

Entire Application

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
AFG Application (General Questions and Narrative)

OMB No.: 1660-0054

Expiration Date: August, 31 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 9 hours per response for FEMA Form 080-0-2 "AFG Application (General Questions and Narrative)". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits.

You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

Applicant's Acknowledgements

- * I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.
- * As required per 2 CFR § 25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.
- * I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's one (1) year Period of Performance (POP).
- * I certify that the applicant organization is aware that this application period is open from 12/26/2017 to 02/02/2018 and will close at 5 PM EST; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.
- * I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd_ehp_screening_form_51815.pdf
- * I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

Signed by **Jill LaCasse** on **2018-02-01 15:18:10.0**

Overview

Alternate Contact Information Number 1

* Title Assistant Fire Chief
Prefix (select one) N/A
* First Name Mike
Middle Initial
* Last Name Gaede
* Primary Phone 651-228-6212 Ext. Type work
* Secondary Phone 651-224-7811 Ext. Type cell
Optional Phone Type
Fax
* Email michael.gaede@ci.stpaul.mn.us

Alternate Contact Information Number 2

* Title Training Chief
Prefix (select one) N/A
* First Name Tom
Middle Initial
* Last Name McDonough
* Primary Phone 651-644-9133 Ext. Type work
* Secondary Phone 651-224-7811 Ext. Type cell
Optional Phone Type
Fax
* Email thomas.mcdonough@ci.stpaul.mn.us

FEMA Form 080-0-2

<p>* Did you attend one of the workshops conducted by an AFG regional fire program specialist?</p> <p>No, I have not attended workshop</p> <p>* Did you participate in a webinar that was conducted by AFG?</p> <p>No</p>
<p>* Are you a member, or are you currently involved in the management, of the fire department or nonaffiliated EMS organization or a State Fire Training Academy applying for this grant with this application?</p> <p>Yes, I am a member/officer of this applicant</p>

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

Fields marked with an * are required.

Preparer Information

Preparer's Name
 Address 1
 Address 2
 City
 State
 Zip [Need help for ZIP+4?](#)

In the space below please list the person your organization has selected to be the primary point of contact for this grant. This should be a department officer or member of the organization who will see this grant through completion, including closeout. Reminder: if this person changes at any time during the period of performance please update this information. Please list only phone numbers where we can get in direct contact with the POC.

Primary Point of Contact

* Title	Accountant
Prefix (select one)	N/A
* First Name	Jill
Middle Initial	
* Last Name	LaCasse
* Primary Phone	651-228-6257 Ext. Type work
* Secondary Phone	651-224-7811 Ext. Type cell
Optional Phone	Type
Fax	
* Email	jill.lacasse@ci.stpaul.mn.us

FEMA Form 080-0-2

Contact Information

Applicant Information

EMW-2017-FO-06719

Originally submitted on 02/02/2018 by Jill LaCasse (Userid: spdfss)

Contact Information:

Address: 645 Randolph Avenue

City: Saint Paul

State: Minnesota

Zip: 55102

Day Phone: 6512286257

Evening Phone: 6512953042

Cell Phone:

Email: jill.lacasse@ci.stpaul.mn.us

Application number is EMW-2017-FO-06719

* Organization Name Saint Paul Fire Department

* Type of Applicant Fire Department/Fire District

* **Fire Department/District, Non-Affiliated EMS, and Regional applicants**, select type of Jurisdiction City Served :
If "Other", please enter the type of Jurisdiction

SAM.gov (System For Award Management)

* What is the legal name of your Entity as it appears in SAM.gov?

Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction. SAINT PAUL, CITY OF

* What is the legal business address of your Entity as it appears in SAM.gov?

Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.

* Mailing Address 1 645 Randolph Avenue

Mailing Address 2

* City Saint Paul

* State Minnesota

* Zip 55102 - 3523
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* Employer Identification Number (e.g. 12-3456789)

Note: This information must match your SAM.gov profile. 41-6005521

* Is your organization using the DUNS number of your Jurisdiction? Yes

I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application (Required if you selected Yes above) ✓

153857347

* What is your 9 digit DUNS number?

(call 1-866-705-5711 to get a DUNS number)

If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here.

Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own DUNS number and bank account separate from your Jurisdiction.

* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)? Yes

* I certify that my organization/entity is registered and active at SAM.gov and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's SAM.gov record.

