

BOARD OF PUBLIC WORKS AND SAFETY
Agenda Request Form

(Form B-01-2012)

Organizations and individuals are asked to submit a request form and supporting documents to be placed on the agenda. You will be contacted by the City confirming the date of the meeting in which your request will be heard. Please make sure that your contact information is accurate in case we need to get in touch with you. The Board of Works meets on the 1st and 3rd Monday of each month at 5:00 p.m. in City Hall located at 70 E. Monroe Street.

Date Submitted:	10/23/15	Meeting Date:	11/2/15
Contact Information:			
Requested by:	Fire Chief Dan McElyea		
On Behalf of Organization or Individual:	Franklin Fire Department		
Telephone:	317-736-3650		
Email address:	dmcelyea@franklin.in.gov		
Mailing Address:	1800 Thornburg Lane		
Describe Request:			
Informational Purposes: Requesting Council Approval to Apply for FEMA Grant for SCBA Equipment			
List Supporting Documentation Provided:			
FEMA Grant Application			
Who will present the request?			
Name:	Dan McElyea	Telephone:	317-736-3650

In order for an individual and/or agency to be considered for new business on the Board of Works agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 4:00 p.m. on the Wednesday before the meeting.



FEMA

Grant Application Get Ready Guide

Assistance to Firefighters Grants

Prepare for Your Grant Application Today

The Assistance to Firefighters Grants (AFG) Program application period will be opening soon. This handy guide will give you a kick-start in preparing your grant application. It will also better prepare you to thoroughly answer the application questions.

The primary goal of the AFG Program is to meet the firefighting and emergency response needs of fire departments and nonaffiliated emergency medical service organizations and State Fire Training Academies (SFTA). Since 2001, AFG has helped firefighters and other first responders to obtain critically needed equipment, protective gear, emergency vehicles, training, and other resources to protect the public and emergency personnel from fire and related hazards.

Getting started you will need to be registered with Dun & Bradstreet. You will also need to have an "ACTIVE" System for Award Management (SAM) account.

DUNS Number

Effective October 1, 2003, all federal grant applications must contain a Dun & Bradstreet Data Universal Numbering System (DUNS) number. The DUNS number helps the Federal Government identify organizations that receive federal funding and ensures consistent name and address data for electronic grant applications. Additional information about DUNS numbers can be found on the Dun & Bradstreet Website at <http://fedgov.dnb.com/webform/displayHomePage.do;jsessionid=B9E740A165>.

There is no charge to obtain a DUNS number and it is your organization's responsibility to obtain one. Extensions will not be granted for applicants who are unable to obtain a DUNS number prior to the end of the application period.

You are encouraged to apply for a DUNS number as soon as possible by calling 1-866-705-5711 or you can apply online; however, it may take several weeks to obtain the number online. The DUNS number must be entered in a special data field on the AFG application.

System for Award Management (SAM) (*replaced Central Contractor Registration (CCR)*)

What is SAM?

The System for Award Management (SAM) is a Federal Government owned and operated free website that consolidates the capabilities in CCR/FedReg, ORCA, and EPLS. Future phases of SAM will add the capabilities of other systems used in federal procurement and awards processes.

Per 2 CFR Part 25, all grant applicants must have an active current SAM registration status at the time of application and throughout the duration of any federal award.

Therefore, **in order to receive an AFG Grant award**, you must be registered and have up-to-date information in the online System for Award Management or SAM (SAM.gov). SAM registration is FREE of charge and is required of all federal awardees.

The AFG application process requires an updated and current registration by the applicant, which must be confirmed at <https://www.sam.gov/portal/public/SAM/>

- A DUNS number is required to apply for a grant and to register in SAM.
- SAM registration is required to be awarded a grant.
- If you're using a DUNS number provided by the city or a governing organization, check to see if it is registered in SAM and if the SAM number is current.
- Again, banking information, EIN number, organization/entity name, address, and DUNS number provided in your AFG application must match the information that you provided in SAM.gov and on your 1199a form.
- **Important: SAM registrants must renew their registration annually to maintain an active status.** SAM will send notifications to the registered user via email 60, 30, and 15 days prior to expiration of the record.

Step 1: Access the SAM online registration at <https://www.sam.gov/portal/public/SAM/>

Click *Create Individual Account*. You must have a DUNS number to begin the registration process.

