

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 01/09 to 02/10/2017 and will close at 5 PM ET; 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.

- * I certify that the applicant organization is aware that the grants awarded under this funding opportunity are provided a recruitment period, which begins when the application is approved for award. The recruitment period for grants awarded under the Hiring of Firefighters Activity is 180-days and the period of performance automatically starts after the recruitment period, regardless of whether the grantee has successfully hired the requested firefighters. The recruitment period for Recruitment & Retention of Volunteer Firefighters Activity is 90-days and the period of performance automatically starts after the recruitment period.

- * I certify that the applicant organization will, to the extent practicable, seek, recruit, and hire members of racial and ethnic minority groups and women to increase their ranks within their organization.

- * I certify that, if awarded under the Hiring of Firefighters Activity, the applicant organization, will assure a policy will be put into place, or is currently in place, ensuring that positions filled under this grant

are not discriminated against, or prohibited from, engaging in volunteer firefighting activities in another jurisdiction during off-duty hours. (If applying under the Recruitment and Retention of Volunteer Firefighters Activity, this does not apply, however, in order to move forward in the application process, you must complete this question).

Note: the Primary Point of Contact will be responsible for signing and submitting the application. Fields marked with an asterisk (*) 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 09-Jan-2017.

Overview

Application **0%** complete

The SAFER (Staffing for Adequate Fire and Emergency Response) program intends to improve local fire departments' staffing and deployment capabilities so they may more effectively respond to emergencies. With the enhanced staffing, grantees should see a reduction in response times and an increase in the number of trained personnel assembled at the incident scene. Grant funds are available in two activities: *Hiring Firefighters* and *Recruitment and Retention of Volunteer Firefighters*. Please review the Notice of Funding Opportunity for information on available program areas 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 of this applicant
- No, I am a grant writer or otherwise not affiliated with this applicant

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

Note: Fields marked with an asterisk (*) are required.

Preparer Information	
Preparer's Name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State	Select a State <input type="button" value="v"/>
Zip	<input type="text"/> - <input type="text"/> (e.g. 12345-6789) Need help for ZIP+4?
Primary Phone	<input type="text"/> (e.g. 123-456-7890) Ext. <input type="text"/> <input type="button" value="Select"/> <input type="button" value="v"/>
Email	<input type="text"/> (e.g. user@xyz.org)

In the space below please list the person your fire department or organization has selected to be the **Primary Point of Contact** for this grant. This should be an officer, member, or employee of the fire department or organization applying for the grant that will see the grant through completion, 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 must 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 an email address 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 **asterisk (*)** are required.

Primary Point of Contact	
* Title	<input type="text"/>
Prefix	<input type="text" value="Select"/> Select N/A if not applicable
* First Name	<input type="text"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text"/>
* Primary Phone	<input type="text"/> (e.g. 123-456-7890) Ext. <input type="text"/> Type <input type="text"/> <input type="text" value="Select"/>
* Secondary Phone	<input type="text"/> (e.g. 123-456-7890) Ext. <input type="text"/> Type <input type="text"/> <input type="text" value="Select"/>
Optional Phone	<input type="text"/> (e.g. 123-456-7890) Ext. <input type="text"/> Type <input type="text"/> <input type="text" value="Select"/>
Fax	<input type="text"/> (e.g. 123-456-7890)
* Email	<input type="text"/> (e.g. user@xyz.org)

Contact Information

Application **10%** complete

In addition to Primary Point of Contact listed on the previous page, please provide two (2) Alternate Points of Contact for this application. These contacts should be members of the fire department or organizations applying for the grant that will see the 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 and email addresses where we can get in *direct contact* with the respective point of contact(s). If these contacts change at any time during the period of performance please update this information.

Note: Fields marked with an asterisk (*) are required.

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

Alternate Contact 2 Information	
* Title	<input type="text"/>
Prefix	N/A <input type="button" value="v"/> Select N/A if not applicable
* First Name	<input type="text"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text"/>
* Primary Phone	<input type="text"/> (e.g. 123-456-7890) Ext. <input type="text"/> Type <input type="button" value="Select"/> <input type="button" value="v"/>
* Secondary Phone	<input type="text"/> (e.g. 123-456-7890) Ext. <input type="text"/> Type <input type="button" value="Select"/> <input type="button" value="v"/>

Optional Phone	<input type="text"/>	(e.g. 123-456-7890) Ext. <input type="text"/>	Type <input type="text" value="Select"/>
Fax	<input type="text"/>	(e.g. 123-456-7890)	
* Email	<input type="text"/>	(e.g. user@xyz.org)	



[Go Back](/FemaFireGrant/firegrant/jsp/general/selectoption.do?option=1)

Applicant Information

Application **20%** complete

Please provide the following information about your organization.

Note: Fields marked with an asterisk (*) are required.

Applicant Information	
* Organization Name	<input type="text" value="International Association of Fire Fighters"/>
* What kind of organization do you represent?	<input type="text" value="Select Type"/> Help Help
If you answered "Combination" above, what is the percentage of career members in your organization?	<input type="text"/> % (Numbers only)
* Type of Jurisdiction Served	<input type="text" value="Select Type"/> Help Help
If "Other", please enter the type of jurisdiction served	<input type="text"/>
* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?	<input type="text" value="DC"/>
SAM.gov (System For Award Management)	
* What is the legal name of your Entity as it appears in SAM.gov ? Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.	<input type="text"/>

