget       10         11. Assurances and Certifications       9         12. Review Application       10         13. Submit Application       11         11. Application       11         12. Review Application       12         13. Submit Application       12         13. Contacteristics       13	
4. Applicant Information       4         5. Applicant Characteristics (1)       5         0. Applicant Characteristics (10)       6         7. Department Call Volume       6         8. Request Information       7         9. Request Details       8         11. Assurances and Certifications       9         12. Review Application       10         13. Submit Application       11         Print Application       12         12. Return to Status       12         Logout       13	
5. Applicant Characteristics (1)       5       5         6. Applicant Characteristics (1)       6       5         7. Department Call Volume       7       5         8. Request Information       7       5         9. Request Details       7       5         10. Budget       9       5         11. Assurances and Certifications       9       5         12. Review Application       10       5         13. Submit Application       10       11         Return to Status       12       12         Logout       13       13       13	
7. Department Call Volume       6         8. Request Information       7         9. Request Details       8         10. Budget       8         11. Assurances and Certifications       9         12. Review Application       9         13. Submit Application       10         Print Application       11         Return to Status       12         Logout       13	
8. Request Information   9. Request Details   10. Budget   11. Assurances and Certifications   12. Review Application   13. Submit Application   10   Print Application   11   Return to Status   Logout   13	
10. Budget       8         11. Assurances and Certifications       9         12. Review Application       10         13. Submit Application       10         Print Application       11         Return to Status       12         Logout       13	
11. Assurances and Certifications       9       1         12. Review Application       10       10         13. Submit Application       11       11         Return to Status       12       12         Logout       13       13	
13. Submit Application       10       11         Print Application       11       12         Return to Status       12       13	
Return to Status         12           Logout         13	
Return to Status         12           Logout         13	
13	
Privacy Statement 14	
Disclaimers 15	
16	
17	
19	
20	
21	
22	
23	
24	
25 or more	
Number of members	
without PPE	
If you have indicated you are requesting SCBA or Cylinders in Question 1, to which edition(s) of the NFPA 1981 standard are your SCBA or Cylinders compliant? If not requesting SCBA/Cylinders, please select "N/A" and continue on to the next question. Please account for ALL SCBA/Cylinders currently in your department's inventory - not just the SCBA/Cylinders you wish to replace. If you have damaged or inoperable SCBA/Cylinders/Face Pieces please list them in the "Obsolete/Damaged" section.	
Year	
2013 Edition	
2007 Edition	
2002 Edition and older	
Go back Save and Continue	
Go back Save and Continue	
•	
Application period ends in	isted sit





### 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 Request Details**

The activities for program Regional are listed in the table below. If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item. The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction.

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

Activity	Number of Entries	Total Cost	
Equipment	0	\$ 0	
Personal Protective Equipment	0	\$ 0	
Training	0	\$ 0	

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

Go Back Save and Continue

Application period ends in

FY 2015 Assistance to Firefighters Grant Program Session Time out in 18 mins
Mail Center   Edit Profile   Change Password

### Application 63% complete

Additional Funding	Action
	0 <u>View Details</u>
	0 View Details
	0 View Details
\$0	



1. Applicant's Acknowledgements 2. Overview	Add Regional Operations and Safety - Equipment			
3. Contact Information 4. Applicant Information 5. Applicant Characteristics (I) 6. Applicant Characteristics (II) 7. Department Call Volume	Please provide the following information about the equipment you want funded. Note: Fields marked with an * are required.			
8. Request Information 9. Request Details	Equipment Details			
<u>10. Budget</u> <u>11. Assurances and Certifications</u>	*1. What equipment will your organization purchase with this grant?	Select Equipment	<b></b>	Help
12. Review Application 13. Submit Application	* Please provide a detailed description of the item selected above.			
Print Application		500 characters left	Ŧ	
<u>Return to Status</u> Logout	*2. Number of units: (whole number only)			
Privacy Statement	*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$		
Disclaimers	*4. Generally the equipment purchased under this grant program will: (select one)			
	<ul> <li>Buy equipment for the first time (never owned before)</li> <li>Replace obsolete or damaged equipment that can no longer meet the applicable standards</li> <li>Increase the organization's available supply of the requested item(s )</li> </ul>			
	If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.			
	*5. Per the Notice of Funding Opportunity Announcement (NOFO), do you have a memorandum of understanding (MOU) in place that cover the use of the equipment?	💿 Yes 💿 No		
	*6. 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.	🔘 Yes 🔘 No		Help
	*7. Is your department trained in the proper use of the equipment being requested?	🔍 Yes 🔘 No		
	*8. Are you requesting funding for training? (Funding for requested training should be requested in the Regional Equipment - Additional Funding section).	💿 Yes 🔘 No		Help
	9. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	💿 Yes 💿 No		
	Go back Save and Continue			

4 7 43 42 days hrs. mins. secs.