Step 2: Complete and submit the online registration. If you have the necessary information (see below), the online registration takes approximately one hour to complete, depending upon the size and complexity of your organization.

The required information includes:

1. **General Information** – Includes, but is not limited to, your DUNS number, Commercial And Government Entity (CAGE) code, organization name, Taxpayer Identification Number (TIN), location, receipts, number of employees, and website address.
2. **Corporate Information** – Includes, but is not limited to, your organization or business type and SBA-defined socioeconomic characteristics.
3. **Goods and Services Information** – Includes, but is not limited to, your North American Industry Classification System (NAICS) code, Product Service Code (PSC), and Federal Supply Classification (FSC) code.

4. **Financial Information** – Includes, but is not limited to, financial institution, American Banking Association (ABA) routing number, account number, remittance address, lock box number, Automated Clearing House (ACH) information, and credit card information.
5. **Point of Contact (POC) Information** – Includes, but is not limited to, the primary and alternate points of contact and the electronic business, past performance, and government points of contact.
6. **Electronic Data Interchange (EDI) Information*** – Includes, but is not limited to, the EDI point of contact, telephone, e-mail, and physical address.

**Note: EDI information is optional and may be provided only for those businesses interested in conducting transactions through EDI.*

Once a grantee has registered within CCR, the registration is valid for 12 months and must be renewed annually.

If a grantee's registration is expired or inactive, the user must get the registration reset by calling the CCR Helpline at 866-606-8220.

Basic Information

- Attend or host a Federal Emergency Management Agency (FEMA) regional fire program workshop in your area.
- Call the Help Desk at 866-274-0960 or e-mail firegrants@dhs.gov for answers to your questions, or contact your Regional Fire Program Specialist at <http://www.fema.gov/firegrants/program/contact.shtm>.
- Locate your e-Grants system username and password established from previous grant years. Use the same username and password on your new application.
- Decide on a main point of contact (preferably someone who will see the grant all the way through to closeout).
- Become familiar with the AFG Funding Opportunity Announcement (FOA). The FOA will be available one week prior to the start of the application period at <http://www.fema.gov/firegrants>.

Department Information

- Does your organization protect critical infrastructure?
- Is your department currently compliant with the National Incident Management System (NIMS) requirements?
- Do you currently report to the National Fire Incident Reporting System (NFIRS)?
- What is your Fire Department Identification Number (FDIN)?
- Are you current in SAM?

Financial Information

- What are your state taxes? What is your department's tax rate?
- What is the source of your matching funds?
- Do you have permission from your Authority Having Jurisdiction (AHJ)?
- Do you have an indirect cost agreement?
- Has your banking information changed? Is it updated in SAM?

Equipment/Vehicle Information

- What is the age of the Personal Protective Equipment (PPE) you are requesting to replace?
- What is the NFPA 1981 edition of all Self Contained Breathing Apparatus (SCBA) you are requesting to replace?
- What is the age of the vehicle(s) you are requesting to replace? You will need to know the age of all vehicles in your fleet.
- What are the specifications for the vehicle being requested?
- Have you completed your vehicle specifications?
- Have you spoken with any vendors yet?
- Will you require training to use the equipment requested?
- Will you require 1582 physicals?

Regional Information

- Start talking to your regional partners now.
- Begin open discussions with potential new regional partners.
- Gather the necessary information from regional partners to add to your grant application.
- Begin letters of Mutual Understanding (MOU).

Other Information

- For training grant requests, start looking for training centers/classrooms and dates.
- Make sure all projects can be completed in the one-year period of performance.
- For Wellness & Fitness grant requests, note behavioral health programs were added in 2011.
- Have a full understanding of what your department has and what your department needs.

Check your department's needs assessment against the funding priorities in the FOA. All items are listed by priority in the FOA as High, Medium, or Low.



Questions regarding your grant award can be directed to FEMA's Grant Programs Directorate (GPD) AFG Program staff at 866-274-0960 or e-mail firegrants@dhs.gov



FEMA

AFG Narrative Get Ready Guide

The Assistance to Firefighters Grants application period will be opening soon. This handy guide will give you a kick-start in prepping your grant application. It will also better prepare you to thoroughly answer application questions.