Headquarters or Main Station Physical Address

* Physical Address 1 645 Randolph Avenue
 Physical Address 2
 * City Saint Paul
 * State Minnesota
 * Zip 55102 - 3523
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Mailing Address
 * Mailing Address 1 645 Randolph Avenue
 Mailing Address 2
 * City Saint Paul
 * State Minnesota
 * Zip 55102 - 3523
[Need help for ZIP+4?](#)

Bank Account Information

* The bank account being used is: (Please select one from the right)
Maintained by my Jurisdiction

Note: The following banking information must match your SAM.gov profile.

* Type of bank account Checking
 * Bank routing number - 9 digit number on the bottom left hand corner of your check 091000022
 * **Your account number** 180111054532

Additional Information

* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request? **No**

* Is the applicant delinquent on any Federal debt? **No**

If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:

FEMA Form 080-0-2

Fire Department/Fire District Department Characteristics (Part I)

* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property? **No**

* What kind of organization do you represent? **All Paid/Career**

If you answered "Combination", above, how many career members in your organization? (whole numbers only)

If you answered "Volunteer" or "Combination" or "Paid on-call", how many of your volunteer Firefighters are paid members from another career department? (whole numbers only)

* What type of community does your organization serve? **Urban**

* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters) **Yes**

* What is the square mileage of your first-due response area? (whole number only) **57**

* What percentage of your response area is protected by hydrants? (whole number only) **100 %**

* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located? **Ramsey**

* Does your organization protect critical infrastructure? **Yes**

If "Yes", please describe the critical infrastructure protected below:

Our response area is home to critical infrastructure including our state capitol building and associated government facilities, many miles of main line railway and interstate freeway, the Mississippi River and associated commercial port activity, an airport, several hospitals, arenas, several large utility entities, pipelines, and commercial facilities that support the surrounding Twin Cities metro area of 3.6 million people, as well as the entire State of Minnesota.

We cross-staff specially units including the state's only Hazmat Emergency Response Entry team, a Chemical Assessment team, the Minnesota Aviation Rescue Team (MART) state-wide Helicopter Rescue Team, three boats, and we have 50 members on the state's USAR team MN Task Force 1.

* What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties? **1 %**

* What percentage of your primary response area is for commercial and industrial purposes? **20 %**

* What percentage of your primary response area is used for residential purposes? 79 %

* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only) 285068

* Do you have a seasonal increase in population? No

If "Yes" what is your seasonal increase in population?

* How many active firefighters does your department have who perform firefighting duties? (whole numbers only) 434

* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only) 434

Does your department have a Community Paramedic program? No

How many personnel are trained to the Community Paramedic level? (whole numbers only) 3

* How many stations are operated by your organization? (whole numbers only) 15

* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)? Yes

* Do you currently report to the National Fire Incident Reporting System (NFIRS)? Yes
 Note: You will be required to report to NFIRS for the entire period of the grant. AFG does not require NFIRS reporting for nonaffiliated EMS Organizations and State Fire Training Academy.

If you answered "Yes" above, please enter your FDIN/FDID 62210

* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only) 434

* How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I) 434

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001? No

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the Firefighter II level in this application, please describe in the box below your training program and your plans to bring your membership up to Firefighter II.

* What services does your organization provide?

- | | | |
|------------------------------------|----------------------------------|-----------------------------|
| Advanced Life Support | Emergency Medical Responder | Rescue Operational Level |
| Airport Rescue Firefighting (ARFF) | Haz-Mat Operational Level | Rescue Technical Level |
| Basic Life Support | Haz-Mat Technical Level | Structural Fire Suppression |
| | Maritime Operations/Firefighting | |

* Please describe your organization and/or community that you serve.

The Saint Paul Fire Department provides fire, rescue, and emergency medical services to a resident population of 285,068 in the state's capitol city. Our response area is home to critical infrastructure including our state capitol building and associated government facilities, miles of main line railway and interstate freeway, the Mississippi River and associated commercial port activity, airports, hospitals, arenas, several large utility entities, pipelines, and commercial facilities that support the surrounding Twin Cities metro area of 3.6 million people, as well as the entire state of Minnesota. Saint Paul is located in Ramsey County, one of the smallest and most densely populated counties in the United States. As with most core cities, we are dealing with a melting pot of society and all of the challenges that presents.

