DEPARTMENT OF HOMELAND SECURITY
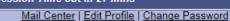## Federal Emergency Management Agency
ACTIVITY SPECIFIC QUESTIONS FOR FIRE PREVENTION
AND SAFETY APPLICANTS

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

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2.5 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

1. Applicant's Acknowledgements
2. Overview
3. Contact Information
4. Applicant Information
5. Request Information
6. Request Details
7. Budget
8. Narrative Statement
9. Assurances and Certifications
10. Review Application
11. Submit Application

Print Application
Return to Status
Logout

Privacy Statement
Disclaimers

Applicant's Acknowledgements

Application **0%** complete

- ☐ I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.

- ☐ As required per 2 CFR § 25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.

- ☐ I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's Period of Performance (POP).

- ☐ I certify that the applicant organization is aware that this application period is open from 01/16/2015 to 01/01/2017 and will close at 5 PM EDT; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.

- ☐ I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd_ehp_screening_form_51815.pdf

- ☐ I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

Note: the Primary Point of Contact will be responsible for signing and submitting the application. Fields marked with an ⋅ are required.

By checking the box below and providing your password, you are providing your digital signature.

⋅ Password: [_____]

⋅ ☐ I am hereby providing my signature for this application as of 13-Jan-2016.

[Save and Continue]

1. Applicant's Acknowledgements
2. Overview
3. Contact Information
4. Applicant Information
5. Request Information
6. Request Details
7. Budget
8. Narrative Statement
9. Assurances and Certifications
10. Review Application
11. Submit Application

Print Application
Return to Status
Logout

Privacy Statement
Disclaimers

Overview

Application 0% complete

The FP&S (Fire Prevention and Safety) program intends to enhance the safety of the public and firefighters with respect to fire and fire-related hazards by assisting fire prevention programs and supporting firefighter health and safety research and development. Grant funds are available in two activities: Fire Prevention and Safety Activity and Research and Development Activity. Please review the Notice of Funding Opportunity for information on available categories within each activity area and for more information on the evaluation process and conditions of award.

* Are you a member, or are you currently involved in the management of the fire department or organization applying for this grant with this application?

○ Yes, I am a member/officer/employee of this applicant
○ No, I am a grant writer or otherwise not affiliated with this applicant

If you answered "No", please **complete** the information below. If you answered "Yes", please skip the Preparer Information section.

Note: Fields marked with an * are required.

Preparer Information	
Preparer's Name	
Address 1	
Address 2	
City	
State	Select a State
Zip	____ - ____ (i.e. 12345-6789) Need help for ZIP+4?
Primary Phone	____ (i.e. 123-456-7890) Ext. ____ Select
Email	____ (i.e. user@xyz.org)

In the space below please list the person your organization has selected to be the **Primary Point of Contact** for this grant. This should be an officer or member of the fire department or an employee of the organization applying for the grant that will see this grant through completion and has the authority to make decisions on and to act upon this grant application.

The Primary Contact, as listed below, is the person for which all exchanges of information will be made relative to the application; all information provided must be specific to the contact listed. The Primary Contact must be an employee of the fire department or organization applying for the grant and shall not be a grant writer or a non-employee of the fire department or organization.

In addition to the Primary Contact information, you will be asked to provide two (2) Alternate Points of Contact on the next page. The Alternate contacts must be familiar with the application and should be able to answer any questions relative to this application in the event that Primary Point of Contact is unavailable. When you are finished, click the Save and Continue button below.

Reminder: Please list only phone numbers and email addresses where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.

Note: Fields marked with an * are required.

FEMA FORM 080-0-3

1. Applicant's Acknowledgements
2. Overview
3. Contact Information
4. Applicant Information
5. Request Information
6. Request Details
7. Budget
8. Narrative Statement
9. Assurances and Certifications
10. Review Application
11. Submit Application

Print Application
Return to Status
Logout

Privacy Statement
Disclaimers

Email	(i.e. user@xyz.org)

In the space below please list the person your organization has selected to be the **Primary Point of Contact** for this grant. This should be an officer or member of the fire department or an employee of the organization applying for the grant that will see this grant through completion and has the authority to make decisions on and to act upon this grant application.

The Primary Contact, as listed below, is the person for which all exchanges of information will be made relative to the application; all information provided must be specific to the contact listed. The Primary Contact must be an employee of the fire department or organization applying for the grant and shall not be a grant writer or a non-employee of the fire department or organization.

In addition to the Primary Contact information, you will be asked to provide two (2) Alternate Points of Contact on the next page. The Alternate contacts must be familiar with the application and should be able to answer any questions relative to this application in the event that Primary Point of Contact is unavailable. When you are finished, click the Save and Continue button below.

Reminder: Please list only phone numbers and email addresses where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.
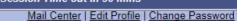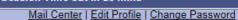
Note: Fields marked with an * are required.

