#### DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

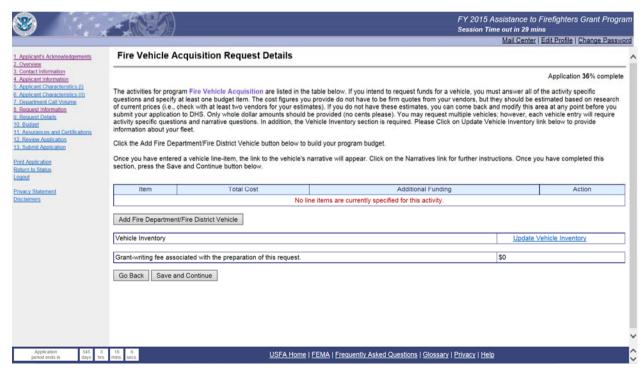
# ACTIVITY SPECIFIC QUESTIONS FOR AFG VEHICLE APPLICANTS

Expiration Date: February 29 2016

OMB No.: 1660-0054

#### PAPERWORK BURDEN DISCLOSURE NOTICE

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### Add Firefighter Vehicle Program

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

Note: Fields marked with an \* are required.

1. What type or class of vehicle will you use the grant funds to purchase?	Select Vehicle Type   ▼
Please provide a detailed description of the item selected above.	100 characters left
2. Cost: (whole dollar amounts only)	\$ S
3. Is the vehicle you propose to buy:	Select ▼
If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced?	
5. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)	◎ Yes ◎ No
Do you intend to use a group purchasing plan for this purchase?	◎ Yes ◎ No
f "No", explain:	100 characters left
6. If awarded a grant, are the specifications available for immediate release?	◎ Yes ◎ No
7. What is the average age of the vehicles of this type or class in your fleet? (whole number only)	
3. What is the age of the vehicle being replaced? (whole number only)	
9. Do you have a driver-training program equivalent to national or NFPA standards?	○ Yes ○ No
f No, will you develop one prior to receipt of the vehicle per the Notice of Funding Opportunity Announcement (NOFO)?	O Yes O No
10. Are you requesting funding for training specific to the vehicle acquisition? (Funding for requested training should be requested in the Firefighting Vehicle Additional Funding Section).	O Yes No
f you are not requesting funding for training, will you obtain the appropriate training through other sources?	○ Yes ○ No

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*3. Is the vehicle you propose to buy:	Select ▼
4. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced?	
*5. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)	◎ Yes ◎ No
Do you intend to use a group purchasing plan for this purchase?	◎ Yes ◎ No
If "No", explain:	100 characters left
*6. If awarded a grant, are the specifications available for immediate release?	◎ Yes ◎ No
*7. What is the average age of the vehicles of this type or class in your fleet? (whole number only)	
8. What is the age of the vehicle being replaced? (whole number only)	
*9. Do you have a driver-training program equivalent to national or NFPA standards?	© Yes ◎ No Help
If No, will you develop one prior to receipt of the vehicle per the Notice of Funding Opportunity Announcement (NOFO)?	◎ Yes ◎ No
*10. Are you requesting funding for training specific to the vehicle acquisition? (Funding for requested training should be requested in the Firefighting Vehicle Additional Funding Section).	◎ Yes ◎ No
If you are not requesting funding for training, will you obtain the appropriate training through other sources?	◎ Yes ◎ No
*11. If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service?	● Yes ● No ● N/A Help
Please enter the type and year of manufacture for vehicle being replaced.	100 characters left
Please enter the VIN (Vehicle Identification Number) for the vehicle you are requesting to replace:	
*12. How long have you owned the vehicle you are replacing? (whole number only)	Years ▼ N/A
*13. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations?	O Yes No
*14. Will this vehicle be used on Automatic and/or Mutual Aid?	Select ▼ <u>Help</u>
*15. How many vehicles of this type or class are currently in your fleet? (whole number only)	
*16. How many vehicles of this type or class in your fleet were manufactured prior to 2002? (whole number only)	
17. Is this a converted vehicle?	O Yes No
18. Is your department facing a new risk?	O Yes No
19. What is the number of calls the vehicle being replaced supported last calendar year? (whole number only)	

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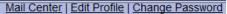
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### Firefighting Vehicle - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section