Our department has a total of 434 sworn positions operating out of 15 stations. Each operational shift is comprised of one deputy chief, 3 district chiefs, 15 engine companies, 7 ladder companies, 15 ambulances, and 3 rescue squads. Ten of the engine companies dual-staff ALS ambulances. We also dual-staff specialty units including a Hazmat Emergency Response entry team, a Chemical Assessment team, a 50-person commitment to the MN Task Force-1 USAR team, a Helicopter Rescue team, airport firefighters, two engines companies that dual-staff boats on the Mississippi River, Water and Ice Rescue teams, SWAT Medic program, and other supporting components for all of these emergency disciplines.

In 2016, we responded to 45,083 Fire, Rescue, and EMS incidents. We have an average response time of 4.5 minutes. We provide mutual aid to multiple departments including the City of Minneapolis and Metropolitan Airport Fire Department. Our Training Division is a dedicated East Metro Regional Training Facility and we support the training initiatives of numerous smaller suburban departments. Being the state's only Hazmat Emergency Response Entry team and a core component of the Minnesota Task Force-1 (a State USAR team), our response area expands to include the entire state of Minnesota. This grant would not only benefit our department but also any fire department in the state requiring our assistance.

FEMA Form 080-0-2

Fire Department Characteristics (Part II)

	2016	2015	2014
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	3	5	2
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	16	16	24
* What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	0	1	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	156	185	139
* Over the last three years, what was your organization's operating budget?	60281135		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	53396855		
Does your department have any rainy day reserves, emergency funds, or capital outlay?	No		
If Yes, what is the total amount currently set aside?			
If Yes, describe the planned purpose of this fund			
* What percentage of your annual operating budget is derived from:	2016	2015	2014
Enter numbers only, percentages must sum up to 100%			
Taxes?	76 %	76 %	76 %
Bond Issues?	0 %	0 %	0 %

EMS Billing?	20 %	20 %	20 %
Grants?	2 %	2 %	2 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
Fee for Service?	2 %	2 %	2 %

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

The city is fortunate to be able to fully staff a full-time "all hazards" fire department that responds to not only fires, rescues, and emergency medical calls, but also staffs the state's Hazmat Emergency Response Team, a Chemical Assessment Team, a 50-person commitment to the MN Task Force-1 USAR team, a helicopter rescue team, airport firefighters, two boats on the Mississippi River, Water and Ice Rescue teams, SWAT Medic program, and other supporting components for all of these emergencies disciplines.

Of our total operating budget, our personnel costs make up 90% of that budget leaving 10% for all other operational and training budgets. Considering the associated operating costs and the number of services that our department provides, our available funding for training and equipment replacement is limited and becomes very political, as all units in our city government are competing annually for funding priorities.

The Minnesota Supreme Court recently ruled against the City of Saint Paul in its assessment of right of way (ROW) fees on property owners. This court decision has resulted in a potential \$32.5 million loss in revenue to the city's budget. To compound our financial situation, the State of Minnesota currently faces a projected \$188 million deficit, which adds to a series of consecutive state budget shortfalls over the past decade. These budget short falls have had a cumulative effect on the allocation of funds into the state's local government aid (LGA) program, of which the City of Saint Paul is heavily reliant. LGA is one of the primary revenue sources for the city's general fund and, in turn, the general fund is the principle source of funding for public safety. Our department was challenged by the mayor and council with a zero percent increase to our total operating budget in 2014, 2015, and 2016 and allotted a minimal increase of .20% in 2017. A recent change in mayoral administrations will continue the department's financial and budgetary struggles for 2018. This makes it impossible to work towards our long range goals without the aid of programs like the AFG grants.

As in most metropolitan areas, the public is staunchly resistant to tax increases, while at the same time expecting a wider array of public services. Since nearly all the funding appropriated for fire and emergency services come from property or local income taxes any decrease in vacancy rates or property value has a direct impact on the fire department's revenue stream. While the unemployment rate for the Minneapolis-Saint Paul metropolitan area has seen a recent decrease, the number of people living in poverty is on the rise, especially among the city's youngest residents. Though residential home values in the region have shown some recovery, the city is still dealing with a significant number of vacant properties and the resultant lost tax revenue.

Our fire department has continued to remain positively focused on our long-term goals even in the face of measurable financial setbacks. As with many departments around the nation, we find ourselves being asked to do more with less and many times this ultimately compromises firefighter safety. Our organization has succeeded in a tremendous effort to protect four-person staffing on every fire rig in our city and we are still going to great lengths to educate politicians and the citizens about the value of the fire department and our all-hazards responsibilities to the community.

