



2004

## Assistance to Firefighters Grant Program Application Preview

The purpose of this document is to provide potential applicants with a preview of the 2004 Assistance to Firefighters Grant Program application. **The electronic application period is from Monday, March 1, 2004, (beginning at 12:01 a.m. EST) to Friday, April 2, 2004 (ending at 5:00 p.m. EST).** It does not matter how early you submit your application, as long as it is prior to the deadline. All paper applications must be postmarked by March 30, 2004, **or otherwise received by the program office prior to the deadline. Paper applications are discouraged, but to obtain a paper application form you must call 1-866-274-0960.**

The U.S. Department of Homeland Security and the U.S. Fire Administration have established a help desk to assist you during the application period. Technical assistance with completion of the application will be available by phone on our toll free hotline at (866) 274-0960 during the following hours:

- Monday through Friday from 8:00 a.m. to 8:00 p.m. EST
- Saturday from 8:00 a.m. to 4:30 p.m.
- Sunday, March 28, 2004, from 8:00 a.m. to 4:30 p.m. EST

In addition to the toll-free hotline (866-274-0960) applicants can e-mail questions to [USFAGRANTS@dhs.gov](mailto:USFAGRANTS@dhs.gov).

The programs, and associated activities, eligible in this year's grant program are as follows:

1. **Operations and Firefighter Safety Program.** Eligible activities under this function are limited to training, wellness and fitness, equipment, personal protective equipment, and modifications to fire stations and facilities. **Note that equipment, personal protective equipment, and training for EMS or for response to incidents involving CBRNE are available under the appropriate activities in this program area.**
2. **Fire Prevention Program.** Eligible activities under this function include, but are not limited to, public education and awareness activities, fire codes enforcement activities, fire inspector certifications, purchase and installation of smoke alarms and fire suppression systems, wildland mitigation, and arson prevention and detection activities.
3. **Firefighting Vehicles Acquisition Program.** Eligible apparatus under this program include, but are not limited to, pumpers, brush/attack, tanker/tenders, rescue, ambulances, quints, aerials, foam trucks, and fireboats. You may apply for only one vehicle per year, and if you received a grant for a vehicle in 2001, 2002, or 2003, you may not apply for one in 2004.

For more information about this program, visit [www.ojp.usdoj.gov/odp](http://www.ojp.usdoj.gov/odp)

**USFA Grants Office**  
(866) 274-0960  
(301) 447-1608  
(866) 274-0942 Fax

## Overview

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The Assistance to Firefighters Grant Program's objective is to provide funding directly to fire departments for the purpose of protecting the health and safety of the public and firefighting personnel against fire and fire-related hazards. Grant funds are available for several program areas. If selected for an award after the evaluation process, you will be required to adhere to several terms and conditions of the award.

**Are you a member, or are you currently involved in the management of the fire department applying for this grant?**  Yes  No

**If you answered No**, please **complete** the preparer information below. **If you answered Yes**, please do **not** complete the information requested below.

**Note:** If you answered **No** to the above question, the fields marked with an **\*** are required

Preparer Information	
* Organization Name	
* Address 1	
Address 2	
* City	
* State	
* Zip	

Is there a grant-writing fee associated with the preparation of this request?  Yes  No

If you answered Yes above, what is the fee?

\$
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## Contact Information

In addition to yourself, please provide 2 additional points of contact for this application. Between all of the contact information gathered, 1 set of contact information should be for the fire chief.

**Note:** Fields marked with an \* are required.

Alternate Contact Information Number 1	
* Title	
Prefix (check one)	<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> N/A
* First Name	
Middle Initial	
* Last Name	
* Business Phone (e.g. 123-456-7890)	Ext.
* Home Phone (e.g. 123-456-7890)	Ext.
Mobile Phone/Pager (e.g. 123-456-7890)	
Fax (e.g. 123-456-7890)	
* Email (e.g. user@xyz.org)	

Alternate Contact Information Number 2	
* Title	
Prefix (check one)	<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> N/A
* First Name	
Middle Initial	
* Last Name	
* Business Phone (e.g. 123-456-7890)	Ext.
* Home Phone (e.g. 123-456-7890)	Ext.
Mobile Phone/Pager (e.g. 123-456-7890)	
Fax (e.g. 123-456-7890)	
* Email (e.g. user@xyz.org)	

## Applicant Information

Please complete the following information regarding your department.

