



2018-19 Firefighter Safety and Disease Prevention Grant Application

Full Legal Organization Name *

FDID *

Street Address *

City, State *

Zip *

Organization Website

Organization Chief/Executive Director *

Title *

Cell Phone *

Phone *

Email Address *

Contact Person (if different from above)

Cell Phone, If different from contact phone

Contact Title

Contact Phone

Contact Email Address

Organization Information

Department Type *

Career Departments: 100% of firefighters on staff are paid. Volunteer Department: 100% of firefighters are volunteer, not paid. Combination Department: This is a department with volunteer and paid staff. paid staff must be on the line to be considered combination.

Size of Jurisdiction (Square miles) *

Population Served *

Number of Stations *

Total Number of Volunteers *

Total Number of Career *

Number of certified Fire Fighter I *

Number of Certified Fire Fighter II *

Brief Description of Organization (1,000 character limit) *

Annual Call Volume and Type

Please provide information regarding the total number of calls your agency responded to for each of the categories listed below. The information required is for the past two (2) years

Call Volume and Type *

	2016	2017
Structure Fires	<input type="text"/>	<input type="text"/>
Vehicle Fires	<input type="text"/>	<input type="text"/>
Brush / Wildlands	<input type="text"/>	<input type="text"/>
Auto Accidents	<input type="text"/>	<input type="text"/>
Auto Accidents Requiring Extraction	<input type="text"/>	<input type="text"/>
Hazardous Materials Response	<input type="text"/>	<input type="text"/>
EMS Calls	<input type="text"/>	<input type="text"/>
Technical Rescue (water/ice/high and low angle)	<input type="text"/>	<input type="text"/>
Mutual Aid Given	<input type="text"/>	<input type="text"/>
Mutual Aid Received	<input type="text"/>	<input type="text"/>
Other (false alarms, good intent, service calls)	<input type="text"/>	<input type="text"/>

Any Other Comments for Call Volume and Type including 2018 fire season anomalies (300 character limit).

Number, type, and seat belted riding position of apparatus (i.e. 2 Pumpers - 4 seat belted riding positions each) If you do not own a particular piece of equipment put a "0" as a placeholder. *

	How many units?	How many seat belted riding positions?
Tender/Tanker	<input type="text"/>	<input type="text"/>
Wildland/Brush	<input type="text"/>	<input type="text"/>
Utility	<input type="text"/>	<input type="text"/>
Ariel	<input type="text"/>	<input type="text"/>
Pumper/Engine	<input type="text"/>	<input type="text"/>
Heavy Rescue	<input type="text"/>	<input type="text"/>
Ambulance	<input type="text"/>	<input type="text"/>
ARFF	<input type="text"/>	<input type="text"/>

Budgetary Information

Please provide the dollar amount in your budget for for the past (2) years, in each category. *

	2016	2017
Total Budget	<input type="text"/>	<input type="text"/>
Total Salaries and Benefits (include volunteer pension contributions)	<input type="text"/>	<input type="text"/>

Total for Training & Education	<input type="text"/>	<input type="text"/>
Total for Operating Expenses	<input type="text"/>	<input type="text"/>
Total for Capital Expenditures	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Funding Sources: Percentage of Budget that comes from the following areas. *

	2016	2017
Taxes	<input type="text"/>	<input type="text"/>
Grants	<input type="text"/>	<input type="text"/>
Fundraisers	<input type="text"/>	<input type="text"/>
Cash Funded Programs/Fee for Service	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Unsuccessful Attempts for Funding

Please describe what unsuccessful attempts have been made in the past two (2) years to secure external funding for this request(s). (500 character limit)

i.e. applied for an AFG Grant...

Please describe what unsuccessful attempts have been made in the past two (2) years to budget for this request(s). (500 character limit)

i.e. limited local funding...

****The following items are not authorized under this Grant Program*** Motorized or Wheeled Vehicles, Communication Equipment, Regional Grants**

Item Request 1 **This entire application request cannot exceed \$10,000.00**

One (1) proposal per section will be considered. You may only select one (1) item from (1) drop down box. The boxes are labeled Priority 1, Priority 2, and Priority 3. Requested items need to be separate. Each proposal needs to be specific, i.e. how the item will benefit the department or community, manufacturer, brand, system operating pressure, quantity, and price per unit.

Total Program Budget *

How much money is available for this project from your organization?

Requested Grant Amount to Complete Project *

Is this equipment new or replacement? *

How many items are currently on hand? What is the age of the equipment? How many items are you replacing? (500 character limit) *

Name of Request Level (1) *Please check the name of your request against the specification sheets labeled Option A-C; If your item is not listed on a specific sheet, please fill out Option C*****

SCBA Face Piece must include the manufacturer, type or brand (G1), quantity and Price per unit.

Name of Request Level (2)

Name of Request Level (3)

Describe how this request will effect day-to-day operations, and how often the equipment will be used.(500 character limit) *

Options A-C (Specification Requirements)

Option A: Please fill out the following manufacturer specifications if you chose SCBA (Pack, Masks, Bottles and/or Fit Testing Equipment)as your request.

	Manufacturer	Type (i.e. G-1)	Quantity	Price Per Unit
SCBA Face Piece	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fit Testing Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extractor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Air Monitoring Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Particulate Hood	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Set of Gloves (x2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Fire Decon Kit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Fire Rehab Kit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Baseline Physical (NFPA 1582)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Option B: Please fill out the following specifications if you chose Bunker Gear (Rubber Boots, Helmets, Gloves, Pants, Coats and Suspenders) as your request.

	Quantity	Price Per Unit	Manufacturer	Color Specifications
Wildland Gear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thermal Imaging Cameras (TIC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extrication Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialty Rescue Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Option C: Please fill out the following specifications if you chose a Compressor and Cascade System as your request.

	Manufacturer	Type	Operating Pressure	Installation Yes or No	Quantity	Price Per Unit
All other firefighting equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By checking this box, I verify I have read the training manual and all the information, in this application, is true and accurate. The Fire Chief and the Financial Representative has reviewed this form. Both agree with the scope and request(s) of the project. *

Validation of Grant Application

Submit
 First Name Last Name