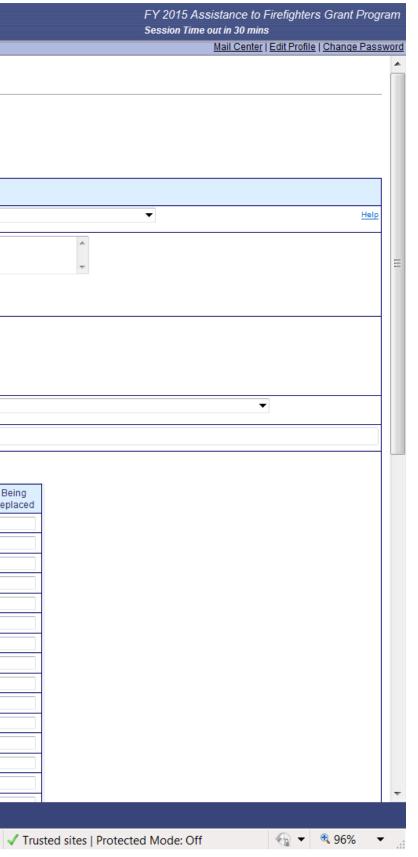
Application period ends in

FY 2015 Assistance to Firefighters Grant Program
Session Time out in 30 mins
Mail Center   Edit Profile   Change Password

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1. Applicant's Acknowledgements 2. Overview	Add Regional Operations and Safety - Personal Protective Equipment			
3. Contact Information     4. Applicant Information     5. Applicant Characteristics (I)     6. Applicant Characteristics (II)     7. Department Call Volume     8. Request Information     9. Request Details	Please provide the following information about the personal protective equipment you want funded. Only whole dollar amounts are acceptable. Note: Fields marked with an * are required.			
10. Budget 11. Assurances and Certifications	Personal Protective Equipment Details			
12. Review Application 13. Submit Application	*1. Select the PPE that you propose to acquire (select one):	Select PPE		
Print Application Return to Status Logout	* Please provide a detailed description of the item selected above.           Main Content/Body Frame			
<u>Privacy Statement</u> Disclaimers	*2. Number of units: (whole number only)	500 characters left		
	<ul> <li>*3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)</li> <li>*4. Please provide your amount for the appropriate question below:</li> <li>For protective clothing, how many of your on-duty active members <i>currently have</i> PPE that meets applicable NFPA and OSHA standards?</li> <li>If you are requesting new SCBA, how many of your seated riding positions <i>currently have</i> compliant SCBA assigned to it?</li> <li>If you are asking for specialized PPE (e.g., Haz-Mat), how many applicable members <i>currently have</i> specialized PPE that meets applicable NFPA and OSHA standards?</li> </ul>	\$		
	If you are asking for specialized FFE (e.g., Haz-Mai), now many applicable members currently have specialized FFE that meets applicable NFFA and OSHA standards?     *5. What is the purpose of this request?     (select one)	Select purpose		
	*6. Per the Notice of Funding Opportunity Announcement (NOFO), do you have a memorandum of understanding (MOU) in place	🔘 Yes 🔘 No		
	What are the specific ages of the type of PPE you are requesting?	N/A		
	Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace. If you have 30 members then account for 30 sets of PPE.	Age (in Years)	Current Inventory	Bein <u>o</u> Replac
		Less than 1		
		1		
		2		
		3		
		4		
		5		
		6		
		7		
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		11		
		12		
		13		
Application period ends in	4 7 42 29 days hrs. mins. secs.	ary   <u>Privacy</u>   <u>Help</u>		



	* (520)	FY 2015 Assistance to Firefighters Grant Session Time out in 29 mins	Program
		Mail Center   Edit Profile   Change	Password
		9	•
1. Applicant's Acknowledgements 2. Overview		10	
3. Contact Information		11	
4. Applicant Information		12	
5. Applicant Characteristics (I) 6. Applicant Characteristics (II)			
7. Department Call Volume		13	
8. Request Information		14	
9. Request Details 10. Budget		15	
11. Assurances and Certifications		16	
12. Review Application 13. Submit Application		17	
<u>re. odoni rippirazion</u>		18	
Print Application			
Return to Status Logout		19	
		20	
Privacy Statement Disclaimers		21	
Disclaimers		22	
		23	
		24	
		25 or more	
		Number of members	
		without PPE	
	If you have indicated you are requesting SCBA or Cylinders in Question 1, to which edition(s) of the NFPA 1981 standard are your SCBA or Cylinders compliant? If not requesting SCBA/Cylinders, please select "N/A" and continue on to the next question. Please account for ALL SCBA/Cylinders currently in your department's inventory - not just the SCBA/Cylinders you wish to replace. If you have damaged or inoperable SCBA/Cylinders/Face Pieces please list them in the "Obsolete/Damaged" section.		
		Year Current Inventory Being Replaced SCBA Cylinders SCBA Cylinders	
		2013 Edition	
		2007 Edition	
		2002 Edition and older	
		Obsolete/damaged	=
	*7. Is your department trained in the proper use of the PPE/SCBA being requested?	💿 Yes 💿 No	
	8. Are you requesting funding for training for this PPE/SCBA?	🔿 Yes 🔿 No	Help
	9. If you are not requesting training funds through this application, will you obtain training for this PPE/SCBA through other sources?	S Yes No	
	10. Is your organization facing a new risk?	<ul> <li>No</li> <li>Yes, increase in call volume</li> <li>Yes, new service required</li> </ul>	
	Go back Save and Continue		-
Application period ends in	4 7 days hrs. 10 USFA Home   FEMA   Frequently Asked Questions   Glos	issary   Privacy   Help	
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🔊 Done		🗸 Trusted sites   Protected Mode: Off 🛛 🖓 💌 🍕 96%	th.