**Note:** Fields marked with an \* are required.

* Applicant Name	
* Type of Applicant (see list of Applicant Types)	<input type="radio"/> Airport/Port Authority <input type="radio"/> City <input type="radio"/> County <input type="radio"/> Fire District <input type="radio"/> Indian Tribe <input type="radio"/> Parish <input type="radio"/> Private/for-profit Company <input type="radio"/> Town <input type="radio"/> Township <input type="radio"/> Unincorporated Community <input type="radio"/> Village <input type="radio"/> Volunteer Fire Company <input type="radio"/> Other (please explain)
If other, please enter the type of Applicant	
* Employer Identification Number (e.g. 12-3456789)	
* Does your organization have a DUNS number?	<input type="radio"/> Yes <input type="radio"/> No (call 1-866-705-5711 to get a DUNS number)
If yes, please enter the DUNS Number	
<b>Headquarters Physical Address</b>	
* Physical Address 1	
Physical Address 2	
* City	
* State	
* Zip	
<input type="radio"/> <b>Mailing Address is the same as Headquarters Physical Address</b>	
* Mailing Address 1	
Mailing Address 2	
* City	
* State	
* Zip	

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<b>Account Information</b>	
* Type of bank account	<input type="radio"/> Checking <input type="radio"/> Savings
* Bank routing number - 9 digit number on the bottom left hand corner of your check	(numbers only, no dashes)
* Your account number	(numbers only, no dashes)
<b>Additional Information</b>	
* 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?	<input type="radio"/> Yes <input type="radio"/> No
* If awarded this grant, will your jurisdiction expend greater than \$300,000 in Federal share funds during the Federal fiscal year in which the grant was awarded?	<input type="radio"/> Yes <input type="radio"/> No
* Is the applicant delinquent on any federal debt?	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes to any of the additional questions above, please provide an explanation in the space provided below (attach additional sheet if necessary):	

## Department Characteristics (Part I)

Please provide the following information regarding your Fire Department.

**Note:** Fields marked with an \* are required.

* Are you a member of a Fire Department or authorized representative of a fire department?	<input type="radio"/> Yes <input type="radio"/> No
* Are you a member of Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property?	<input type="radio"/> Yes <input type="radio"/> No
* What kind of Department do you represent?	<input type="radio"/> All Paid/Career <input type="radio"/> All volunteer <input type="radio"/> Combination <input type="radio"/> Paid on call
If you answered combination above, what is the percentage of career firefighters in your department? (Numbers only)	%
* What is the square mileage of your primary response area? (Numbers only)	
* What percentage of your response area is protected by hydrants? (Numbers only)	%
* Does your department protect critical infrastructure of the State?	<input type="radio"/> Yes <input type="radio"/> No
Percentages in three answers below must sum up to 100%:	
* How much of your jurisdiction's land use is for agriculture, wildland, open space, or undeveloped properties?	%
* What percentage of your jurisdiction's land use is for commercial, industrial, or institutional purposes?	%
* What percentage of your jurisdiction's land is used for residential purposes?	%

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## Department Characteristics (Part II)

Please provide the following additional information regarding your Fire Department.

**Note:** Fields marked with an \* are required.

* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three years? (Whole Numbers only)	
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three years? (Whole Numbers only)	
* What is the total number of fire-related firefighter fatalities in your jurisdiction over the last three years? (Whole Numbers only)	
* What is the total number of fire-related firefighter injuries in your jurisdiction over the last three years? (Whole Numbers only)	
* In an average year, how many times does your department receive mutual/automatic aid? (Whole Numbers only)	
* In an average year, how many times does your department provide mutual/automatic aid? (Whole Numbers only)	
* What was your department's estimated average operating budget over the last three years? (Numbers only)	
* What percentage of your annual operating budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	%
* What percentage of your annual operating budget is derived from (Enter numbers only; percentages must sum up to 100%)	
Taxes?	%
Grants?	%
Donations?	%
Fund drives?	%
Other?	%
If you entered a value into Other field (other than 0), please explain:	