Our department has made it a goal to increase funding in the areas of training, equipment, and staffing through outside resources. We have a committee of department personnel dedicated to working on alternative funding sources and we have had several successes in recent years through multiple grants. This grant committee is dedicated to succeed at efforts such as the AFG grants, as relying on traditional means is, unfortunately, no longer a practical option.

* How many vehicles does your organization have in each type or class of vehicle listed below? **You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or**

otherwise currently under contract for purchase or lease by your organization but not yet in your possession. (Enter numbers only and enter 0 if you do not have any of the vehicles below.)

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	15	4	76
Ambulances for transport and/or emergency response:	13	9	88
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	0	0	0
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	7	3	40
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pickup w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	0	0	0
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	3	2	25
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle	16	1	63

FEMA Form 080-0-2

Fire Department Call Volume

2016 2015 2014

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

Fire - NFIRS Series 100	1381	1445	1224
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	25	18	13
	11278	10870	9354

Rescue & Emergency Medical Service Incident - NFIRS Series 300			
Hazardous Condition (No Fire) - NFIRS Series 400	974	887	874
Service Call - NFIRS Series 500	2617	2019	2020
Good Intent Call - NFIRS Series 600	1517	1426	1697
False Alarm & False Call - NFIRS Series 700	1937	2009	2010
Severe Weather & Natural Disaster - NFIRS Series 800	17	1	5
Special Incident Type - NFIRS Series 900	12	14	27

FIRES

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

Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	902	934	819
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	183	197	158
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	75	90	62
What is the total acreage of all vegetation fires?	2	10	1

RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS

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

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	963	713	812
Of the NFIRS Series 300 calls, how many are "Extractions from Vehicles" (NFIRS Code 352)	5	10	13
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	2270	2055	1794
How many EMS-BLS Response Calls	16628	15182	13302
How many EMS-ALS Response Calls	19839	19060	18281
How many EMS-BLS Scheduled Transports	1743	1386	1452
How many EMS-ALS Scheduled Transports	0	0	0
How many Community Paramedic Response Calls	100	0	0

MUTUAL AND AUTOMATIC AID

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

How many times did your organization receive Mutual Aid?	1	0	0
How many times did your organization receive Automatic Aid?	0	0	0
How many times did your organization provide Mutual Aid?	9	2	0
How many times did your organization provide Automatic Aid?	237	209	147
Of the Mutual and Automatic Aid responses, how many were structure fires?	5	2	1

FEMA Form 080-0-2

Request Information

1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application **you will need to submit separate applications.**

Program Name

Operations and Safety

2. Will this grant benefit more than one organization?

Yes

If you answered "Yes" to Question 2, please explain how this request benefits other organizations below:

We provide mutual aid to multiple departments including the City of Minneapolis and the Metropolitan Airport Fire Department. Our Training Division is a dedicated East Metro Regional Training Facility and we support the training initiatives of numerous smaller suburban departments. Being the state's only Hazmat Emergency Response Entry team and a core component of the State USAR team Minnesota Task Force-1, our response area expands to include the entire State of Minnesota. This grant would not only benefit our department, but it would also any fire department in the state requiring our assistance by providing training and equipment that is essential to our mission.

This grant also solved equipment operability issues and shares training opportunities with neighboring jurisdictions.

* 3. Is your department facing a new risk, expanding service to new area, or experiencing an increased call volume?	No
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If you answered "Yes" to Question 3., please explain how your department is facing a new risk, expanding service to new area, or experiencing an increased call volume

4. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.

\$0

* 5. Are you requesting a Micro Grant? A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.	No
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FEMA Form 080-0-2

Request Details

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

Activity Specific Questions for AFG Operations and Safety Applications

OMB No.: 1660-0054

Expiration Date: August, 31 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 4.6 hours per response for FEMA Form 080-0-2b "Activity Specific Questions for AFG Operations and Safety Applications". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the

data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

The activities for program Operations and Safety are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding
Equipment	2	\$ 0	\$ 0
Modify Facilities	0	\$ 0	\$ 0
Personal Protective Equipment	0	\$ 0	\$ 0
Training	1	\$ 58,500	\$ 0
Wellness and Fitness Programs	0	\$ 0	\$ 0

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

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant? RIT Pack/Cylinder

* Please provide a detailed description of the item selected above. RIT Pack with skid plate allows the bag to glide over the rough surfaces and wear resistant during training evolutions and actual firefighter emergencies. Pack is designed for carrying, dragging, or lowering the air bottle to distressed firefighter. Pack also has enough storage space for ancillary RIC equipment including tools and webbing.