The primary goal of the AFG Program is to meet the firefighting and emergency response needs of fire departments, nonaffiliated emergency medical service organizations, and State Fire Training Academies (SFTA). AFG has helped firefighters, emergency medical responders, and SFTAs obtain critically needed equipment, protective gear, emergency vehicles, training, and other resources needed to protect the public and emergency personnel from fire and related hazards.

Be prepared to thoroughly explain, document, and provide background information on the following five areas:

- Organization and the community you serve
- Financial need
- Project description/justification for the budget
- Cost benefit
- Statement of effect

The following questions can help you formulate comprehensive answers on your application. Begin your discussion with a brief (no more than three sentences) opening statement as to what you are requesting and why. Then discuss the following:

Organization and the Community Served

- In your own words, describe your organization.
- What are your special needs required to serve the community?

- Describe any special hazards in your community.
- What are the demands of your organization based on the needs of the community?

Financial Need

- Why do you need federal assistance?
- Show current and future funding issues. Break your budget down showing costs and income; include third party or "soft billing" revenues.
- Describe local funding issues in the community; for example, recent bond proposal rejections or state/local taxing caps. Be specific in referencing these funding limitations.
- Show local unemployment percentages. Discuss any other local funding issues such as factory, business, or agency closings in your area.

Project Description and Budget Justification

- What are you requesting? Be specific and discuss any and all items.
- Clearly discuss any "unique" equipment requests, such as technical rescue and why you need the requested items.
- For the most competitive application, select those need(s) that most closely align with the highest AFG program priority(ies).

Example: Organization "X" has *local needs* for an additional Fire Boat (> 20 feet) for their fleet, advanced Marine Firefighter training for members, and new PPE turnout gear to replace their entire 20 year old inventory.

1) Fire Boats are Low **L** priority for all organizations;

2) Marine Firefighter training is a Medium **M** priority for all organizations, but

3) Replacing obsolete PPE turnout gear is a High **H** priority for all organizations.

Organization "X" is eligible to apply for all three activities (Fire Boat under Vehicle Acquisition, and Marine Firefighting and PPE under Operations and Safety), but among these local needs, the PPE request (which matches the High **H** AFG program priority) will be the more competitive application with the best chance of being funded.

- Discuss costs for all items. How did you develop your cost estimate? Did you "shop around" or did you only use one single source/vendor? Be very clear on how you arrived at the cost figures.
- Is this an "existing" mission or a "new mission" request?

Cost Benefit

- What is the benefit to your department if the grant is awarded?
- How will the requested items improve fire ground operations and/or safety?

- If funded, what will the long-term value of the items be to your department?
- Will the requested items lower or increase your department's operating costs?
- Since it is more cost effective than creating a new service, will you be expanding upon a pre-existing mission by providing training or equipment?

Statement of Effect

- What effect will your request, if funded, have on future fireground operations and/or safety?
- What effect, if any, will your request have on your future budget?
- Will your request require an increase in your annual operations budget? If so, how will you fund it in the future?
- If needed, will you provide any extra training for your requested equipment? If so, who will pay for it? If not, who will provide it? How will you evaluate the effectiveness of this training?
- What impact will this project have on your community?



Vehicle Request

- If applying for a grant for a vehicle, the following items must be discussed in addition to the above-mentioned items.
- What do you want to replace and why?
- Does the current unit meet the latest NFPA standards?
- Does the current unit have an open cab or jump seats?
- Is the vehicle being replaced converted from its original purpose to function as an emergency vehicle?
- How will the requested unit improve fireground operations and safety to department members?
- Will the requested unit provide new tools/options you currently don't have?
- If replacing an older unit, justify the need as to why the current unit should be removed from service (if applicable).
- If asking for a new aerial, justify why you need it. Include any exposures you currently cannot respond to without this type of unit. Discuss the response and types of calls for this type of unit.
- What options will you be requesting on this unit and why? Be very specific. Are you adding options you currently do not have on your older unit? If so, why do you need the new options?
- Discuss your call volume for all types of vehicle requests. For brush units, discuss total acreage responded to and if the brush unit is a homemade type.
- Do you have an NFPA-approved driving program? If not, are you asking for one? If not, why not?
- Do you have an approved Emergency Vehicle Operator Curriculum and program? If not, are you asking for one? If not, why not?
- Do you have entry-level NFPA or DOT (where applicable) physicals for all members? If not, why not? As stated in the Funding Opportunity Announcement (FOA), both NFPA/DOT-approved physicals and driving programs are required for funding consideration.