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*How many vehicles does your department have in each of the categories below? (Enter numbers only and enter 0 if you don't have any of the vehicles below)	
	First Line
a. Engines (or pumpers): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Quint (Aerial device of less than 76 feet), Type I, Type II, Type III Engine, Fire Boats (more than 13 feet long)	
b. Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint (Aerial device of 76 feet or greater)	
c. Tankers: Tanker, Tender, Tanker/Pumper (Pumper with a tank that has a greater than 1,200 gallon capacity), Foam Tanker/Tender (greater than 1,200 gallon tank capacity)	
d. Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle	
e. Brush/Quick Attack: Brush Truck, Patrol Unit (Pick up w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type IV Engine	
f. Other: EMS Transport Unit, EMS Chase Vehicle, Air/Light Unit, Rehab Units, Hazardous Materials Unit, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle, Other Vehicle	
Provide in the space below the following information only if you are applying for a firefighting vehicle: List all your vehicles by type (for example, engines/pumpers, brush, rescue, etc.). Then provide the year each was manufactured. If the department has more than two of any type, provide the total number of vehicles in that category and the years the oldest and the newest were manufactured. (Attach an additional sheet if necessary)	

## Department Call Volume

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Please provide the number of incidents your department responded to in each of the following categories last year.

**Note:** Each incident must be counted only once regardless of the number of units 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.)

How many responses per year by category? Whole numbers only: If you have no calls for any of the categories, enter 0.	
Structure Fires	
Vehicle Fires	
Vegetation Fires	
EMS	
Rescue	
Hazardous Condition/Materials Calls	
Service Calls	
Good Intent Calls/False Alarms	
Other Calls and Incidents	

## Request Information

### Activity Selection

Please use this section to select the award program for which you want to apply and provide some additional information requested. If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item. The cost figures you provide should be **estimates**. You are encouraged to research current prices (check with at least two vendors) before you provide your estimated cost. Only whole dollar amounts should be provided (no cents please). The Assistance to Firefighters Grant Program does not currently allow construction, only renovations are allowed. (See definition of construction and renovation below)

<p>* 1. Select a program for which you are applying. <b>Remember, you can only apply for <u>one program</u> this year.</b> You can apply for as many activities within a program as you need.</p>	
Program Name	Activities Available
<input type="radio"/> <b>Fire Prevention</b>	[Fire Prevention Programs]
<input type="radio"/> <b>Firefighting Vehicle</b>	[Firefighting Vehicles]
<input type="radio"/> <b>Operations and Firefighter Safety</b>	[Equipment] [Modify Facilities] [Personal Protective Equipment] [Training] [Wellness and Fitness Programs]
<p>* 2. Will this grant benefit more than one department?</p>	
<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>3. If you answered Yes to Question 2 above, please specify how? (attach additional sheet if necessary)</p>	

## Fire Prevention Program

**Note: For each program, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

<b>Prevention Details</b>	
<b>* 1. In what area do you plan on using these fire prevention grant funds?</b>	
<ul style="list-style-type: none"> <li><input type="radio"/> Public education programs</li> <li><input type="radio"/> Purchase and installation of residential/public detection and suppression systems</li> <li><input type="radio"/> Development/enforcement of codes</li> <li><input type="radio"/> Public information materials</li> <li><input type="radio"/> Presentations aids and equipment</li> <li><input type="radio"/> Arson prevention and detection</li> <li><input type="radio"/> Urban/wildland interface mitigation education</li> <li><input type="radio"/> Conduct Risk Analysis</li> <li><input type="radio"/> Citizen WMD Awareness</li> <li><input type="radio"/> Other</li> </ul>	
Please provide further description of the item selected above or If you answered other above, please specify.	
<b>* 2. Is your fire prevention program based on a risk analysis performed by you and/or your community?</b>	
<input type="radio"/> Yes <input type="radio"/> No	
<b>* 3. Will this grant establish or augment a fire prevention program?</b>	
<ul style="list-style-type: none"> <li><input type="radio"/> Establish a new program</li> <li><input type="radio"/> Expand an existing program into new areas</li> <li><input type="radio"/> Maintain an existing fire prevention program</li> </ul>	
<b>* 4. Will this program establish a multi-fire departmental partnership and/or partnerships with other fire departments or groups in your community?</b>	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes above, please specify. (Attach additional sheet if necessary)	
<b>* 5. Who is the target audience of the planned program? (select as many as applicable)</b>	
<input type="radio"/> Children under 14 <input type="radio"/> Adults over 65 <input type="radio"/> Firefighters <input type="radio"/> Other higher risk group (i.e., local target group)	
If you selected Other higher risk group above, please specify.	
<b>* 6. Is it the applicant's intention to continue delivering this program after the grant year?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>* 7. Will your department periodically (or at least annually) evaluate the program's impact on the community?</b>	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes above, please specify.	