Primary Point of Contact	
* Title	
Prefix	Select ∨ Select N/A if not applicable
* First Name	
Middle Initial	
* Last Name	
* Primary Phone	(i.e. 123-456-7890) Ext. Type Select ∨
* Secondary Phone	(i.e. 123-456-7890) Ext. Type Select ∨
Optional Phone	(i.e. 123-456-7890) Ext. Type Select ∨
Fax	(i.e. 123-456-7890)
* Email	(i.e. user@xyz.org)

* Is there a grant-writing fee associated with the preparation of this request? This fee must be specifically identified and listed in the application "Request Details" section as a budget line item in order to be eligible for reimbursement. Fees for grant writers may be included as a pre-award or pre-application expenditure. However, fees payable on a contingency basis are not an eligible expense. For grant writer fees to be eligible as a pre-award expenditure they must be paid prior to award, (i.e., paid within 60 days of the end of the application period).	○ Yes ○ No
If you answered yes above, what is the fee?	$ (whole dollar amounts only)

Save and Continue

1. Applicant's Acknowledgements
2. Overview
3. Contact Information
4. Applicant Information
5. Request Information
6. Request Details
7. Budget
8. Narrative Statement
9. Assurances and Certifications
10. Review Application
11. Submit Application

Print Application
Return to Status
Logout

Privacy Statement
Disclaimers

Contact Information

Application **12%** complete

In addition to Primary Point of Contact listed on the previous page, please provide two (2) additional points of contact for this application. These contacts should be members of the fire department or employees of the organization applying for the grant who will see this grant through completion, are familiar with the grant application, and have the authority to make decisions on and to act upon this grant application.

Reminder: Please list only phone numbers where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.

Note: Fields marked with an * are required.

Alternate Contact 1 Information	
* Title	
Prefix	N/A ⌄ Select N/A if not applicable
* First Name	
Middle Initial	
* Last Name	
* Primary Phone	(i.e. 123-456-7890) Ext. Type Select ⌄
* Secondary Phone	(i.e. 123-456-7890) Ext. Type Select ⌄
Optional Phone	(i.e. 123-456-7890) Ext. Type Select ⌄
Fax	(i.e. 123-456-7890)
* Email	(i.e. user@xyz.org)

Alternate Contact 2 Information	
* Title	
Prefix	N/A ⌄ Select N/A if not applicable
* First Name	
Middle Initial	
* Last Name	
* Primary Phone	(i.e. 123-456-7890) Ext. Type Select ⌄
* Secondary Phone	(i.e. 123-456-7890) Ext. Type Select ⌄
Optional Phone	(i.e. 123-456-7890) Ext. Type Select ⌄
Fax	(i.e. 123-456-7890)
* Email	(i.e. user@xyz.org)

[Go Back] [Save and Continue]

Application period ends in | 353 days | 5 hrs. | 40 mins. | 28 secs.

USFA Home | FEMA | Frequently Asked Questions | Glossary | Privacy | Help

FEMA FORM 080-0-3

1. Applicant's Acknowledgements
2. Overview
3. Contact Information
4. Applicant Information
5. Request Information
6. Request Details
7. Budget
8. Narrative Statement
9. Assurances and Certifications
10. Review Application
11. Submit Application

Print Application
Return to Status
Logout

Privacy Statement
Disclaimers

Applicant Information

Application **24%** complete

Please provide the following information about your organization and click the *Save and Continue* button below. If you have not already done so, check to see if someone has already started an application for your organization. If an application has been started, request access from the owner by clicking the link above. If you feel this person is not an appropriate representative of your organization, call the Help Desk at 1-866-274-0960.

Note: Fields marked with an * are required.

* Organization Name	
* Are you a Fire Department?	○ Yes ○ No
* Type of Applicant	Select Type ⌄
If other, please enter the type of Applicant	
What kind of Fire Department do you represent?	All Paid/Career ⌄ *Help*
If you answered combination, above, what is the percentage of career members in your organization?	
* Are you a non-fire based EMS?	○ Yes ○ No
* Type of community served?	Select Type ⌄

SAM.gov (System For Award Management)

* What is the legal name of your Entity as it appears in SAM.gov? Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.	

* What is the legal business address of your Entity as it appears in SAM.gov?
Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.

* Mailing Address 1	
Mailing Address 2	
* City	
* State	Select a State ⌄
* Zip	___ - ___ (i.e. 12345-6789) Need help for ZIP+4?

* Employer Identification Number (i.e. 12-3456789) Note: This information must match your SAM.gov profile.	(i.e. 12-3456789) *Help*
* Is your organization using the DUNS number of your Jurisdiction?	○ Yes ○ No, we have our own DUNS number separate from our Jurisdiction.
* I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you select Yes above)	☐ Yes
* What is your 9 digit DUNS number?	(call 1-866-705-5711 to get a DUNS number) *Help*
If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here.	