Questions regarding your grant award can be directed to FEMA's Grant Programs Directorate (GPD) AFG Program staff at 866-274-0960 or e-mail firegrants@dhs.gov.



FEMA

Cost Share Calculator

Calculating Federal Share and Local Cost Share for AFG Grants

In order to assist you with determining your organization's Local Cost Share for AFG Grants, a calculator and explanation of the formula is provided below. All applicants should ensure they are familiar with FEMA's administration of cost sharing requirements. Grantees are not required to have their cost share available when submitting the application. For additional information, refer to the Cost Share and Maintenance of Effort Requirements section of the Funding Opportunity Announcement (FOA).

Determine the Organization's Local Cost Share Percentage

Cost share requirements for AFG Grants are based on population. An eligible applicant seeking a grant to carry out an activity is required to provide non-federal funds to carry out the activity. In order to determine the Local Cost Share Percentage, use the guide below:

- 15% =** When serving a jurisdiction of more than 1,000,000 residents, the applicant shall agree to provide non-federal funds in an amount equal to and not less than 15 percent of the grant awarded.
- 10% =** When serving a jurisdiction of more than 20,000 residents, but not more than 1,000,000 residents, the applicant shall agree to provide non-federal funds in an amount equal to and not less than 10 percent of the grant awarded.
- 5% =** When serving a jurisdiction of 20,000 residents or fewer, the applicant shall agree to provide non-federal funds in an amount equal to and not less than 5 percent of the grant awarded.

Once you have determined your Organization's Local Cost Share Percentage, use the formula below to determine the Organization's Local Cost Share.

Example Cost Share Calculation

Total Project Cost:	\$100,000.00
Local Cost Share Percentage:	15%
Federal Funding Assistance:	\$86,956.52
Local Cost Share:	\$13,043.48

Example Cost Share Formula

X = Federal Funding Assistance
 Y = Total Project Cost
 P = Local Cost Share Percentage
 $X + (P)(X) = Y$

X = Federal Funding Assistance
 Y = \$100,000
 P = 15%
 $X + (P)(X) = Y$
 $X = Y/1.15$

X = Federal Funding Assistance
 Y = \$100,000
 P = 15%
 $X = \$100,000/1.15$
 X = \$86,956
 Local Cost Share = \$13,044

Use the Calculator Below to Determine the Local Cost Share for your Organization

Total Project Cost:	\$ 100,000.00
Local Cost Share Percentage:	15.00%
<i>Example: For 15% enter .15 into the calculator, for 10% enter .10, for 5% enter .05</i>	
Federal Funding Assistance:	\$ 86,956.52
Local Cost Share:	\$ 13,043.48



2015 Assistance to Firefighters Grants

Operations & Safety

This Self Evaluation Sheet is designed to help you understand the criteria that you must address in your Narrative Statement when applying for the Assistance to Firefighters Grants (AFG) Program. The Panel Reviewers will review all the criteria in the Narrative Statement to assess your agency's financial need, the degree to which your proposal best describes your community risks, the requirements you have listed that will reduce those risks, and how your project(s) align with the AFG Program priorities.

1. Project Description and Budget

This statement should clearly explain the applicant's project objectives and its relationship to the applicant's budget and risk analysis. The applicant should describe the various activities applied for with respect to any program priority or facility modifications, making sure they are consistent with project objectives, applicant's mission and national, state, and/or local requirements. Applicants should link the proposed expenses to operations and safety, as well as the completion of the project goals.

- Does the applicant demonstrate they understand the stated program priorities?
- Does the applicant produce evidence to support its requested needs?
- Does the applicant show evidence the project is based on risk analysis?
- Does the applicant clearly associate the completion of project goals to proposed expenses?
- Does the applicant show evidence that they have conducted good market research, e.g., bids and specs ready to go?

Below are the same scoring dimensions the Panel Reviewers will use to rate your application. Using the criteria below, rate your own application and assess how the Peer Reviewers might rate your application.

Excellent: The applicant clearly identifies all aspects of the project and budget. Project goals are evident, articulated, and directly tied to the applicant's mission. The itemized budget items are proven necessary, directly relate to the risk assessment, and are not excessive. The project(s) are clearly and coherently aligned with Medium and/or High AFG Program priorities.