## Fire Prevention Program

Please provide the following information about the program you want funded.

**Note: For each item, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

* Item:	
Please provide further description of the item above or If you selected other above, please specify.	
Select Object Class:	<input type="radio"/> Personnel <input type="radio"/> Fringe Benefits <input type="radio"/> Travel <input type="radio"/> Equipment <input type="radio"/> Supplies <input type="radio"/> Contractual <input type="radio"/> Construction <input type="radio"/> Indirect Charges <input type="radio"/> Other
If you selected "Other" above, please specify:	
* Number of units: (whole number only)	
* Cost per unit: (whole dollar amounts only)	\$

## Fire Prevention - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. Please note that this section is **optional**.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
Provide an explanation below. (Attach an additional sheet if necessary)	

## Firefighting Vehicle

Please provide the following information about the vehicle you want funded. See list of eligible vehicles in the next section.

**Note:** Fields marked with an \* are required.

Vehicle Details	
* 1. What type of vehicle will you use the grant funds to purchase?	
* Please provide further description of the item selected above or If you selected other above, please specify.	
* 2. Cost (whole dollar amounts only)	\$
* 3. Is the vehicle you propose to buy a refurbishment, used or new response vehicle to meet current standards?	
<input type="radio"/> New <span style="margin-left: 200px;"><input type="radio"/> Refurbished (compliant to the year of manufacturing)</span> <input type="radio"/> Refurbished (compliant to current standards) <span style="margin-left: 100px;"><input type="radio"/> Used (compliant to the year of manufacturing)</span>	
* 4. What is the newest (age) primary response vehicle in the class you are purchasing?	<input type="radio"/> N/A <span style="margin-left: 100px;"><input type="radio"/> 11-15 years</span> <input type="radio"/> 1-5 years <span style="margin-left: 100px;"><input type="radio"/> 15+ years</span> <input type="radio"/> 6-10 years
* 5. What is the oldest (age) primary response vehicle in this class you currently own in the class you are purchasing?	<input type="radio"/> N/A <span style="margin-left: 100px;"><input type="radio"/> 21-25 years</span> <input type="radio"/> 1-10 years <span style="margin-left: 100px;"><input type="radio"/> 26-30 years</span> <input type="radio"/> 11-15 years <span style="margin-left: 100px;"><input type="radio"/> 30+ years</span> <input type="radio"/> 16-20 years
* 6. What is the mileage of the highest mileage vehicle in the class you are purchasing?	<input type="radio"/> N/A <span style="margin-left: 100px;"><input type="radio"/> 30,000 – 49,999</span> <input type="radio"/> 0-9,999 <span style="margin-left: 100px;"><input type="radio"/> 50,000 – 100,000</span> <input type="radio"/> 10,000 – 19,999 <span style="margin-left: 100px;"><input type="radio"/> &gt; 100,000 miles</span> <input type="radio"/> 20,000 – 29,999

## Firefighting Vehicle - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. Please note that this section is **optional**.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Costs	\$
Provide an explanation below. (Attach an additional sheet if necessary)	