<p>* 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.</p>	
* Mailing Address 1	<input type="text" value="1750 New York Ave., NW"/>
Mailing Address 2	<input type="text"/>
* City	<input type="text" value="Washington"/>
* State	<input type="text" value="District of Columbia"/>
* Zip	<input type="text" value="2000"/> - <input type="text" value="5301"/> (e.g. 12345-6789) Need help for ZIP+4?
* Employer Identification Number (e.g. 12-3456789) Note: This information must match your SAM.gov profile.	<input type="text" value="53-0088290"/> (e.g. 12-3456789) Help Help
* Is your organization using the DUNS number of your Jurisdiction?	<input type="radio"/> Yes <input type="radio"/> No, we have our own DUNS number separate from our Jurisdiction.
* I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you select Yes above)	<input type="checkbox"/> Yes
* What is your 9 digit DUNS number ?	<input type="text"/> (call 1-866-705-5711 to get a DUNS number) Help Help
If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here. Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own DUNS number and bank account separate from your Jurisdiction.	<input type="text"/> Help Help
* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?	<input type="radio"/> Yes <input type="radio"/> No Help Help

<p>* 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.</p>	<input type="checkbox"/> Yes
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Headquarters or Main Station Physical Address

* Physical Address 1	1750 New York Avenue, NW
Physical Address 2	
* City	Washington
* State	District of Columbia
* Zip	<input type="text" value="2000"/> - <input type="text" value="5301"/> (e.g. 12345-6789) Need help for ZIP+4?

<input type="checkbox"/> Mailing Address is the same as the Physical Address Note: This information must match your SAM.gov profile.	Help Help
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* Mailing Address 1	1750 New York Avenue, NW
Mailing Address 2	
* City	Washington
* State	District of Columbia
* Zip	<input type="text" value="2000"/> - <input type="text" value="5301"/> (e.g. 12345-6789) Need help for ZIP+4?

Bank Account Information

<p>* The bank account being used is: (Please select one from right)</p>	<input type="radio"/> Maintained by my Organization separately from my Jurisdiction Note: If this is selected, a 4 digit DUNS plus 4 is required if you answered "YES" to using the DUNS number of your Jurisdiction. <input type="radio"/> Maintained by my Jurisdiction
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Note: The following banking information must match your SAM.gov profile.

* Type of bank account	<input type="radio"/> Checking <input checked="" type="radio"/> Savings
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<p>* Bank routing number - 9 digit <small>9 digit number on the bottom left hand corner of your check</small></p>	<div style="display: flex; align-items: center;"> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> <div style="margin-left: 10px;"> <small>(numbers only, no dashes)</small> </div> </div> <div style="text-align: right; margin-top: 10px;"> <small><a >help<="" a><="" class="smallText" href="/FemaFireGrant/firegrant/jsp/help/sample_check.html" small="" tabindex="0" target="_blank" title="Click here to see a sample check with the 9 digit routing number highlighted"> </small></div>
<p>* Re-enter Bank routing number</p>	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
<p>* Your account number</p>	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> <small>(numbers only, no dashes)</small>
<p>* Re-enter Your account number</p>	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
<p>Additional Information</p>	
<p>* For this fiscal year (Federal) is your jurisdiction receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?</p>	<p style="text-align: center;"> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>* If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If yes, your organization may be required to undergo an A-133 audit. <i>Under the Recruitment and Retention of Volunteer Firefighters Activity</i>, reasonable costs incurred for an A-133 audit is an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once in the "Request Details" section of the application.</p>	<p style="text-align: center;"> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>* Is the applicant delinquent on any federal debt? <small>delinquent on any federal debt</small></p>	<p style="text-align: center;"> <input type="radio"/> Yes <input type="radio"/> No </p> <div style="text-align: right; margin-top: 10px;"> <small><a >help<="" a><="" class="smallText" href="/FemaFireGrant/firegrant/jsp/help/help2.html" small="" tabindex="0" target="_blank" title="Click here to see the definition of a delinquent debt"> </small></div>

If you answered "Yes" to any of the additional questions above, please provide an explanation in the space provided below (4000 characters) :

4000 characters left>(maximum 4000 characters)

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Applicant Characteristics (Part I)

Application **30%** complete

Please provide the following information regarding your Fire Department.

Note: Fields marked with an **asterisk (*)** are required.

<p>* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>* Please indicate the type of community your organization serves.</p>	<p> <input type="radio"/> Rural Help Click here to see the definition of different types of fire department communities <input type="radio"/> Suburban <input type="radio"/> Urban </p>
<p>* Please describe your organization and/or the community that you serve (2000 characters) .</p>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>2000 characters left(maximum 2000 characters)</p>
<p>* What is the square mileage of your first-due response area? Primary/First Due Response Area is a geographical area proximate to a fire or rescue facility and normally served by the personnel and apparatus from that facility in the event of a fire or other emergency and does not include daily or seasonal population surges.</p>	<p><input type="text"/> (Numbers only)</p>
<p>* What percentage of your primary response area is protected by hydrants?</p>	<p><input type="text"/> % (Numbers only)</p>
<p>* Does your organization protect critical infrastructure?</p>	<p> <input type="radio"/> Yes Help Click here to see the definition of a critical infrastructure <input type="radio"/> No </p>
<p>If Yes, please describe the critical infrastructure protected (3000 characters) .</p>	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>

3000 characters left<(maximum 3000 characters)

(Percentages in three answers below must sum up to 100%)

<p>* How much of your primary response area is for agriculture, wildland, open space, or undeveloped properties?</p>	<input style="width: 80%;" type="text"/> % (Numbers only)
<p>* What percentage of your primary response area is for commercial and industrial purposes?</p>	<input style="width: 80%;" type="text"/> % (Numbers only)
<p>* What percentage of your primary response area is used for residential purposes?</p>	<input style="width: 80%;" type="text"/> % (Numbers only)