2. Number of units: (whole number only) 0

3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 350

4. Generally the equipment purchased under this grant program will:

Replace obsolete/non-compliant to upgraded technology

If you selected "Replace inoperable/broken/damaged to current standard" or "Replace obsolete/non-compliant to upgraded technology" (from Q4) above, please specify the age of equipment in years. 10

5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? Yes

In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

6. Is your department trained in the proper use of the equipment being requested? Yes

- 7. Are you requesting funding to be trained for these item(s)?
(Funding for requested training should be requested in the Equipment Additional Funding section).(Under the Action column select Update Additional Funding) No
- 8. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources? Yes

FEMA Form 080-0-2b

Equipment

Equipment Details

- 1. What equipment will your organization purchase with this grant? Props
* Please provide a detailed description of the item selected above. Trench Rescue Prop which will allow firefighters to participate in trench shoring operations without the risk associated with actual trenched. This prop is an above ground configuration that is designed with walls that allow for practice with standard shores to L and T shores.
- 2. Number of units: (whole number only) 0
- 3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 48800
- 4. Generally the equipment purchased under this grant program will:
Obtain equipment to achieve minimum operational and deployment standards for existing missions
- 5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? Yes
In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.
- 6. Is your department trained in the proper use of the equipment being requested? No
- 7. Are you requesting funding to be trained for these item(s)?
(Funding for requested training should be requested in the Equipment Additional Funding section).(Under the Action column select Update Additional Funding) No
- 8. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources? Yes

FEMA Form 080-0-2b

Firefighting Equipment - Narrative

* 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

This equipment request is based on a needs analysis of the labor/management grant committee. The analysis identified the following critical safety equipment needs. The total equipment budget is \$45,600 and each activity is listed below.

1) The request for RIT Packs will support the requested RIC Training and improve our ability to affect firefighter rescues. Our current RIT Packs are obsolete and not durable enough to withstand the rigorous training that is requested under this grant. These packs will be an integral part of the training and will then transition to the streets so the firefighters will be trained and proficient on the RIC equipment. We are requesting 16 units to equip all seven ladder trucks, all three rescue squads and all four command vehicles and two for the training division. Cost for each unit is \$350 for a total budget of \$5,600.

2) Trench Rescue Prop will be built by an approved vendor and will allow for training of technical rescue crews. This above ground prop will allow crews to practice multiple types of shoring and stabilization operations without the intrinsic hazards associates with actual trenches. Because of the built-in safety of this prop crews will be able to become more proficient without the level of risk that is normally associated with trench training. This unit will be custom built by and approved vendor and it will cost \$48,800.

* 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

This investment equipment will pay off immediately and with long-term results by safely protecting our firefighters while they effectively respond to an ever-widening variety of incidents and evolving risks. It will further protect the department, city, and taxpayers from the long-term costs associated with working with sub-standard equipment, as well as reduce liability issues involved with fire loss and firefighter injuries. This equipment will bring us into compliance with Minnesota State Statute 182.653 regarding workplace safety and known hazards to employees and with Minnesota OSHA Fire Brigade Standard, specifically the General Duty Clause. It will allow compliance with NFPA 1404, 1006, 1670 and 1500.

The benefits will far outlive the performance period and will have a significant impact on firefighter safety. The costs are reasonable and address the following issues:

1) Our current RIT packs are obsolete and not durable enough to withstand the currently understood requirements of a reliable RIT pack. RIC studies throughout the country have highlighted the necessity of both well managed, well trained and well equipped RICs. These RIT Packs will satisfy our current equipment shortfall and will complete our standard equipment compliment for RICs. Our department has had several maydays in recent years that have all resulted in positive outcomes. These incidents have brought to light the necessity for improved training and equipment which this grant will help to resolve.

2) The Trench Rescue Prop will allow our technical rescue crews to practice shoring operations virtually year round in a safe prop. Currently our crews a required to drive 40 miles to the nearest safe trench prop at the Laborers Training Center. This takes critical crews out of service, adds to fuel and equipment maintenance costs and is not very practical. A common practice has been to dig actual trenches for our training sessions. Although actual trenches can be valuable learning tools, they are typically dangerous and subject to multiple external forces. Over the last several years our trench rescue training programs have been postponed or cancelled because of precarious trench conditions. This prop will not completely replace all other options for trench rescue training but it will give us the opportunity consistently and safely train on some of the most dangerous technical rescue scenarios. Our technical rescue crews are an active part of Minnesota Task Force One - the State Urban Search and Rescue team. One of the MNTF-1 specialized disciplines is trench rescue and all of the 200 MNTF-1 members will be able to utilize the prop. Our technical rescue team has the primary trench rescue responsibility for multiple counties.