## Operations and Firefighter Safety - Equipment

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

**Note: For each piece of equipment, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

Equipment Details	
* 1. What firefighting equipment will your department purchase with this grant?	
* 2. Number of units: (whole number only)	
* 3. Cost per unit: (whole dollar amounts only)	
* 4. Generally the equipment purchased under this grant program: <b>(select one)</b>	
<input type="radio"/> Is necessary for basic firefighting capabilities, but has never been owned by this department <input type="radio"/> Will replace old, obsolete, or substandard equipment currently owned by this department <input type="radio"/> Will expand the capabilities of the department into a new mission area <input type="radio"/> Will increase the department's available supply of this equipment to meet basic mission	
If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years:	<input type="radio"/> 1 year <input type="radio"/> 4 years <input type="radio"/> 2 years <input type="radio"/> 5 years <input type="radio"/> 3 years <input type="radio"/> Over 5 years
* 5. Generally the equipment purchased under this grant program: <b>(select one)</b>	
<input type="radio"/>	Will bring the department into statutory compliance. Please explain how this equipment will bring the department into statutory compliance in the space provided to the right.
<input type="radio"/>	Will bring the department into voluntary compliance with a national standard. Please explain how this equipment will bring the department into voluntary compliance in the space provided to the right.
<input type="radio"/>	Has no statutory basis.
* 6. Does this equipment provide a health and safety benefit to the firefighters in your department? If yes, please fully explain in the narrative section.	<input type="radio"/> Yes <input type="radio"/> No

## Equipment - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. Please note that this section is **optional**.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
Provide an explanation below. (Attach an additional sheet if necessary)	

## Operations and Firefighter Safety - Modify Facilities

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

**Note:** Fields marked with an \* are required. Modifications are intended to mean changes within the existing structure or to existing props. Funding may not be used to change the existing exterior footprint of the building or add additional stories to the building. The original profile of the facility will remain essentially unchanged

**Note: For each piece of equipment, attach an additional sheet.**

Modify Facilities Details	
* 1. On what type of modification will the funds be spent?	<input type="radio"/> Exhaust Systems <input type="radio"/> Sprinkler Systems <input type="radio"/> Alarm Systems <input type="radio"/> Smoke Detectors <input type="radio"/> Fixed Station Generator
Please provide further description of the item selected above.	
* 2. What is the age of the facility that is being modified?	_____ years
* 3. What type of facility will the modifications be made to?	<input type="radio"/> Fire Station <input type="radio"/> Training <input type="radio"/> Dispatch <input type="radio"/> Other: _____
* 4. What is the level of occupancy for the facility you wish to modify? Note: The occupancy is defined by the number of hours the facility is used within a single 24 hour time period.	<input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Occasional
* 5. What is the maximum occupancy of the building or facility to be modified	_____ Number of people
* 6. Is the facility that you wish to modify open for use by other departments or community groups on a regular (i.e., weekly, monthly) basis?	<input type="radio"/> Yes <input type="radio"/> No

## Modify Facilities - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. Please note that this section is **optional**.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Costs	\$
Provide an explanation below. (Attach an additional sheet if necessary)	

## Operations and Firefighter Safety - Personal Protective Equipment

Please provide the following information about the personal protective equipment you want funded. **Only whole dollar amounts are acceptable.**

**Note: For each piece of equipment, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

Personal Protective Equipment Details	
* 1. Select the PPE that you propose to acquire	
* 2. Number of units: (whole number only)	
* 3. Cost per unit: (whole dollar amounts only)	\$
* 4. Of your active firefighters, how many currently have personal protective equipment that meets current NFPA and OSHA standards?	
* 5. How many of your active firefighters will have personal protective equipment that meets current NFPA and OSHA standards if the grant is awarded?	
* 6. What is the purpose of this request? (select one)	<input type="radio"/> to buy equipment for the first time <input type="radio"/> to replace old/obsolete equipment <input type="radio"/> to replace torn/tattered/damaged equipment <input type="radio"/> to replace contaminated equipment <input type="radio"/> to replace worn, but usable equipment <input type="radio"/> to replace used equipment <input type="radio"/> to replace new equipment <input type="radio"/> to equip firefighters to handle a new mission <input type="radio"/> to increase the department's available supply of this equipment
If you have indicated you are replacing equipment (for any reason) in question 6 above, please specify the age of equipment in years	
<input type="radio"/> Less than 5 years <input type="radio"/> 5 - 10 years <input type="radio"/> More than 10 years	
* 7 If purchasing a PASS device, what type of PASS device will you be purchasing?	
<input type="radio"/> Integrated/Automatic PASS <input type="radio"/> Non-integrated PASS devices <input type="radio"/> Not Applicable	
* 8. Is this PPE:	
<input type="radio"/> For protection use against fire <input type="radio"/> For use in Hazmat incidents	<input type="radio"/> For use in Rescue incidents <input type="radio"/> For some other use
* If you selected other above, please specify _____	