#### **Budget Object Class Definitions**

Additional Funding		
a. Personnel (whole number only)	Help	\$
b. Fringe Benefits (whole number only)	Help	\$
c. Travel (whole number only)	Help	\$
d. Equipment (whole number only)	Help	\$
e. Supplies (whole number only)	Help	\$
f. Contractual (whole number only)	Help	\$
g. Construction (whole number only)	Help	\$
h. Other (whole number only)	Help	\$
i. Indirect Charges (whole number only)	Help	\$
j. State Taxes (whole number only)	<u>Help</u>	\$





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#### Firefighting Vehicle - Narrative

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

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

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

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

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

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

\* Section # 1 Project Description: In the space provided below, include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for

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

how your department will implement the proposed project. Further, please describe what you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc. \*4000 characters

4000 characters left

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

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\* Section # 2 Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. \*4000 characters 4000 characters left \* Section # 3 Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community? \*4000 characters 4000 characters left Go Back Save and Continue USFA Home | FEMA | Frequently Asked Questions | Glossary | Privacy | Help

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### Firefighting Vehicle Inventory

Please provide the following information.

· Please fill out Vehicle Inventory details

Venicle Inventory						
* If you have	e 15 emergency re	sponse vehicles or	less, list all of	f your Engines	or Pumpers, 1	Fankers, Aerials, Brush/Rescue Vehicles. List all vehicles providing the type, the age, the pump capacity (gpm) if applicable, and the carrying capacity (gallons).
Vehicle Type	Ambulance, Brush	s, Aerial Apparatus, /Quick Attack, r), Rescue Vehicles,	Age	GPM	Gallons	
1	Select	▼				
2	Select	▼ [				
3	Select	▼ [				
4	Select	▼ [				
5	Select	▼ [				
6	Select	<b>-</b>				
7	Select	▼ [				
8	Select	▼ [				
9	Select	▼ [				
10	Select	<b>-</b>				
11	Select	▼ [				
12	Select	<b>-</b>				
13	Select	•				
14	Select	•				
15	Select	•				

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### Budget

Application 72% complete

Review and confirm the budget information below. When you are finished, press the Save and Continue button below.

Note: Fields marked with an \* are required.

Budget Object Class		
a. Personnel	<u>Help</u>	\$ 0
b. Fringe Benefits	<u>Help</u>	\$ 0
c. Travel	<u>Help</u>	\$ 0
d. Equipment	<u>Help</u>	\$ 50,000
e. Supplies	<u>Help</u>	\$ 0
f. Contractual	<u>Help</u>	\$ 7,000
g. Construction	<u>Help</u>	\$ 0
h. Other	<u>Help</u>	\$ 0
i. Indirect Charges	<u>Help</u>	\$ 0
j. State Taxes	<u>Help</u>	\$ 0
Federal and Applicant Share		
Federal Share		\$ 51,819
Applicant Share		\$ 5,181
Applicant Share of Award (%)		10
* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 5,181)		
a. Applicant	(whole dollar amounts only)	\$ 5181
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 other than zero (0), include your explanation below. You can use this space to provide information o	n the project, cost share match, or if you have an indi	rect cost agreement with a federal agency.
A		
4000 characters left		
Total Budget		\$ 57,000

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### **EMS Vehicle Acquisition Request Details**

Application 63% complete

The activities for program EMS Vehicle Acquisition are listed in the table below. If you intend to request funds for a vehicle, you must answer all of the activity specific questions and specify at least one budget item. The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). You may request multiple vehicles, however, each vehicle entry will require activity specific questions and narrative questions. In addition, the Vehicle Inventory section is required. Please Click on Update Vehicle Inventory link below to provide information about your fleet.

Click the Add Nonaffiliated EMS Vehicle button below to build your program budget.

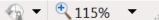
Once you have entered a vehicle line-item, the link to the vehicle's narrative will appear. Click on the Narratives link for further instructions. Once you have completed this section, press the Save and Continue button below.

Item	Total Cost	Additional Funding	Action			
	No line items are currently specified for this activity.					
Add Nonaffiliated EMS Vehicle						
Vehicle Inventory Update Vehicle Inventory			hicle Inventory			
Grant-writing fee associated with the preparation of this request.		\$0				

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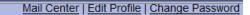
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### Add Nonaffiliated EMS Vehicle Program

Please provide the following information about the vehicle you are requesting. If your organization is applying for equipment and a vehicle, you must fill out a separate application for the equipment. If you are requesting training for the vehicle it should be requested under "additional funds" (this section).