<p>* How many occupied structures (commercial, industrial, residential, or institutional) in your primary response area are more than three (3) stories tall? Do not include structures which are not regularly occupied such as silos, towers, steeples, etc.</p>	<input style="width: 80%;" type="text"/> <small>(Whole Numbers only)</small> Help <small>Help</small>
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<p>* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? <small>Primary/First-Due Response Area or jurisdiction served</small></p>	<input style="width: 80%;" type="text"/> <small>(Whole Numbers only)</small> Help <small>Help</small>
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<p>* Do you have a seasonal increase in population?</p>	<input type="radio"/> Yes <input type="radio"/> No
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<p>If Yes what is your seasonal increase in population?</p>	<input style="width: 80%;" type="text"/> <small>(Whole Numbers only)</small>
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<p>* How many stations are operated by your organization?</p>	<input style="width: 80%;" type="text"/> <small>(Whole Numbers only)</small>
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<p>* Please indicate if your department has a formal automatic/mutual aid agreement with another community or fire department and the type of agreement that exists.</p>	<input type="radio"/> Automatic aid <input type="radio"/> Mutual aid <input type="radio"/> Both automatic and mutual aid <input type="radio"/> No aid Help <small>Help</small>
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* What services does your organization provide?

<input type="checkbox"/> Advanced Life Support	<input type="checkbox"/> Emergency Medical Responder	<input type="checkbox"/> Rescue Operational Level
<input type="checkbox"/> Airport Rescue Firefighting (ARFF)	<input type="checkbox"/> Haz-Mat Operational Level	<input type="checkbox"/> Rescue Technical Level
<input type="checkbox"/> Basic Life Support	<input type="checkbox"/> Haz-Mat Technical Level	<input type="checkbox"/> Structural Fire Suppression
<input type="checkbox"/> Community Paramedic Community Paramedic	<input type="checkbox"/> Maritime Operations/Firefighting	<input type="checkbox"/> Wildland Fire Suppression

Active Firefighting Staff, use these definitions to answer the questions about "firefighter" positions.

Active Firefighter Position	An individual having the legal authority and responsibility to engage in fire suppression; being employed by a fire department of a municipality, county, or fire district; being engaged in the prevention, control, and extinguishing of fires; and/or responding to emergency situations in which life, property, or the environment is at risk. This individual must be trained in fire suppression, but may also be trained in emergency medical care, hazardous materials awareness, rescue techniques, and any other related duties provided by the fire department.
Full-time Paid Firefighter Position	Full-time positions are those that are funded for at least 2,080 hours per year (i.e., 40 hours per week, 52 weeks per year.) The program office will also consider funding the sharing of a full-time position with sufficient justification. A job-share position is a full-time position that is occupied by more than one person.
Part-time Paid Firefighter Position	Part-time paid firefighters receive pay for being on duty at the fire station, whether or not they respond to any alarms. They may or may not receive benefits.
Volunteer Firefighter Position	Volunteer firefighters receive no financial compensation for their services other than life/health insurance, workers compensation insurance, and/or stipend per call.

SAFER intends to improve local fire departments' staffing and deployment capabilities so they may more effectively respond to emergencies. With the enhanced staffing, a SAFER grantee's response time will be reduced sufficiently and an appropriate number of trained personnel will be assembled at the incident scene. The following questions are designed to help us understand the staffing changes that have occurred in your department over the past several years and how the grant will assist in improving your staffing levels.

Use the following definitions when completing the table below.

Total # of Operational Career Personnel — this number represents the total number of **authorized**

and funded active, full-time uniformed/operational career personnel employed by your department on the dates indicated. (Note: only operational personnel — including operational officers - should be included)

Operational Officers — of the operational career personnel indicated in the "Total # of Operational Career Personnel" question, how many of those serve in **operational officer-level (both command and company) positions**?

NFPA Compliance — of the "Total # of Operational Career Personnel" indicated, how many are assigned to **field or response apparatus positions that directly support the department's compliance** with NFPA 1710 (Section 5.2.4.1 — Single-Family Dwelling Initial Full Alarm Assignment Capability) or NFPA 1720 (Section 4.3 — Staffing and Deployment)? (**Note:** Officers should **only** be included in this number if they **directly support the department's compliance** with NFPA 1710 or NFPA 1720 compliance)

Note: The number of **career personnel** in any of these fields should include positions which are job-shared. Job-shared positions will be counted as one (1) regardless of how many personnel fill those positions.

For more information regarding these standards please see the Notice of Funding Opportunity or go to www.nfpa.org

	Total # of Operational Career Personnel	# Operational Officers	# NFPA Support
* Staffing levels at the start of the application period	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Staffing levels at one year prior to the start of the application period	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Staffing levels at two years prior to the start of the application period	<input type="text"/>	<input type="text"/>	<input type="text"/>
* If awarded this grant, what will the staffing levels be in your department? (Whole Numbers only)	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Please provide details on the department's existing staffing model (i.e., number of shifts, number of positions per shift, contracted work hours, etc.) (3000 characters)

3000 characters left>(maximum 3000 characters)

* Does your department utilize part-time paid firefighters? Yes No

If Yes, please provide details on how the part-time firefighters are used within your department to include the number of part-time firefighters, the number of full-time, NFPA compliant positions these part-time firefighters occupy, if applicable, and how they are scheduled to meet your staffing needs (3000 characters)

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<div style="border: 1px solid gray; height: 80px; width: 100%;"></div>
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3000 characters left(maximum 3000 characters)

* Does your department utilize reserve/relief paid firefighters? Yes No

If yes, please provide details on how the reserve/relief firefighters are used within your department to include the number of reserve/relief firefighters, the number of full-time, NFPA compliant positions these part-time firefighters occupy, if applicable, and how they are scheduled to meet your staffing needs (3000 characters) .

<div style="border: 1px solid gray; height: 80px; width: 100%;"></div>
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3000 characters left(maximum 3000 characters)

* 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

Applicant Characteristics (Part II)

Application **40%** complete

Please provide the following additional information regarding your Fire Department.