	FY 2015 Assistance to Firefi Session Time out in 30 mins
	Mail Center   Edit
Add Regional Operations and Safety - Training Program	
Please provide the following information about the training you want funded.	
Note: Fields marked with an • are required.	
	Details
*1. Which title most closely describes your requested program?	
Select 💌	
* Please provide a detailed description of the Training Program you selected.	
Flease provide a detailed description of the framing Program you selected.	
	500 characters left
*2. Generally, this program can best be categorized as: (select one)	Sou characters ren
Training that is evaluated/tested using a national, state, or local standard	
Non-certification training	
*3. How many personnel will be trained by this program?	
*4. Per the Notice of Funding Opportunity Announcement (NOFO), will you have a memorandum of understanding (MOU) in place prior to award?	🔘 Yes 🔘 No
*5. Generally, the training program provided under this grant: (select one)	
Will bring your region into compliance with recommended applicable NFPA or other standards, please specify:	Explanation:
	·
	<b>~</b>
	500 characters left
Will bring your region into compliance with mandated training requirements, please specify:	Explanation:
	500 characters left
Will address an identified risk for your region or community, please specify:	Explanation:
	500 characters left
*6. Will this training enhance your ability to perform Mutual Aid?	O Yes O No
If you answered Yes to the question above, please explain.	
*7. Will this training be:	500 characters left
7. will uns uanning be.	<ul> <li>Instructor-led</li> <li>Self-directed/test-validated</li> </ul>
	None of the above
Go back Save and Continue	
4 7 39 42 days hrs. mins. secs. USFA Home   FEMA   Freq	iently 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

# **Regional Request Details**

The activities for program Regional are listed in the table below. If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item. The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction.

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

Activity	Number of Entries	Total Cost	
Equipment	0	\$ 0	
Personal Protective Equipment	0	\$0	
Training	0	\$ 0	

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

Go Back Save and Continue

Application period ends in

FY 2015 Assistance to Firefighters Grant Program Session Time out in 18 mins
Mail Center   Edit Profile   Change Password

### Application 63% complete

Additional Funding		Action
	<b>\$ 0</b>	View Details
	<b>\$</b> 0	View Details
	<b>\$</b> 0	View Details
\$0		



1. Applicant's Acknowledgements
2. Overview
3. Contact Information
4. Applicant Information
5. Applicant Characteristics (I)
<ol><li>Applicant Characteristics (II)</li></ol>
7. Department Call Volume
3. 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

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

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

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

The narrative statements must provide all the information necessary for you to justify your needs and for FEMA to make an award decision. A panel of peer reviewers will perform the second phase of the applications' evaluations by using the narrative statements below, along with the answers to the general and the activity-specific questions, to determine the worthiness of the request for an award.

Please ensure that your narrative clearly addresses each of the following evaluation criteria elements to the best of your ability, with detailed but concise information. Each element will be evaluated independently by the peer review panelists. The relative weight of the evaluation criteria in the determination of the grant award is listed below.

You may either type your project narrative statements in the spaces provided below; or create the text in your word processing system and then copy it into the appropriate spaces provided below. Please note the narrative block does not allow for formatting. Do not type your narrative using only capital letters. Additionally, do not include tables, special fonts (i.e., quote marks, bullets, etc), or graphs.

Note: Fields marked with an \* are required. Each element must have a minimum of 200 characters and each element will have a character limit; the limit varies based on the questions being asked. The character count will be listed below each text box.

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

4000 characters left

**Regional Training - Narrative** 

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

### Mail Center | Edit Profile | Change Password

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ements				
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- *	Section # 2 Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is easonable? Provide justification for the budget items relating to the cost of the requested items. *4000 characters			
<u>ations</u>	A			
4	1000 characters left			
*	* Section # 3 Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in you			
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ed savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs

characters