Note: Fields marked with an \* are required.

Vehicle Details					
*1. What type or class of vehicle will you use the grant funds to purchase?	Select Vehicle Type ▼				
* Please provide a detailed description of the item selected above.	100 characters left				
*2. Cost: (whole dollar amounts only)	\$				
*3. Is the vehicle you propose to buy:	Select ▼				
4. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced?					
*5. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)	◎ Yes ◎ No				
Do you intend to use a group purchasing plan for this purchase?					
lf "No", explain:	100 characters left				
*6. If awarded a grant, are the specifications available for immediate release?	◎ Yes ◎ No				
*7. What is the average age of the vehicles of this type or class in your fleet? (whole number only)					
8. What is the age of the vehicle being replaced? (whole number only)					
*9. Do you have a driver-training program equivalent to national or NFPA standards?	© Yes © No Help				
If No, will you develop one prior to receipt of the vehicle per the Notice of Funding Opportunity Announcement (NOFO)?	◎ Yes ◎ No				
*10. Are you requesting funding for training specific to the vehicle acquisition? (Funding for requested training should be requested in the EMS Vehicle Additional Funding Section).	◎ Yes ◎ No				
If you are not requesting funding for training, will you obtain the appropriate training through other sources?	◎ Yes ◎ No				
*11. If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service?	○ Yes ○ No ③ N/A				
Please enter the type and year of manufacture for vehicle being replaced.	100 characters left				

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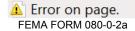
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4. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced?		
*5. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)	S	
Do you intend to use a group purchasing plan for this purchase?		
If "No", explain:	100 characters left	
*6. If awarded a grant, are the specifications available for immediate release?	© Yes © No	
*7. What is the average age of the vehicles of this type or class in your fleet? (whole number only)		
8. What is the age of the vehicle being replaced? (whole number only)		
*9. Do you have a driver-training program equivalent to national or NFPA standards?	© Yes © No	elp
If No, will you develop one prior to receipt of the vehicle per the Notice of Funding Opportunity Announcement (NOFO)?		
*10. Are you requesting funding for training specific to the vehicle acquisition? (Funding for requested training should be requested in the EMS Vehicle Additional Funding Section).		
If you are not requesting funding for training, will you obtain the appropriate training through other sources?		
*11. If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service?	© Yes © No ⊚ N/A	elp
Please enter the type and year of manufacture for vehicle being replaced.	100 characters left	
Please enter the VIN (Vehicle Identification Number) for the vehicle you are requesting to replace:		
*12. How long have you owned the vehicle you are replacing? (whole number only)	Years ☑ N/A	
*13. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations?	© Yes © No	
*14. Will this vehicle be used on Automatic and/or Mutual Aid?	Select ▼	lelp
*15. How many vehicles of this type or class are currently in your fleet? (whole number only)		
*16. How many vehicles of this type or class in your fleet were manufactured prior to 2002? (whole number only)		
17. Is this a converted vehicle?	© Yes © No	
18. Is your department facing a new risk?	© Yes © No	
19. What is the number of calls the vehicle being replaced supported last calendar year? (whole number only)		
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# **EMS Vehicle - Additional Funding (optional)**

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is optional.

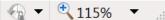
#### **Budget Object Class Definitions**

Additional Funding	
a. Personnel (whole number only)	\$
b. Fringe Benefits (whole number only)	\$
c. Travel (whole number only)	\$
d. Equipment (whole number only)	\$
e. Supplies (whole number only)	\$
f. Contractual (whole number only)	\$
g. Construction (whole number only)	\$
h. Other (whole number only)	\$
i. Indirect Charges (whole number only)	\$
j. State Taxes (whole number only)	\$



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#### **EMS Vehicle - Narrative**

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

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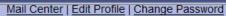
Note: Fields marked with an \* are required. Each element must have a minimum of 200 characters and each element will have a character limit; the limit varies based on the questions being asked. The character count will be listed below each text box.

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

4000 characters left

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

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## **EMS Vehicle Inventory**

Please provide the following information.