Note: Fields marked with an **asterisk (*)** are required.

	2016 (Whole numbers only)	2015 (Whole numbers only)	2014 (Whole numbers only)
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
* What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
* What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>* What is your department's operating budget (i.e., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) for the current (at time of application) fiscal year?</p> <p>Fiscal Year: <input type="text"/> Budget: <input type="text"/> (Whole numbers only)</p>			
<p>* What was your department's operating budget (i.e., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) for the 2001, 2002, and 2003 fiscal years?</p> <p>Fiscal Year 2003 Budget: <input type="text"/> (Whole numbers only)</p> <p>Fiscal Year 2002 Budget: <input type="text"/> (Whole numbers only)</p> <p>Fiscal Year 2001 Budget: <input type="text"/> (Whole numbers only)</p> <p>If you are unable to provide the information, please enter 0 into each budget field and explain, in the Financial Need section of the narrative, why you are unable to provide this information.</p> <p>Help Help</p>			
* What percentage of your operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?	<input type="text"/> % (Whole numbers only)		
* Does your department have any rainy day funds, rainy day reserves, or emergency funds?	<input type="radio"/> Yes <input type="radio"/> No		

If yes, what is the total amount currently set aside? (Whole numbers only)

If yes, what are the funds ear-marked for (1000 characters) ?

1000 characters left (maximum 1000 characters)

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

[Taxes?](#) % [Help](#)

Bond Issues? %

[EMS Billing?](#) %

Grants? %

Donations? %

Fund drives? %

[Fee for Service?](#) %

Other? %

If you entered a value into the "Other" field (other than 0), please explain (1000 characters) :

1000 characters left (maximum 1000 characters)

* How many **frontline** vehicles does your organization have in each of the types or classes of vehicle listed below that respond to first alarm assignments in support of NFPA 1710/1720? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession. If you have multiple vehicles of the same type which have a different number of riding positions, please use the "average" number and provide additional information in the text box provided. Enter numbers only and enter 0 if you do not have any of the vehicles below.

Type or Class of Vehicle	Number of Frontline Vehicles	Number of Available Riding Positions per Frontline Vehicle	Number of Filled Riding Positions per Frontline Vehicle per first alarm assignment
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ambulances for transport and/or emergency response	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pickup w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please use this comments section if you wish to provide any additional information with regards to the **Type or Class of Vehicle** section above (2000 characters) .

2000 characters left (maximum 2000 characters)

[Go Back](/FemaFireGrant/firegrant/jsp/general/selectoption.do?option=4)

Department Call Volume

Application **50%** complete

Please provide the total number of incidents that your department responded to for each of three year period (Jan - Dec). Include only those alarms which your department was a primary responder and not second due or giving Mutual Aid.

Note: Each incident must be counted only once regardless of the number of units or agencies that responded to that incident. (e.g. a vehicle fire with entrapment and injuries may be counted as a vehicle fire or a rescue call or an EMS call, but not all three.)

	2016	2015	2014
* Summary of responses per year by category <i>(Enter whole number only. If you have no calls for any of the categories, Enter 0)</i>			
Fire - NFIRS Series 100	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rescue & Emergency Medical Service Incident - NFIRS Series 300	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Condition (No Fire) - NFIRS Series 400	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Call - NFIRS Series 500	<input type="text"/>	<input type="text"/>	<input type="text"/>
Good Intent Call - NFIRS Series 600	<input type="text"/>	<input type="text"/>	<input type="text"/>
False Alarm & False Call - NFIRS Series 700	<input type="text"/>	<input type="text"/>	<input type="text"/>
Severe Weather & Natural Disaster - NFIRS Series 800	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Incident Type - NFIRS Series 900	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
FIRES			
* How many responses per year by category? <i>(Enter whole number only. If you have no calls for any of the categories, Enter 0)</i>			
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
What is the total acreage of all vegetation fires?	<input type="text"/>	<input type="text"/>	<input type="text"/>

RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS

* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Scheduled Transports	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Scheduled Transports	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many Community Paramedic Response Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

MUTUAL AND AUTOMATIC AID

* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

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

[Save and Continue](#)

Request Details

Application **60%** complete

Activity Selection

Please use this section to select the activity for which you are applying and provide the additional information requested.

If you are a Volunteer Department or a Combination Department and are interested in applying under both the Hiring of Firefighters Activity and the Recruitment and Retention of Volunteer Firefighters Activity you will need to submit separate applications - one for each activity.

Note: Career departments are only eligible for the Hiring of Firefighters Activity and National, State, Local, or Tribal Volunteer Firefighter Interest Organizations are only eligible for the Recruitment and Retention of Volunteer Firefighters Activity.

To begin building your project, select the Activity which you are applying for and then click the View Details link.

* Select an activity for which you are applying.	
Activity Name	Eligible Organizations:
<input type="radio"/> Hiring of Firefighters	[Volunteer Fire Departments] [Combination Fire Departments] [Career Fire Departments]
<input type="radio"/> Recruitment and Retention of Volunteer Firefighters	[Volunteer Fire Departments] [Combination Fire Departments] [National, State, Local, or Tribal Volunteer Firefighter Interest Organizations]

Click View Details link below to build your program budget.

Activity	Number of Entries	Total Cost	Action
----------	-------------------	------------	--------

[Go Back](/FemaFireGrant/firegrant/jsp/general/selectoption.do?sysAppld=1047466&option=6) [Continue to Budget](/FemaFireGrant/firegrant/jsp/general/selectoption.do?option=8)

*****Click on the "View Details" hyperlink at the bottom right of screen to enter budget details*****

Request Details

Please answer the questions below and then click Add Hiring Activity to begin.