Very Good: The applicant's project is sufficiently explained. Budget items and risk analysis are sufficiently described, but the relationship between the risk analysis, the mission, and the proposed project needs strengthening. The project(s) are sufficiently aligned with Medium and/or High AFG Program priorities.

Good: Some project goals are discussed, but it is unclear how some of the project's elements address the organization's needs or mission. A budget and a risk analysis are addressed, but lack sufficient information regarding how it will benefit the organization. The project(s) align with some Medium and/or High AFG Program priorities but lack clarity on implementation and/or functionality.

Fair: The applicant includes little detail about the project and how it relates to the organization's mission or needs. The information regarding the budget and risk analysis, and how those factors will benefit the organization, is insufficient or non-existent. The alignment of the project(s) to AFG Program priorities is unclear, confusing, and/or incomplete.

Poor: The applicant does not identify their budget, needs, mission, or risk assessment, and/or how the project will complement the organization. The project(s) do not coherently align to any AFG Program priorities.

2. Financial Need

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

- Applicants should provide a comprehensive overview of their organization's budget, including but not limited to describing sources of revenue/funding and expenses
- Does the applicant clearly describe their financial distress?
- Does the applicant explain why they don't have the means to fund their project?
- Does the applicant include evidence of sacrifice due to budget constraints?

Below are the same scoring dimensions that the Panel Reviewers will use to rate your application. Using the criteria below, rate your own application and assess how the Peer Reviewers might rate your application.

Excellent: The applicant's financial difficulties are clearly identified, contributing to the current financial need. The applicant provides strong evidence showing the distress is beyond the applicant's control and federal intervention is necessary.

Very Good: The financial needs of the applicant are explained. The applicant describes why the project cannot be completed with current funds and describes some attempts to gain other funding, but more details are needed.

Good: The applicant identifies a financial need, but lacks details. The applicant demonstrates the organization has limited funding, but does not provide an adequate explanation why they cannot fund the project. It is unclear what the applicant has done to address its operational or safety needs.

Fair: The applicant identifies a possible financial need, but little to no detail is provided about other funding attempts, why funds are lacking, and/or why this problem is out of their control.

Poor: The applicant's financial needs are not identified, nor are they articulated. It is unclear if the lack of operational assets and/or resources are directly related to the financial need of the applicant.

3. Operations and Safety/Cost Benefit

Applicants should describe how they plan to address the operations and personal safety needs of their organization, including cost effectiveness and sharing assets. This statement should also include details about gaining the maximum benefits from grant funding by citing reasonable or required costs, like specific overhead and administrative costs. The applicant's request should also be consistent with their mission and identify how funding will benefit their organization and affected personnel.

- Does the applicant fully explain all aspects of the request?
- Does the applicant give evidence that funds are directly tied to operations and safety?
- Does the applicant include information on sharing some or all of the assets with neighboring jurisdictions?

- Does the applicant show evidence that they have conducted good market research so as not to request more funds than they need?

Below are the same scoring dimensions the Panel Reviewers will use to rate your application. Using the criteria below, rate your own application and assess how the Peer Reviewers might rate your application.

Excellent: The applicant clearly identifies and fully articulates the proposed achievements, which are consistent with the applicant's mission. The project's goals benefit the organization and affected personnel, and are very advantageous when compared to the costs.

Very Good: An analysis of the cost benefit is given, but the applicant excludes in-depth details. The affected personnel and operational needs are somewhat identified, but some of the cost of the project is excessive. Most of the funding is geared toward the applicant's mission, but more details are needed.

Good: The applicant identifies the request, but includes little detail to fully understand. The affected personnel and operational needs are somewhat identified, but lack details. The applicant's operational needs and/or how costs will address those needs are not clear.

Fair: The applicant fails to define the relationship between the request and their mission and/or affected personnel. The applicant provides little to no detail to understand the benefits of the project. The costs requested are underdeveloped, excessive, and/or superfluous.

Poor: The applicant does not identify, nor articulate, the benefits of the request. The applicant does not adequately address the benefits to the organization or affected personal, and does not adequately explain how they are cost efficient.