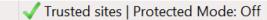
· Please fill out Vehicle Inventory details

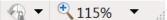
			Vehicle Inventory
f you have	15 emergency response vehicles or les	s, list all vehic	cles providing the type, the age, and if the vehicle is used for patient transportation.
Vehicle Typ	e (possible terms: Ambulance, Bariatric Ambulance or Non-Transport-Community Paramedic)	Age	Is the vehicle used for Transport?
1	Select ▼		
2	Select ▼		
3	Select ▼		
4	Select ▼		
5	Select ▼		
6	Select ▼		
7	Select ▼		
8	Select ▼		
9	Select ▼		
10	Select ▼		
11	Select ▼		
12	Select ▼		
13	Select ▼		
14	Select ▼		
15	Select ▼		◎ Yes ◎ No

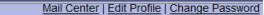
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## **Add Regional Vehicle Program**

Please provide the following information about the vehicle you want funded. If your organization is applying for equipment and a vehicle, you must fill out a separate application for the equipment. If your organization is requesting multiple vehicles, then you must complete separate sheets for the Vehicle Details, Additional Funding, and Narrative of each vehicle you are requesting.

Note: Fields marked with an \* are required.

Vehicle Details				
*1. What type or class of vehicle will you use the grant funds to purchase? (select one)	Select Vehicle Type ▼			
* Please provide a detailed description of the item selected above.	100 characters left			
*2. Cost: (whole dollar amounts only)	\$			
*3. Per the Notice of Funding Opportunity Announcement (NOFO), will you have a memorandum of understanding (MOU) in place that cover the staffing and use of the vehicle(s)?	◎ Yes ◎ No			
*4. Are you the primary responder for this specialty in the region?	◎ Yes ◎ No			
If No to Question #4 who will be the primary responder?				
*5. Does a State Authority need to be aware of your application for this unit?	◎ Yes ◎ No			
*6. Where is the next closest resource of this type?				
*7. How many miles away is the organization? (whole number only)				
*8. Is the vehicle you propose to buy:	Select ▼			
9. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced? (whole number only)				
*10. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)	◎ Yes ◎ No			
Do you intend to use a group purchasing plan for this purchase?	◎ Yes ◎ No			
If "No", explain:	100 characters left			
*11. If awarded a grant, are the specifications available for immediate release?	◎ Yes ◎ No			
12. What is the age of the vehicle being replaced? (whole number only)				
*13. What is the average age of the vehicles of this type or class at the proposed station? (whole number only)				
*14. Do you have a driver-training program equivalent to national or NFPA standards?	© Yes © No Help			

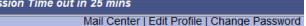
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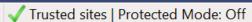
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9. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced? (whole number only)		
*10. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing (BPO), co-op agreements, state contracts, GSA, etc.)		
Do you intend to use a group purchasing plan for this purchase?		
If "No", explain:	100 characters left	
*11. If awarded a grant, are the specifications available for immediate release?	◎ Yes ◎ No	
12. What is the age of the vehicle being replaced? (whole number only)		
*13. What is the average age of the vehicles of this type or class at the proposed station? (whole number only)		
*14. Do you have a driver-training program equivalent to national or NFPA standards?	© Yes © No	elp
If No, will you develop one prior to receipt of the vehicle per the Notice of Funding Opportunity Announcement (NOFO)?		
*15. Are you requesting funding for training specific to the vehicle acquisition? (Funding for requested training should be requested in the Regional Vehicle Additional Funding Section).		
If you are not requesting funding for training, will you obtain the appropriate training through other sources?		
*16. If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service?	© Yes © No ⊚ N/A	elp
Please enter the type and year of manufacture for vehicle being replaced.	100 characters left	
Please enter the VIN (Vehicle Identification Number) for the vehicle you are requesting to replace:		
*17. How long have you owned the vehicle you are replacing? (whole number only)	Years ✓ N/A	
*18. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations?	◎ Yes ◎ No	
*19. Will this vehicle be used on automatic and/or mutual aid?	Select ▼	Help
*20. How many vehicles of the same type/class as the requested vehicle are assigned to the location the requested vehicle will be located? (whole number only)		
*21. How many vehicles of this type or class in your fleet were manufactured prior to 2002? (whole number only)		
22. Is this a converted vehicle?		
23. Is your department facing a new risk?		
24. What is the number of calls the vehicle being replaced supported last calendar year? (whole number only)		
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# Regional Vehicle - Additional Funding (optional)

Enter any additional funding for your grant in the space provided below. You will need to explain the additional costs. The costs added in this section must show a direct relationship to the costs already included in your Request Details. Please note that this section is optional.