You must answer all of the project specific questions and specify at least one budget item. Once you have added your project, the list of the budgeted line items and the costs for each line item will be listed in the table below. You can come back and modify this area at any point before you submit your application to FEMA.

You may update or delete the information by clicking the appropriate link under the Action column.

When you have finished, press the Return to Summary button below.

<p>* In cases of demonstrated economic hardship, and upon the request of the grant recipient, the FEMA Administrator may waive or reduce a SAFER Hiring grant recipient's cost share requirement, the minimum budget requirement, and/or the restriction on supplanting. Is it your department's intent to apply for an economic hardship waiver, if awarded?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>				
<p>If yes, which type of waiver will you be applying for?</p>	<p><input type="checkbox"/> Cost Share <input type="checkbox"/> Minimum Budget <input type="checkbox"/> Supplanting</p>				
<table border="1"><thead><tr><th data-bbox="191 1123 1117 1165">Hiring of Firefighters</th><th data-bbox="1117 1123 1422 1165">Action</th></tr></thead><tbody><tr><td colspan="2" data-bbox="191 1165 1422 1203"><p>No line items are currently specified for this activity.</p></td></tr></tbody></table>		Hiring of Firefighters	Action	<p>No line items are currently specified for this activity.</p>	
Hiring of Firefighters	Action				
<p>No line items are currently specified for this activity.</p>					

Hiring Activity

Please provide the following additional information regarding your Fire Department. **Note: National, State, Local, or Tribal Volunteer Firefighter Interest Organizations are not eligible for this activity.**

Note: Fields marked with an asterisk (*) are required.

Hiring of Firefighters						
* 1. Select which line-item below best describes your organization and the NFPA standard you are attempting to meet.						
NFPA Requirements						
Check One	NFPA Standard (see the Notice of Funding Opportunity for more detail regarding these standards)	Department Characteristics	Demographic	Assembly Staffing	Response Time	Frequency of Time
<input type="radio"/> X	1710	Career	With Aerial	15	8 min	90%
<input type="radio"/> X	1710	Career	Without Aerial	14	8 min	90%
<input type="radio"/> X	1720 - Urban	Urban Combo/Vol	> 1,000 pop/square mile	15	9 min	90%
<input type="radio"/> X	1720 - Suburban	Suburban Combo/Vol	500 - 1,000 pop/square mile	10	10 min	80%
<input type="radio"/> X	1720 - Rural	Rural Combo/Vol	< 500 pop/square mile	6	14 min	80%
<input type="radio"/> X	1720 - Remote	Remote Combo/Vol	Travel > 8 mi	4	n/a	90%
<p>* 2. Given your current staffing levels, how often does your department meet the NFPA assembly requirements as indicated in the table above for the department's primary/first due response area?</p> <p>NOTE: If your department utilizes overtime to fill</p>	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; margin-right: 20px;">Select Option</div> <div> <p style="font-size: small; margin: 0;"> Help Help </p> </div> </div>					

positions to ensure you are meeting applicable NFPA staffing and deployment standards, you will want to remove the number of positions filled by overtime from your calculations.

* 2a. If awarded the number of positions requested in this application, how often do you anticipate that your department will meet the NFPA assembly requirements as indicated in the table above?

[Help](#) Help

* 3. Given your **current staffing** levels and **without** using overtime to fill vacant positions, what is the average actual staffing level on your first arriving engine company or vehicle capable of initiating suppression activities on the number of structure fires indicated in the "Department Call Volume" section of your application?

[Help](#) Help

(Up to one decimal i.e., 2.5)

NOTE: If your department utilizes overtime to fill positions to ensure you are meeting applicable NFPA staffing and deployment standards, you will want to remove the number of positions filled by overtime from your calculations.

* 3a. If awarded the number of positions requested in this application, what will be the average actual staffing level on your first arriving engine company or vehicle capable of initiating suppression activities on the number of structure fires indicated in the "Department Call Volume" section of your application? (Up to one decimal i.e. 2.5)

[Help](/FemaFireGrant/firegrant/jsp/help/first_arriving_suppression.html "Click here to see the definition of a first arriving suppression") Help

* 4. Please describe the departments hiring practices and timelines including how long after award will you be able to start a recruit class and how many recruits can be trained in one class. If you are requesting more positions than can be trained in one recruit class, please discuss when you will be able to hold the second class. If your department will need governing body approval before the award can be accepted, please be sure to include details on the timeline needed for acceptance (2000 characters) .



2000 characters left<(maximum 2000 characters)

* 5. Is your request for hiring firefighters based on a risk analysis and/or a staffing needs analysis?

Yes
 No

[Help](/FemaFireGrant/firegrant/jsp/help/risk_analysis.html "Click here to see the definition of a risk analysis")Help

5a. If Yes, describe how the analysis was conducted (1000 characters) .



1000 characters left<(maximum 1000 characters)

<p>* 6. If awarded a grant, will you provide the new recruits with entry-level physicals in accordance with NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments 2003 Edition, Chapter 6?</p>	<p> <input type="radio"/> Yes, NFPA 1582 compliant <input type="radio"/> No, but will provide other physicals not to NFPA 1582 specifications <input type="radio"/> No </p>
<p>* 7. Do you currently provide annual medical/physical exams in accordance with NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments 2003 Edition, Chapter 6?</p>	<p> <input type="radio"/> Yes, NFPA 1582 compliant <input type="radio"/> No, but will provide other physicals not to NFPA 1582 specifications <input type="radio"/> No </p> <p style="text-align: right;"> Help Help </p>
<p>* 8. Will the personnel hired meet the minimum local or State EMS training and certification requirements, as designated by your agency?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - do not provide EMS </p>
<p>* 9. Does your department currently have a policy in place to recruit and hire veterans?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>

9a. If yes, please provide a brief description of the policy in place (1000 characters) .