FEMA FORM 080-0-3

1. Applicant's Acknowledgements
2. Overview
3. Contact Information
4. Applicant Information
5. Request Information
6. Request Details
7. Budget
8. Narrative Statement
9. Assurances and Certifications
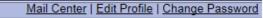10. Review Application
11. Submit Application

Print Application
Return to Status
Logout

Privacy Statement
Disclaimers

If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here. Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own DUNS number and bank account separate from your Jurisdiction.	[ ] Help
* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?	○ Yes ○ No Help
* I certify that my organization/entity is registered and active at SAM.gov and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's SAM.gov record.	☐ Yes
* Please describe your organization and/or community that you serve	[ ] 4000 characters left
* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served?	[ ] (Whole numbers only; do not enter special characters (i.e., decimals, commas, dollar signs, etc.) Help
* Do you currently report to the National Fire Incident Reporting System (NFIRS)? Note: You will be required to report to NFIRS for the entire period of the grant.	○ Yes ○ No ○ Not a Fire Department Help
If you answered "Yes" above, please enter your FDIN/FDID	[ ]

Headquarters or Main Station Physical Address

* Physical Address 1	[ ]
Physical Address 2	[ ]
* City	[ ]
* State	Select a State ▾
* Zip	20871 - 0043 (i.e. 12345-6789) Need help for ZIP+4?

☐ Mailing Address is the same as the Physical Address
Note: This information must match your SAM.gov profile.   Help

* Mailing Address 1	[ ]
Mailing Address 2	[ ]
* City	[ ]
* State	Select a State ▾
* Zip	[ ] - [ ] (i.e. 12345-6789) Need help for ZIP+4?

Bank Account information

* The bank account being used is: (Please select one from right)	○ Maintained by my Organization separately from my Jurisdiction Note: If this is selected, a 4 digit DUNS plus 4 is required if you answered "Yes" to using the DUNS number of your Jurisdiction. ○ Maintained by my Jurisdiction

Note: The following banking information must match your SAM.gov profile.

Note: The following banking information must match your SAM.gov profile.

* Type of bank account	○ Checking ● Savings
*Bank routing number - 9 digit number on the bottom left hand corner of your check	[_____] (numbers only, no dashes) Help
*Re-enter Bank routing number	[_____]
*Your account number	[_____] (numbers only, no dashes)
*Re-enter your account number	[_____]

Applicant Budget

* What is your department's operating budget (i.e., personnel, maintenance of apparatus, equipment, and facilities; utility costs; purchasing expendable items, etc.) for the current (at time of application) fiscal year and for the previous three **fiscal** years? Please indicate in the text box next to each of the budget figures what **fiscal** year that amount pertains to.

Current Fiscal Year (at time of application)
(All Whole numbers only; do not enter special characters (i.e., decimals, commas, dollar signs, etc.)

[_____]

Budget: [_____]   Fiscal Year: [_____]
Budget: [_____]   Fiscal Year: [_____]
Budget: [_____]   Fiscal Year: [_____]

Help

* Financial Need: Why are you unable to fund this project without Federal assistance? How are the critical functions of your organization affected without this funding? Please provide the details of your current operating budget. Include information on efforts to obtain funding elsewhere and how similar projects have been funded in the past.

[text area]   Help

4000 characters left

> There is a 4000 character limit to your explanation

Additional Information

* 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?	○ Yes ○ No
* Is the applicant delinquent on any federal debt?	○ Yes ○ No Help
* This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?	○ Yes ○ No
* If awarded, will your organization expend more than $750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application.	○ Yes ○ No
If you answered "Yes" to any of the additional questions above, please provide an explanation in the space provided below:	

[text area]

4000 characters left

[Go Back] [Save and Continue]

FEMA FORM 080-0-3

Application period ends in 353 days 5 hrs. 30 mins. 58 secs.

USFA Home | FEMA | Frequently Asked Questions | Glossary | Privacy | Help

Mail Center | Edit Profile | Change Password

1. Applicant's Acknowledgements
2. Overview
3. Contact Information
4. Applicant Information
5. Request Information
6. Request Details
7. Budget
8. Narrative Statement
9. Assurances and Certifications
10. Review Application
11. Submit Application

Print Application
Return to Status
Logout

Privacy Statement
Disclaimers

Request Information

Application **36%** complete

Activity Selection

Please use this section to select the award activity for which you want to apply. Once you are done, press the *Save and Continue* button below.

Note: Fields marked with an * are required.

* 1. Select one of the choices listed below. You can apply for a maximum of 3 projects within an activity.
(If you modify your selection, you will lose data entered under the original activity.)

Select	Activity Name
●	**Fire Prevention and Safety**
○	**Fire Prevention and Safety and Research and Development**
○	**Research and Development**

[Go Back] [Save and Continue]

FEMA FORM 080-0-3

Application period ends in | 353 days | 3 hrs. | 41 mins. | 21 secs.

USFA Home | FEMA | Frequently Asked Questions | Glossary | Privacy | Help