## PPE - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. Please note that this section is **optional**.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Costs	\$
Provide an explanation below. (Attach an additional sheet if necessary)	

## Training Program

ODP provides WMD training at the Awareness, Performance, Planning and Management levels FREE OF CHARGE for eligible applicants. This training is listed in the ODP Course Catalog and it may be obtained at [www.ojp.usdoj.gov/odp/docs/coursecatalog.pdf](http://www.ojp.usdoj.gov/odp/docs/coursecatalog.pdf) or by calling the ODP Help-line at 1-800-368-6498.

Please provide the following information about the training you want funded.

**Note: For each program, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

Training Details	
* 1. Which title most closely describes your requested program?	
* 2. Generally, this program can best be categorized as ( <b>select one</b> ):	
<input type="radio"/> Tested training approved for national certification <input type="radio"/> Instructor-led training leading to or an integral part of student certification <input type="radio"/> Instructor-led training but does not lead to certification of trainee <input type="radio"/> Other training/equipment	
If you answered other above, please specify:	
* 3. What percentage of applicable personnel will be trained by this program?	%
* 4. Generally, the training program provided under this grant: ( <b>select one</b> )	
<input type="radio"/> Will bring the department into statutory compliance, specifically:	
<input type="radio"/> Will bring the department into voluntary compliance with a national standard, specifically:	
<input type="radio"/> Has no statutory basis	
* 5. Will this training enhance multi-jurisdictional capability?	<input type="radio"/> Yes <input type="radio"/> No

## Training Program *(continued)*

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

**Note: For each item, attach an additional sheet.**

* Item:	
Please provide further description of the item selected above or If you selected other above, please specify.	
Select Object Class:	<input type="radio"/> Personnel <input type="radio"/> Fringe Benefits <input type="radio"/> Travel <input type="radio"/> Equipment <input type="radio"/> Supplies <input type="radio"/> Contractual <input type="radio"/> Construction <input type="radio"/> Indirect Charges <input type="radio"/> Other
If you selected "Other" above, please specify:	
* Number of units: (whole number only)	
* Cost per unit: (whole dollar amounts only)	\$

## Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. Please note that this section is **optional**.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Costs	\$
Provide an explanation below. (Attach an additional sheet if necessary)	

## Operations and Firefighter Safety - Wellness and Fitness Program

Please provide the following information about the program you want funded.

**Note: For each program, attach an additional sheet.**

**Note:** Fields marked with an \* are required.

Program Area	Does your department currently offer this activity?	Will your department fund with grant?	Do you offer incentives for participation in this activity?	Will this activity be mandatory?
* Initial Physical Exam	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Job Related Immunization Program	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Periodic Physical Exam/Health Screening	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

## Operations and Firefighter Safety - Wellness and Fitness Program

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

**Note: For each item, attach an additional sheet.**

* Item:	
If you selected other, above, please specify:	
Select Object Class:	<input type="radio"/> Personnel <input type="radio"/> Fringe Benefits <input type="radio"/> Travel <input type="radio"/> Equipment <input type="radio"/> Supplies <input type="radio"/> Contractual <input type="radio"/> Construction <input type="radio"/> Indirect Charges <input type="radio"/> Other
If you selected other, above, please specify:	
* Number of units: (whole number only)	
* Cost per unit: (whole dollar amounts only)	\$

## Wellness and Fitness - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. Please note that this section is **optional**.

Additional Funding	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Costs	\$
Provide an explanation below. (Attach an additional sheet if necessary)	

## Total Budget

Please note that any one organization or department is limited to a maximum of \$750,000 Federal Share in the same Federal fiscal year (e.g. October 1, 2003 to September 30, 2004). This includes funds received through the Assistance to Firefighters grant program.