1000 characters left(maximum 1000 characters)

* 10. Is it your department's intent to sustain the positions filled under this grant after the completion of the period of performance?

Yes No

10a. If yes, please provide a brief description on how the positions will be sustained.

1000 characters left(maximum 1000 characters)

[Save and Continue](#)

Add Budget Item

Please provide the following information.

As a reminder, only new, additional firefighters are eligible for funding. Grant funds can no longer be used for the purpose of retaining firefighters currently employed who are facing imminent layoffs.

Note: Fields marked with an asterisk (*) are required.

As you are aware, grants awarded under the *Hiring of Firefighters Activity* requires grantees to maintain their staffing levels and incur no lay-offs during the period of performance of the grant. Therefore, it is imperative that your department have the support of your governing body.

In order to ensure that there is a clear understanding of the long-term obligations of a SAFER grant and that, if awarded, all parties involved are committed to fulfilling those requirements upon acceptance of the award; we are requesting a letter from your governing body stating their commitment of the above requirement.

The letter should be prepared on your governing body's letterhead and addressed to:

Catherine Patterson, Branch Chief
Assistance to Firefighters Grants Branch

If you have received the letter, you may attach it here. **(Note: only .doc and .pdf files will be accepted)**

If you do not have the letter at this time, you may submit a signed copy of the letter as soon as you are able via fax to 1-866-274-0942

or via e-mail to
firegrants@fema.dhs.gov.

* How many full-time firefighter positions, including job-shares, are you requesting?

"Full-time" is considered 2,080 hours or more worked per year and entitles the employee to receive benefits earned by the other full-time employees in the organization. "Job-share" is the term used to describe the hiring of more than one person to fill one full-time position. Part-time positions are less than 2,080 hours per year. Often part-time employees do not earn benefits or do not earn them at the same rate or level as full-time employees

(Whole Numbers only)

If you are requesting to fund a **full-time position(s)** that will be "shared" by more than one individual (i.e., job-shared), please indicate how many individuals will fill that position, how they will be used and scheduled to fill the position(s), and provide an explanation as to why the position will be shared. (800 characters)

800 characters left(maximum 800 characters)

Note: The number of individuals that may fill a job-share position is limited to the number of shifts deployed by the applicant.

* Currently, what are the usual annual costs of a first-year firefighter in your department?

"Usual annual costs" include base salary and the typical benefits package offered to a first-year firefighter.

Annual Salary: \$ [Help](/FemaFireGrant/firegrant/jsp/help/salary.html "Click here to see the definition of salary") [Help](#)

Annual Benefits: \$ (Whole Numbers only)

* What costs are included in the typical benefits package your department provides to first-year firefighters (2000 characters) ?

2000 characters left(maximum 2000 characters)

Go back

Budget

Application **70%** complete

Hiring of Firefighters:

There is a three-year period of performance for grants awarded under the Hiring of Firefighters Activity. The amount of Federal funding provided to a recipient for hiring a firefighter in any fiscal year may not exceed -

- Year One: 75 percent of the usual annual costs of a first-year firefighter as provided in the Request Details section;
- Year Two: 75 percent of the usual annual cost of a first-year firefighter as provided in the Request Details section;
- Year Three: 35 percent of the usual annual cost of a first-year firefighter as provided in the Request Details section.

Review and confirm the budget information below. If you need to change any of the budget amounts on the matrix, you will need to update the salary and benefit information on the previous Request Details screen.

When you are finished, press the *Save and Continue* button below.

Budget Matrix				
	First 12-Month Period	Second 12-Month Period	Third 12-Month Period	Total
Personnel	1,440,000	1,440,000	1,440,000	4,320,000
Benefits	480,000	480,000	480,000	1,440,000
Total:	1,920,000	1,920,000	1,920,000	5,760,000
Total Applicant Share	480,000	480,000	1,248,000	2,208,000
Total Federal Share	1,440,000	1,440,000	672,000	3,552,000

[Go Back](/FemaFireGrant/firegrant/jsp/general/selectoption.do?option=7)

Save and Continue

Narrative Statement for Hiring of FireFighters

Application **80%** complete

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 application 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 narrative elements 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., quotation marks, bullets, etc.), or graphs.

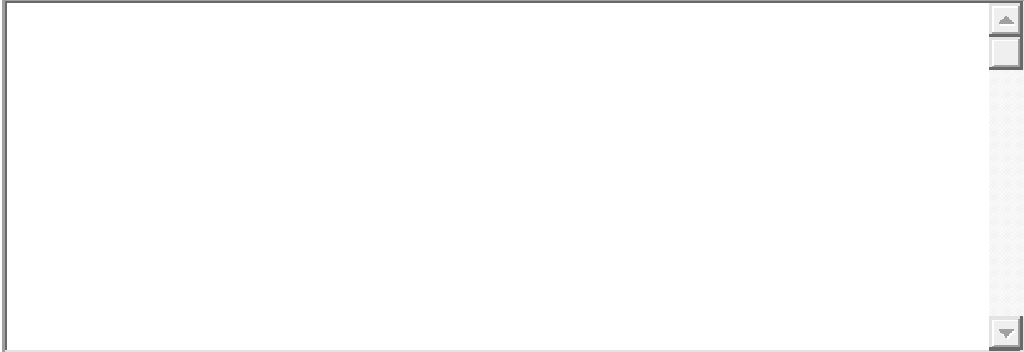
Note: Fields marked with an **asterisk (*)** are required. Each element must have a minimum of 200 characters and each element will have a character limit; the limit varies based on the questions being asked. The character count will be listed below each text box.