All firefighters will benefit from the long term investment this grant by protecting them from the dangers of the job. This grant award will be a long-term financial win for our communities and our state wide response commitments as we save them the financial burden and better prepare to protect them.

* 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

The activities requested by this grant are the outcome of departmental research on how to make our jobs safer while providing a better level of service to our community. Every item on this grant would have an immediate impact on the life and safety of firefighters and the public we serve. In an attempt to provide the best service possible, while still promoting firefighter safety, we believe that we have identified several achievable solutions to the problems that we face on a daily basis. The award of this grant will allow us to overcome the financial restraints that are prohibiting us from doing our job in the safest way possible.

If this grant is not awarded, we will still respond when called to do the best job we can with the tools and training that we have available. Firefighters and civilians alike will share the risk potential if we cannot significantly address the inadequacies described in this grant request. All of the items that we have requested will greatly enhance our ability to protect our community and our neighboring communities to which we respond. At the same time, all of the items requested will enable us to perform our job better, with pride, and with a higher level of safety and confidence. Our current city management supports our fire department, but due to events affecting the budget there are only so many available funds to distribute between many of the city's essential services. Even in the face of setbacks, we have continued to make positive progress over the past few years and we will continue to move forward towards our goals. We realize that you will undoubtedly see thousands of equally qualified requests from departments of all sizes. We understand that not all of these departments will be fortunate enough to receive a grant this year and we hope that we have convinced you of our project's worthiness. We also want to thank those of you reviewing this application for your time and dedication to this process and to the fire service. We assure you that the members of the Saint Paul Fire Department have a commitment, second to none, to protect the community that we serve and that this grant will have far-reaching results in our goal to be the safest fire department possible. This grant award would allow our fire department a safer, more definitive edge as we prepare to deal with the incidents we are familiar with, as well as the new risks that all of our departments across the nation are preparing for in the decades to come. We appreciate your consideration of this grant request and we look forward to your positive response.

FEMA Form 080-0-2b

Training Program

Training Details

1. What type of training are you requesting?

Incident Management Course (NFA/EMI/NWFCG)

Please provide a detailed description of the Training Program you selected.

Training 100% of the command staff to reinforce Incident Command for type 4 and type 5 incidents. The primary focus is on command and control and tactical decision-making during intensive simulations utilizing the command lab.

2. Generally, this program can best be categorized as:

Training that is evaluated/tested using a national, state, or local standard

3. How many personnel will be trained by this program? 15

4. Generally, the training program provided under this grant:

Will bring your department into compliance with applicable NFPA or other standards, please specify:	Explanation: Meets NFPA 1021 Standard for Fire Officer Professional Qualifications, NFPA 1500
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	Standard on Fire Department Occupational Safety, Health, and Wellness Program. Training will meet the requirements of the MN Board of Fire Training and Education standards for fire officer training and the MN OSHA Fire Brigade Standard, specifically the General Duty Clause. Affords compliance with State Statute 182.653 regarding safe workplaces and known hazards to employees.
--	--

5. Will this training enhance your ability to perform Mutual Aid? Yes

If you answered Yes to the question above, please explain. This training will better prepare our officers who respond to support our mutual aid.

6. Will this training include members from other fire departments and/or nonaffiliated EMS organizations? No

7. Will this training be: Instructor-led

FEMA Form 080-0-2b

Budget Item - Incident Management Course (NFA/EMI/NWFCG)

* Item (select one) Specialized

* Please provide a detailed description of the item selected above. 24 hour class ICS/Hazard Zone Management Command Type 4 and 5 Training overtime and backfill to attend the class

* Select Object Class Personnel

If you selected other above, please specify

* Number of units: (whole number only) 15

* Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 1800

FEMA Form 080-0-2b

Budget Item - Incident Management Course (NFA/EMI/NWFCG)

* Item (select one) Specialized

* Please provide a detailed description of the item selected above. Instructor Costs ICS/Hazard Zone Management Type 4 and 5 Training. This training will be provided by a Minnesota state college.