**Note:** Fields marked with an \* are required.

<b>Total Budget</b>	
a. Personnel	\$
b. Fringe Benefits	\$
c. Travel	\$
d. Equipment	\$
e. Supplies	\$
f. Contractual	\$
g. Construction	\$
h. Other	\$
i. Indirect Charges	\$
<b>Indirect Cost Details</b>	
Agency Indirect Cost Agreement with	
Indirect Cost Rate (whole numbers only)	%
Agreement Summary (attach an additional sheet if necessary)	
<b>Federal and Applicant Share</b>	
Federal Share	\$
Applicant Share	\$
Federal Rate Sharing (%)	
<b>* Non-Federal Resources</b> (The combined Non-Federal Resources must equal the Applicant Share)	
a. Applicant: (whole dollar amounts only)	\$
b. State: (whole dollar amounts only)	\$
c. Local: (whole dollar amounts only)	\$
d. Other Sources: (whole dollar amounts only)	\$
If you entered a value in Other Sources, include your explanation below. You can use this space to provide information on the project, cost share match.	
<b>Total Budget</b>	<b>\$</b>



## FEMA Form 20-16A

**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.

### 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:

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.

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.

Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal gain.

Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

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).

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) Sections 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.

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.

Will comply with provisions of the Hatch Act (5 U.S.C. Sections 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.

Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. Sections 276a to 276a-7), the Copeland Act (40 U.S.C. Section 276c and 18 U.S.C. Sections 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. Sections 327-333), regarding labor standards for federally assisted construction sub agreements.

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.

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. Section 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. Section 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).

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.

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.).

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.

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.

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.

Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (29 U.S.C. 201), as they apply to employees of institutions of higher education, hospitals, and other non-profit organizations.

**Name:**

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**\*Signature:**

**Date:**

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## FEMA Form 20-16C

### You must read and sign these assurances.

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

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 28 CFR Part 17, "Government-wide Debarment and suspension (Nonprocurement) 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 Federal Emergency Management Agency (FEMA) 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 into a grant or cooperative agreement over \$100,000, as defined at 44CFR 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.

○ Standard Form LLL Disclosure of Lobbying Activities Attached (**This form must be attached to certification if nonappropriated funds are to be used to influence activities.**)

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

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

As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR 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. **(attach additional sheet if necessary)**

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

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR 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 grantees 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 FEMA awarding office, i.e. regional office or FEMA 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

**Name:** \_\_\_\_\_

**\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## FEMA Standard Form LLL

**Only complete if applying for a grant for more than \$100,000 and have lobbying activities.** See previous page for lobbying activities definition. If this lobbying form is not applicable, check “ This form is not Applicable.” and include this page with your application submission.

This form is not Applicable.

**Note:** Fields marked with an \* are required.

<b>Standard Form LLL: Disclosure of Lobbying Activities</b>	
* 1. Type of Federal Action	<input type="radio"/> Cooperative Agreement <input type="radio"/> Contract <input type="radio"/> Grant <input type="radio"/> Loan <input type="radio"/> Loan Guarantee <input type="radio"/> Loan Insurance
* 2. Status of Federal Action	<input type="radio"/> Bid/Offer/Application <input type="radio"/> Initial Award <input type="radio"/> Post Award
* 3. Report Type	<input type="radio"/> Initial Filing <input type="radio"/> Material Change
This sub section is for Material Change only	
* Year: (select one)	<input type="radio"/> 2004 <input type="radio"/> 2005 <input type="radio"/> 2006 <input type="radio"/> 2007
* Quarter: (select one)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
* Date of last report:	
4. Name and Address of Reporting Entity:	
* Reporting Entity Type	<input type="radio"/> Prime <input type="radio"/> Subawardee
Tier (if known):	
* Name:	
* Street:	
* City:	

* State:	
* Zip:	
5. If Reporting Entity is No. 4 is a Subawardee, Enter Name and Address of Prime:	
Name:	
Street:	
City:	
State:	
Zip:	
* 6. Federal Department/Agency:	
* 7. Federal Program Name/Description:	
8. Federal Action Number if Known: (e.g. 12345)	
9. Award Amount if known: (Whole dollar amounts only)	\$
10a. Name and address of Lobbying Registrant: (if individual, last name, first name, MI)	
Name:	
Street:	
City:	
State:	
Zip:	
10b. Individuals Performing Services: (including address if different from No.10a) (last name, first name, MI)	
Name:	
Street:	
City:	
State:	
Zip:	

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.

**Signature**

Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_

Date: \_\_\_\_\_