*** Element #1 - Project Description (30%):**

*** 1a. null (3000 characters)**

3000 characters left(maximum 3000 characters)

*** 1b. null (2000 characters)**



2000 characters left>(maximum 2000 characters)

* 1c. null (1000 characters)



1000 characters left>(maximum 1000 characters)

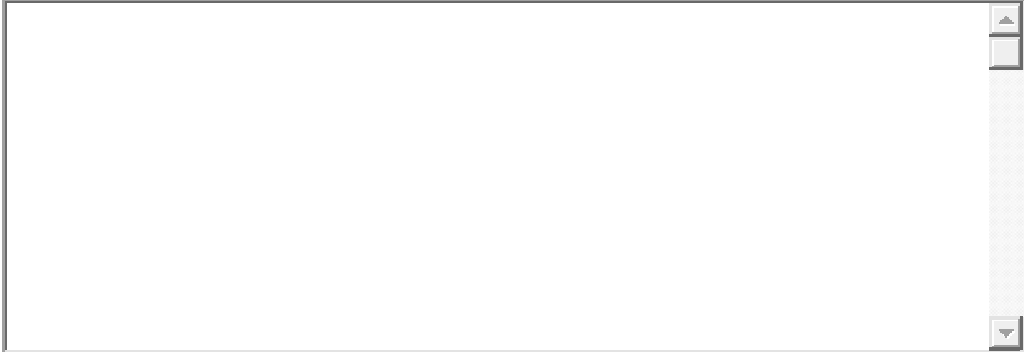
*Element #2 - Impact on Daily Operations (30%):

* 2a. null (2000 characters)



2000 characters left>(maximum 2000 characters)

* 2b. null (2000 characters)



2000 characters left<(maximum 2000 characters)

***Element #3 - Financial Need (30%):**

*** 3a. null** (2000 characters)



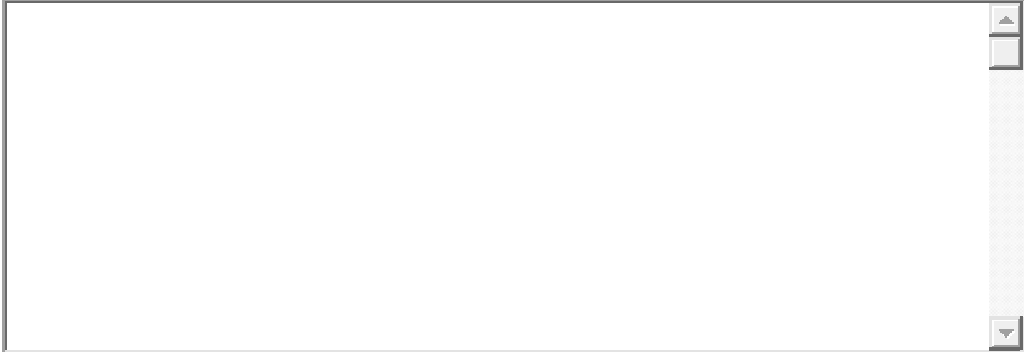
2000 characters left<(maximum 2000 characters)

*** 3b. null** (2000 characters)



2000 characters left<(maximum 2000 characters)

*** 3c. null** (2000 characters)



2000 characters left(maximum 2000 characters)

***Element #4 - Cost Benefit (10%):**

*** null** (3000 characters)



3000 characters left(maximum 3000 characters)

Element #5 - Additional Information : null (2000 characters)



2000 characters left(maximum 2000 characters)

Save and Continue

Supplemental Information

Application **80%** complete

The purpose of this page is to gather information on the economic condition of fire departments applying for these grants. These responses will assist the SAFER Program with establishing an economic hardship waiver for future years of this program. By providing the information to the questions below, we will better understand what data is available and serves as useful indicators of a departments economic stability. We strongly encourage you submit as much information as possible. If you are unable to supply the information for any of the questions, please indicate as appropriate. Any missing information may require additional follow up if your application is under consideration for award.

*****Note when entering data and years in the questions below, you must have the latest date (i.e. 2016/2015) in the very first/top data field as shown in #1 below.**

* 1. What is the rate of unemployment of the community, within the department's first due response geographical area, over the last three (3) years? Please indicate using a percentage and in the text box next to each of the rate percentage, indicate what year that figure pertains to.

Rate: % Year:

Rate: % Year:

Rate: % Year:

I am unable to provide this information

* 2. Has the department filed for bankruptcy (Chapter 9, Title 11), or has been placed under third party financial oversight or receivership within the previous three (3) years? Yes No

2a. If Yes, please discuss (2000 characters) .

2000 characters left(maximum 2000 characters)

I am unable to provide this information

* 3. What is the median household income of the community, within the department's first due response geographical area, over the last three (3) years? Please indicate the dollar amount and in the text box next to each amount, indicate what year that figure pertains to.

\$	<input type="text"/>	Year:	<input type="text"/>
\$	<input type="text"/>	Year:	<input type="text"/>
\$	<input type="text"/>	Year:	<input type="text"/>

I am unable to provide this information

* 4. What is the poverty rate of the community, within the department's first due response geographical area, over the last three (3) years? Please indicate using a percentage and in the text box next to each of the rate percentages, indicate what year that figure pertains to.

Rate:	<input type="text"/>	%	Year:	<input type="text"/>
Rate:	<input type="text"/>	%	Year:	<input type="text"/>
Rate:	<input type="text"/>	%	Year:	<input type="text"/>

I am unable to provide this information

* 5. What is your municipalities operating budget for the last three (3) years? Please indicate the dollar amount and in the text box next to each amount, indicate what year that figure pertains to.

\$	<input type="text"/>	Year:	<input type="text"/>
\$	<input type="text"/>	Year:	<input type="text"/>
\$	<input type="text"/>	Year:	<input type="text"/>

I am unable to provide this information

* 6. Has your jurisdiction/municipality reduced Full-Time Employees (FTEs) (in all agencies) over the last three year? Yes No

6a. If Yes, by how many and in what areas (2000 characters) ?