4. Statement of Effect/Impact on Daily Operations

This statement should explain how this funding request will enhance an organization's overall effectiveness. It should address how this request will improve daily operations and reduce an organization's common risk(s). Applicants should include how frequently the requested item(s) will be used and in what capacity. Applicants should also indicate how the requested item(s) will help the community and increase an organization's ability to save additional lives and property.

- Does the applicant demonstrate a high benefit for the cost incurred and maximize the level of funding going directly into the delivery of the project?
- Are the costs reasonable for the target population that will be reached?
- Does the applicant provide justification for the budget items relating to the cost of the project?
- Does the applicant include sufficient details to understand their organization's most common risk?
- Does the applicant explain how the project is directly tied to protecting life and property?
- Does the applicant include daily benefits?

Below are the same scoring dimensions the Panel Reviewers will use to rate your application. Using the criteria below, rate your own application and assess how the Peer Reviewers might rate your application.

Excellent: The applicant clearly demonstrates the items requested are necessary for daily use, contribute to protecting lives and property, and support the organization's mission. It is apparent the items will be used frequently and the outcomes of the program are clearly evident.

Very Good: The applicant sufficiently explains how the request complements the mission and will increase the organization's efficiency, but a portion of the items requested have little to no daily operational use or little affect on the saving of lives and property.

Good: The applicant describes how their request provides a benefit to daily operations and saves lives and property, but lacks in-depth information. It is not absolutely clear how effective the items will be, how frequently the items will be used, and/or how the items benefit the organization's mission.

Fair: The applicant does not adequately relate their request to the needs of the organization. The applicant excludes details as to how the requested items will improve the organization's mission, daily operations, or ability to save lives and property.

Poor: The applicant does not prove the items requested in the application are necessary for its daily operations and would not contribute to the applicant's ability to protect life and property.



FEMA

AFG Application Checklist

Are you planning to apply to the Assistance to Firefighters Grant program?

Completing this checklist will help you prepare your AFG grant application. Collecting this information beforehand will reduce the time and energy needed to complete your application when the next grant cycle opens.

SAM.gov registration status	
<input type="checkbox"/> Is your System for Award Management (SAM) registration current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What is the expiration date for your SAM registration?	
<input type="checkbox"/> Dun & Bradstreet Number	
Search the SAM.gov website to confirm this DUNS Number matches your SAM.gov registration. You will also find your expiration date through this search.	
Department Characteristics I	
<input type="checkbox"/> Square mileage of first-due response area?	sq mi
<input type="checkbox"/> Percentage of first-due area covered by hydrants?	%
<input type="checkbox"/> Critical Infrastructure protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Percentage of land used for:	
a. Agriculture, wild land, open	%
b. Commercial/Industrial	%
c. Residential	%
<input type="checkbox"/> Permanent resident population of first-due response area?	#
<input type="checkbox"/> Seasonal Increase in population?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the increase?	#
<input type="checkbox"/> Are you compliant with the National Incident Management System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What is your FDIN/FDID number?	#
<input type="checkbox"/> Is your department currently reporting to NFIRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Number of active firefighters who perform firefighting duties?	#
<input type="checkbox"/> How many of your active firefighters is trained to FF1?	#
<input type="checkbox"/> How many of your active firefighters is trained to FF2?	#
<input type="checkbox"/> If less than 100% to either question above, are you requesting funds to bring 100% of your firefighters in compliance to NFPA 1001?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What services does your organization provide?

- Structural Fire Suppression
- Haz-Mat Operational Level
- Basic Life Support
- Airport Rescue Firefighting (ARFF)
- Rescue Operational Level
- Maritime Operations/Firefighting
- Emergency Medical Responder
- Wildland Fire Suppression
- Haz-Mat Technical Level
- Advanced Life Support
- Occasional Fire Prevention
- Rescue Technical Level Program
- Community Paramedic