* Select Object Class Contractual

If you selected other above, please specify

* Number of units: (whole number only) 1

* Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 8100

FEMA Form 080-0-2b

Budget Item - Incident Management Course (NFA/EMI/NWFCG)

- * Item (select one) Specialized
- * Please provide a detailed description of the item selected above. 16 hours of Incident Command - Managing the Mayday training for Chief Officers backfill and overtime to allow all command staff to attend training.
- * Select Object Class Personnel
- If you selected other above, please specify
- * Number of units: (whole number only) 15
- * Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 1200

FEMA Form 080-0-2b

Budget Item - Incident Management Course (NFA/EMI/NWFCG)

- * Item (select one) Specialized
- * Please provide a detailed description of the item selected above. Instructor cost to provide Incident Command Managing the Mayday Training. This training will be provided by a Minnesota state college.
- * Select Object Class Contractual
- If you selected other above, please specify
- * Number of units: (whole number only) 1
- * Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 5400

FEMA Form 080-0-2b

Firefighting Training - Narrative

* 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

This application is an effort to fill identified gaps in our training program. These training activities will prepare our command staff, officers and firefighters for more effective safer and more effective fireground operations. We will also maximize these training sessions by opening available seats to neighboring jurisdictions. These training sessions will also be available to our mutual aid partners, which is standard practice for our training division.

1) ICS/Hazard Zone Management Type 4 and 5 Training

This training will consist of three days of command and control training for the modern fire problem. This training will be provided by the state technical college at a cost of \$8,100. The \$27,000 in personnel cost provides backfill/overtime that will allow us the opportunity to get 100% of our command staff trained on command and control in the modern fire environment based on our updated tactical guidelines and deployment model. All command staff will participate in rigorous command simulation lab scenarios. This training will solidify communications and tactical objective in preparation of the Managing the Mayday and Rapid Intervention Crew training.

2) Managing the Mayday Training

This training will build on the previous training and focus on the most current and efficient techniques to commanding a firefighter mayday. The \$18,000 in personnel cost provides backfill/overtime that will allow us the opportunity to get 100% of our command staff trained. This training will be provided by a state technical college at the cost of \$5,400. This training will consist of classroom training that will build into mayday scenarios in the command simulation lab, then culminating with command officers managing the final hand-on scenarios of the Rapid Intervention Team training.

All instructors will be contracted through state technical college or certified training organizations and will meet the baseline pay goals found in the AFG program guidance. All training will be instructor lead and in person and will build on previous IFSAC accredited Minnesota State Certification in Hazard Zone Management. The training hours for this training will be used to meet the Minnesota Firefighting

* 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

This investment in training and equipment will pay off immediately and with long-term results by safely protecting our firefighters while they effectively respond to an ever-widening variety of incidents and evolving risks. It will further protect the department, city, and taxpayers from the long-term costs associated with working with sub-standard equipment and training, as well as reduce liability issues involved with fire loss and firefighter injuries.

All of the training activities in this grant will bring us into compliance with Minnesota OSHA Fire Brigade Standards, specifically the General Duty clause and Minnesota State Statute 182.653 regarding workplace safety and known hazards. The training will also allow us to comply with NFPA recommendations and industry standards in regards to our top priorities for firefighter safety. We will also improve compliance with MN Board Fire Training and Educations standards to address firefighter rescue, tactics, communications, personnel management and incident command.

This grant is very cost effective considering it will train all 433 firefighters and command staff in some of the most critical issues to the modern fire service. The entire department will benefit from the long term impact of this grant to protect the firefighters from the daily hazards of our job. Without this grant our department will not have the ability to fulfill this critical need.

This entire grant award will be a long-term win for the community as we save them the impact of multiple financial burdens and at the same time better prepare ourselves to protect them. The savings afforded to our short-range budget needs will allow us to prioritize many other smaller, yet equally deserving projects over the next few years. This award will allow us to do more by eliminating several cost burdens that would otherwise be priority above other important goals.

As stipulated by the program guidance, all instructional costs will be at the standard base rates for instructors through the state college system. Cost were determined through quotes from the state technical college system. Based on previous training program successes, our training division is certain that the training can all be completed within the one year period of performance. We will also open available seats in the training programs to our mutual aid partners as space is available, as is standard practice at our training division and is in the best interest of interoperability.