2000 characters left(maximum 2000 characters)

I am unable to provide this information

* 7. Is your jurisdiction/municipality filling positions (in all agencies) as they become vacant? Yes No

7a. If No, by how many and in what areas (2000 characters) ?

2000 characters left(maximum 2000 characters)

I am unable to provide this information

* 8. In the last year has your department utilized brown outs? Yes No

I am unable to provide this information

* 9. Has the department reduced non-operation positions (i.e. training, fire prevention, administrative staff, etc.) over the last three years? Yes No

9a. If Yes, please provide details (2000 characters) .

2000 characters left(maximum 2000 characters)

I am unable to provide this information

* 10. What is the current foreclosure rate of the community, within the department's first due response geographical area? %

I am unable to provide this information

* 11. Has the department provided cost of living increases over the last three (3) fiscal years? Yes
 No

11a. If Yes, by what percent?

Rate: % Year:
Rate: % Year:
Rate: % Year:

I am unable to provide this information

* If you are unable to provide any of the data requested above, please explain why you are unable to do so. (i.e., data not available, data only available at state level, cannot find data, etc.) (2000 characters)

2000 characters left(maximum 2000 characters)

FEMA Form SF 424B

You must read and sign these assurances. These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.

Note: Fields marked with an asterisk (*) are required.

O.M.B Control Number 4040-0007

Assurances Non-Construction Programs

Note: Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Note: the primary contact will be responsible for signing and submitting the application. Fields marked with an asterisk (*) are required.

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

* Password:

* I, Ron Benedict, am hereby providing my signature for this application as of 09-Jan-2017.

Form 20-16C

You must read and sign these assurances.

Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.

Note: Fields marked with an asterisk (*) are required.

O.M.B Control Number 1660-0025

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying" and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

1. Lobbying

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over \$100,000, as defined at 44 CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44 CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under

a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application. (4000 characters)

4000 characters left(maximum 4000 characters)

3. Drug-Free Workplace (Grantees other than individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph

(d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable awarding office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance					
Street	City	State	Zip	Action	
<input type="button" value="Add Place of Performance"/>					

If your place of performance is different from the physical address provided by you in the Applicant Information, press *Add Place of Performance* button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for FEMA funding. States and State agencies may elect to use a Statewide certification.

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* Password:

* I, Ron Benedict, am hereby providing my signature for this application as of 09-Jan-2017.

- Please enter a type of federal action
- Please enter a status of federal action
- Please select a type of report
- Please select reporting entity type
- Please enter a federal department
- Please enter federal program name

FEMA Standard Form LLL

Only complete if applying for a grant for more than \$100,000 and have lobbying activities. See [Form 20-16C](#) for lobbying activities definition.

This form is not applicable

Save and Continue

You must read and sign these assurances by providing your password and checking the box at the bottom of this page.

Note: Fields marked with an **asterisk (*)** are required.

O.M.B Control Number 0348-0046

Standard Form LLL: Disclosure of Lobbying Activities	
1. * Type of Federal Action Type of Federal Action 	Cooperative Agreement
2. * Status of Federal Action	Bid/Offer/Application
3. * Report Type Report Type	<input type="radio"/> Initial filing <input type="radio"/> Material Change
This subsection is required for Material Change only	
Year	2017
Quarter	1
Date of last report:	<input type="text"/> (e.g. 03/24/1999)
4. * Name and Address of Reporting Entity : Name and Address of Reporting Entity:	
*Reporting Entity Type	<input type="radio"/> Prime <input type="radio"/> Subawardee
Tier (if known)	<input type="text"/>
*Name	<input type="text"/>
*Street	<input type="text"/>

*City	<input type="text"/>
*State	Select a State <input type="button" value="v"/>
*Zip	<input type="text"/> - <input type="text"/> (e.g. 12345-6789) Need help for ZIP+4?
5. If Reporting Entity in No.4 is a Subawardee, enter name and address of Prime:	
Name	<input type="text"/>
Street	<input type="text"/>
City	<input type="text"/>
State	Select a State <input type="button" value="v"/>
Zip	<input type="text"/> - <input type="text"/> (e.g. 12345-6789) Need help for ZIP+4?
Congressional District if known	<input type="text"/>
6. * Federal Department/Agency <small>Federal Department/Agency</small>	<input type="text"/>
7 * Federal Program Name/Description	<input type="text"/>
CFDA Number if known	<input type="text"/>
8. Federal Action Number if known: <small>Federal Action Number if known:</small>	<input type="text"/>
9. Award Amount if known: <small>Award Amount if known: </small>	<input type="text"/> (whole dollar amounts only)
10a. Name and address of Lobbying Registrant: <small>Name and address of Lobbying Registrant: (if individual, Last Name, First Name, MI)</small>	
Name	<input type="text"/>
Street	<input type="text"/>
City	<input type="text"/>
State	Select a State <input type="button" value="v"/>
Zip	<input type="text"/> - <input type="text"/> (e.g. 12345-6789) Need help for ZIP+4? <small><a href="https://tools.usps.com/go/ZipLookupAction</small>

	_input" target="_blank" class="smallText" tabIndex="0" title="Click here to see the description of a ZIP+4 extension">Need help for ZIP+4?
10b. Individuals Performing Services: (include address if different from No.10a) (Last Name, First Name, MI)	
Name	<input type="text"/>
Street	<input type="text"/>
City	<input type="text"/>
State	Select a State <input type="text"/>
Zip	<input type="text"/> - <input type="text"/> (e.g. 12345-6789) Need help for ZIP+4? Need help for ZIP+4?

Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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