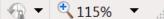
#### **Budget Object Class Definitions**

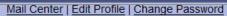
Additional Funding									
a. Personnel (whole number only)	Help \$								
b. Fringe Benefits (whole number only)	Help \$								
c. Travel (whole number only)	Help \$								
d. Equipment (whole number only)	Help \$								
e. Supplies (whole number only)	Help \$								
f. Contractual (whole number only)	Help \$								
g. Construction (whole number only)	Help \$								
h. Other (whole number only)	Help \$								
i. Indirect Charges (whole number only)	Help \$								
j. State Taxes (whole number only)	Help \$								



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## Firefighting Vehicle Inventory

Please provide the following information.

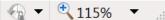
· Please fill out Vehicle Inventory details

Vehicle Inventory								
f you have	15 emergenc	response vehicles or le	ess, list all of y	our Engines/P	umpers, Tank	ers, Aerials, Brush and Rescue Vehicles. List all vehicles providing the type, the age, the pump capacity (gpm) if applicable, and the carrying capacity (gallons).		
Vehicle Typ	Ambulance, E	is: nicles, Aerial Apparatus, rush/Quick Attack, mper), Rescue Vehicles,	Age	GPM	Gallons			
1	Select	▼						
2	Select	▼ [						
3	Select	▼ [						
4	Select	▼ [						
5	Select	▼						
6	Select	▼ [						
7	Select	▼ [						
8	Select	▼ [						
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14	Select	▼ [						
15	Select	▼ [						

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#### Regional Vehicle - Narrative

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

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

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

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

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

You may either type your project narrative statements in the spaces provided below; or create the text in your word processing system and then copy it into the appropriate spaces provided below. Please note the narrative block does not allow for formatting. Do

not type your narrative using only capital letters. Additionally, do not include tables, special fonts (i.e., quote marks, bullets, etc), or graphs.

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

how your department will implement the proposed project. Further, please describe what you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc. \*4000 characters

\* Section # 1 Project Description: In the space provided below, include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for

4000 characters left

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

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#### Add State Fire Training Academy Vehicle Program

Please provide the following information about the vehicle you are requesting. If your organization is applying for equipment and a vehicle, you must fill out a separate application for the equipment and a vehicle it should be requested under "additional funds" (this section).

Note: Fields marked with an \* are required.

Vehicle Details						
1. What type or class of vehicle will you use the grant funds to purchase? (select one)	Select Vehicle Type   ▼					
Please provide a detailed description of the item selected above.	100 characters left					
2. Cost: (whole dollar amounts only)	\$					
3. Is the vehicle you propose to buy:	Select ▼					
I. Was the vehicle you're requesting to replace built prior to the applicable NFPA vehicle standard from 1992?	♥ Yes ♥ No					
5. If you are requesting to replace an existing apparatus, what is the mileage of the vehicle being replaced? (whole number only)						
6. Does your organization's procurement policy permit the use of group purchasing plans or purchasing schedules? (e.g., Business Process Outsourcing BPO), co-op agreements, state contracts, GSA, etc.)	© Yes © No					
7. If awarded a grant, are the specifications available for immediate release?	© Yes ® No					
What is the age of the vehicle being replaced? (whole number only)						
9. Do you have a driver-training program equivalent to national or NFPA standards?						
10. If No, will you develop one prior to receipt of the vehicle per the Notice of Funding Opportunity Announcement (NOFO)?	© Yes ® No					
f you are not requesting funding for training, will you obtain the appropriate training through other sources ?	© Yes © No					
11. If awarded, will you permanently remove the vehicle to be replaced from your organization's emergency response service?	© Yes ® No ® N/A Help					
Please enter the type and year of manufacture for vehicle being replaced.	100 characters left					
12.How long have you owned the vehicle you are replacing? (whole number only)	Years					
13. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations?	© Yes ® No					

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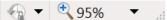




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#### State Fire Training Academy Request Details

Application 63% complete

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

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

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	0	\$0	\$ 0	<u>View Details</u>
Personal Protective Equipment	0	\$0	\$0	<u>View Details</u>
Vehicle Acquisition	0	\$0	\$ 0	<u>View Details</u> <u>Update Vehicle Inventory</u>

\$0 Grant-writing fee associated with the preparation of this request.

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