* 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

The activities requested by this grant are the outcome of departmental research on how to make our jobs safer while providing a better level of service to our community. Every item on this grant would have an immediate impact on the life and safety of firefighters and the public we serve. In an attempt to provide the best service possible, while still promoting firefighter safety, we believe that we have identified several achievable solutions to the problems that we face on a daily basis. The award of this grant will allow us to overcome the financial restraints that are prohibiting us from doing our job in the safest way possible.

If this grant is not awarded, we will still respond when called to do the best job we can with the tools and

training that we have available. Firefighters and civilians alike will share the risk potential if we cannot significantly address the inadequacies described in this grant request. All of the items that we have requested will greatly enhance our ability to protect our community and our neighboring communities to which we respond. At the same time, all of the items requested will enable us to perform our job better, with pride, and with a higher level of safety and confidence. Our current city management supports our fire department, but due to events affecting the budget there are only so many available funds to distribute between many of the city's essential services. Even in the face of setbacks, we have continued to make positive progress over the past few years and we will continue to move forward towards our goals. We realize that you will undoubtedly see thousands of equally qualified requests from departments of all sizes. We understand that not all of these departments will be fortunate enough to receive a grant this year and we hope that we have convinced you of our project's worthiness. We also want to thank those of you reviewing this application for your time and dedication to this process and to the fire service. We assure you that the members of the Saint Paul Fire Department have a commitment, second to none, to protect the community that we serve and that this grant will have far-reaching results in our goal to be the safest fire department possible. This grant award would allow our fire department a safer, more definitive edge as we prepare to deal with the incidents we are familiar with, as well as the new risks that all of our departments across the nation are preparing for in the decades to come. We appreciate your consideration of this grant request and we look forward to your positive response.

FEMA Form 080-0-2b

Budget

Budget Object Class

a. Personnel	\$ 45,000
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 0
e. Supplies	\$ 0
f. Contractual	\$ 13,500
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0
Federal and Applicant Share	
Federal Share	\$ 53,182
Applicant Share	\$ 5,318
Applicant Share of Award (%)	10

* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 5,318)

a. Applicant	\$ 5,318
b. State	\$ 0

c. Local	\$ 0
d. Other Sources	\$ 0

If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.

Total Budget

\$ 58,500

FEMA Form 080-0-2b

Narrative Statement

For 2011 and on, the Narrative section of the AFG application has been modified. You will enter individual narratives for the Project Description, Cost-Benefit, Statement of Effect, and Additional Information in the Request Details section for each Activity for which you are requesting funds. Please return to the Request Details section for further instructions. You will address the Financial Need in Applicant Characteristics II section of the application. We recommend that you type each response in a Word Document outside of the grant application and then copy and paste it into the spaces provided within the application.

Assurances and Certifications

FEMA Form SF 424B

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

Note: Fields marked with an * are required.

O.M.B Control Number 4040-0007

Assurances Non-Construction Programs

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

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

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

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

Signed by **Jill LaCasse** on **02/02/2018**

Form 20-16C

You must read and sign these assurances.

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

Note: Fields marked with an * are required.

O.M.B Control Number 1660-0025

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

1. Lobbying

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

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

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

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 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.

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

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

Signed by **Jill LaCasse** on **02/02/2018**

FEMA Standard Form LLL

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

Submit Application

Application 100% complete, Submitted

Please click on any of the following links to visit a particular section of your application. Once all areas of your application are complete, you may submit your application.

Application Area	Status
Applicant's Acknowledgements	Complete
Overview	Complete
Contact Information	Complete
Applicant Information	Complete
Applicant Characteristics (I)	Complete
Applicant Characteristics (II)	Complete
Department Call Volume	Complete
Request Information	Complete
Request Details	Complete
Budget	Complete
Assurances and Certifications	Complete

PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.

- **YOU WILL NOT BE ALLOWED TO EDIT THIS APPLICATION ONCE IT HAS BEEN SUBMITTED.** If you are not yet ready to submit this application, save it, and log out until you feel that you have no more changes.
- **When you submit this application, you, as an authorized representative of the organization applying for this grant, are certifying that the following statements are true:**

To the best of my knowledge and belief, all data submitted in this application are true and correct.

This application has been duly authorized by the governing body of the applicant and the applicant will comply to the Assurances and Certifications if assistance is awarded.

To sign your application, check the box below and enter your password in the space provided. To submit your application, click the Submit Application button below to officially submit your application to FEMA.

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

I, Jill LaCasse, am hereby providing my signature for this application as of 27-Jul-2018.