Department Characteristics II

	2014	2013	2012
<input type="checkbox"/> Number of fire-related civilian fatalities in your first-due jurisdiction for each of the past three years?			
<input type="checkbox"/> Number of fire-related civilian injuries in your first-due jurisdiction for each of the past three years?			
<input type="checkbox"/> Number of on-duty member fatalities in your jurisdiction for each of the past three years?			
<input type="checkbox"/> Number of on-duty member injuries in your jurisdiction for each of the past three years?			
<input type="checkbox"/> Your average operating budget for the past three years? (whole dollars)			
<input type="checkbox"/> The percentage of your budget dedicated to personnel costs? (whole percentages)	%	%	%
<input type="checkbox"/> Does your organization intend to provide a cost share greater than the required amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> If yes, how much additional funding in excess of the required cost share is your organization willing to contribute?			
<input type="checkbox"/> The percentage of your budget derived from: (whole percentage)			
a. Taxes	%	%	%
b. EMS billing	%	%	%
c. Grants	%	%	%
d. Donations	%	%	%
e. Fee for service	%	%	%
f. Other	%	%	%
Total percentage must equal 100%			
<i>Use the information above in your financial narrative. It is important that your application remain consistent throughout. When breaking down the budget, be sure to account for all funding received. (Budget breakdown should account for 100% of budget.)</i>	0 %	0 %	0 %

<input type="checkbox"/> Vehicle Inventory List the number of:	Front Line	Reserve	Seated Positions
Engines or Pumpers			
Ambulances			
Tankers or Tenders			
Aerial Apparatus			
Brush/Quick Attack			
Rescue Vehicles			
Additional Vehicles			
Total	0	0	0
<input type="checkbox"/> Call volume for Emergency Medical Service: <i>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</i>	2014	2013	2012
Fires			
How many EMS-BLS Response Calls			
How many EMS-ALS Response Calls			
How many EMS-BLS Scheduled Transports			
How many EMS-ALS Scheduled Transports			
Vehicle Extrications			
How many Community Paramedic Response Calls			
Other Rescue			
Hazardous Condition/Materials Calls			
Total	0	0	0
<input type="checkbox"/> Call volume for Emergency Medical Service: <i>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</i>	2014	2013	2012
Total calls requiring transport, exclusive of scheduled transport/declared above			
All Other Calls and Incidents not declared above, including fire, good-intent, etc.			
Total	0	0	0
<input type="checkbox"/> Call volume for Fire Department: <i>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</i>	2014	2013	2012
Fires - NFIRS Series 100			
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200			
Rescue & Emergency Medical Service Incident - NFIRS Series 300			
Hazardous Condition (No Fire) - NFIRS Series 400			
Service Call - NFIRS Series 500			
Good Intent Call - NFIRS Series 600			
False Alarm & False Call - NFIRS Series 700			
Severe Weather & Natural Disaster - NFIRS Series 800			
Special Incident Type - NFIRS Series 900			
Total	0	0	0

<input type="checkbox"/> Call volume for Fires: <i>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</i>	2014	2013	2012
Of the NFIRS Series 100 calls, how many are "Structure Fires" (NFIRS Codes 111-120)			
Of the NFIRS Series 100 calls, how many are "Vehicle Fires" (NFIRS Codes 130-138)			
Of the NFIRS Series 100 calls, how many are "Vegetation Fires" (NFIRS Codes 140-143)			
What is the total acreage of all vegetation fires?			
Total	0	0	0
<input type="checkbox"/> Call volume for Rescue and Emergency Medical Service Incidents: <i>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</i>	2014	2013	2012
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)			
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)			
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-361)			
How many EMS-BLS Response Calls			
How many EMS-ALS Response Calls			
How many EMS-BLS Scheduled Transports			
How many EMS-ALS Scheduled Transports			
How many Community Paramedic Response Calls			
Total	0	0	0
<input type="checkbox"/> Call volume for Mutual and Automatic Aid: <i>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</i>	2014	2013	2012
How many times did your organization receive Mutual Aid?			
How many times did your organization receive Automatic Aid?			
How many times did your organization provide Mutual Aid?			
How many times did your organization provide Automatic Aid?			
Of the Mutual and Automatic Aid responses, how many were structure fires?			
Total	0	0	0

Equipment Inventory

If you are requesting PPE (any PPE other than SCBA), what is the ages of your PPE in years?

Years Old	# of Items
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16 or more	

Number of Members Without PPE
Combined total should equal total PPE in your inventory. 0

If you are requesting SCBA, to which edition(s) of the NFPA standard are your SCBA compliant?

Year	Current Inventory			Edition Being Replaced		
	SCBA	Cylinder	Face Piece	SCBA	Cylinder	Face Piece
2013 Edition						
2007 Edition						
2002 Edition and older						
Obsolete or Damaged						

