

Entire Application

Overview

***Did you attend one of the workshops conducted by DHS's regional fire program specialist?**

Yes, I have attended workshop

***Was a workshop within 2 hours drive?**

Yes

***Are you a member, or are you currently involved in the management, of the fire department or non-affiliated EMS organization applying for this grant with this application?**

Yes, I am a member/officer of this applicant

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

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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 Chief Officer or long time member of the organization who will see this grant through completion. Reminder: if this person changes at anytime during the period of performance please update this information. Please list only phone numbers where we can get in direct contact with you.

Primary Point of Contact

* Title

Training Officer

Prefix (check one)

Mr.

* First Name

Leeland

Middle Initial

K

* Last Name

Gilliam

* Business Phone (e.g. 123-456-7890)

651-900-1476 Ext.

* Home Phone (e.g. 123-456-7890)

651-270-7811 Ext.

Mobile Phone/Pager (e.g. 123-456-7890)

651-270-7811

Fax (e.g. 123-456-7890)

651-228-6255

* Email (e.g. user@xyz.org)

ken.gilliam@ci.stpaul.mn.us

Contact Information

Alternate Contact Information Number 1

* Title Fire Chief
Prefix Mr.
* First Name Tim
Middle Initial
* Last Name Butler
* Business Phone 651-224-7811 Ext.
* Home Phone 651-775-6752 Ext.
Mobile Phone/Pager 651775-6752
Fax 651-228-6255
*Email tim.butler@ci.stpaul.mn.us

Alternate Contact Information Number 2

* Title Assistant Fire Chief
Prefix Mr.
* First Name James
Middle Initial G
* Last Name Smith
* Business Phone 651-224-7811 Ext.
* Home Phone 651-755-8015 Ext.
Mobile Phone/Pager 651-755-8015
Fax 651-228-6255
*Email james.smith@ci.stpaul.mn.us

Applicant Information

EMW-2011-FO-06771

Originally submitted on 09/22/2011 by Ken Gilliam (Userid: spdfss)

Contact Information:

Address: 645 Randolph Avenue
 City: Saint Paul
 State: Minnesota
 Zip: 55102
 Day Phone: 6519001476
 Evening Phone: 6512707811
 Cell Phone: 7157901176
 Email: ken.gilliam@ci.stpaul.mn.us

Application number is EMW-2011-FO-06771

* Organization Name	Saint Paul Fire Department
* Type of Applicant	Fire Department/Fire District
* Type of Jurisdiction Served	City
If other, please enter the type of Jurisdiction	
* <u>Employer Identification Number</u>	41-6005521
* What is your organization's <u>DUNS Number</u> ?	153857347 (call 1-866-705-5711 to get a DUNS number)
Headquarters or Main Station Physical Address	
* Physical Address 1	645 Randolph Avenue
Physical Address 2	
* City	Saint Paul
* State	Minnesota
* Zip	55102 - 3523 <u>Need help for ZIP+4?</u>
Mailing Address	
* Mailing Address 1	645 Randolph Avenue
Mailing Address 2	
* City	Saint Paul
* State	Minnesota
* Zip	55102 - 3523 <u>Need help for ZIP+4?</u>

2010 AFG (RIT/TIC/high-Rise Equipment and Training, Driver/Operator Training, and Tactics Training),
 2009 AFG (Vehicle Exhaust Systems, Firefighter Safety/Survival/RIT and Thermal Imager Training and Equipment),

2008 SAFER grant for 18 positions,
 2008 AFG (Turnout Gear, LDH, Training),
 2007 AFG (Turnout gear, rescue equipment, training),
 2006 and 2007 UASI and Homeland Security Grants by City Emergency Management Department;
 2005 State Homeland Security Grant (State HazMat Response Team Equipment);
 2005 State Homeland Security Grant (Interoperable Radio Equipment);

* Please describe all grants that you have received from DHS including any AFG grant received from DHS or FEMA, for example, 2002 AFG grant for vehicle or 2003 ODP grant for exercises. (Enter

"N/A" if Not Applicable)

- 2004 Training Grant (Training for Collapse Rescue Team); 2004 Assistance to Firefighters (Safety Equipment, Driver Training, Health and Fitness);
- 2004 HazMat Emergency Preparedness Exercise Grant (EOC HazMat exercise);
- 2004 Urban Area Security Initiatives (CAD and Station paging upgrades);
- 2004 State Homeland Security Grant (Equipment and Planning to build Police/HazMat/Bomb Squad Interoperability);
- 2003 State Homeland Security Grant (Police/HazMat/ Bomb Squad Interoperability equipment);
- 2002 Assistance to Firefighters (SCBA)

Account Information

* 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

* If awarded the AFG grant, will your organization expend more than \$500,000 in Federal funds during your organization's fiscal year in which this AFG grant was awarded? Yes

* 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:

If awarded this grant, we would exceed the \$500,000 covering the scope of the grant.

Department Characteristics (Part I)

* Are you a member of a Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property?	No
* What kind of organization do you represent?	All Paid/Career
If you answered combination, above, what is the percentage of career members in your organization?	%
If you answered volunteer or combination or paid on-call, how many of your volunteer Firefighters are paid members from another career department?	
* What type of community does your organization serve?	Urban
* What is the square mileage of your first-due response area?	57
* What percentage of your response area is protected by hydrants?	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 of the state?	Yes
* How much of your jurisdiction's land use is for agriculture, wild land, open space, or undeveloped properties?	1 %
* What percentage of your jurisdiction's land use is for commercial, industrial, or institutional purposes?	20 %
* What percentage of your jurisdiction's land is used for residential purposes?	79 %
* How many occupied structures (commercial, industrial, residential, or institutional) in your jurisdiction are more than three stories tall?	389
* What is the permanent resident population of your <u>Primary/First-Due Response Area or jurisdiction served?</u>	287151
* Do you have a seasonal increase in population?	No
* How many active firefighters does your department have who perform firefighting duties?	433
* How many ALS level trained members do you have in your department/organization?	137
* How many stations are operated by your organization?	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
If you answered yes above, please enter your <u>FDIN/FDID</u>	62210
* What percent of your active firefighters are trained to the level of Firefighter I?	100 %
* What percent of your active firefighters are trained to the level of Firefighter II?	100 %

If you answered less than 100% to either question above, are you requesting for training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

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 in this application, please describe in the text box to the right your training program and your plans to bring your membership up to Firefighter II.

* What services does your organization provide?

Structural Fire Suppression
Wildland Fire Suppression
Airport Rescue Firefighting (ARFF)

Emergency Medical Responder
Basic Life Support
Advanced Life Support
Formal/Year-Round Fire Prevention Program

Hazmat Operational Level
Hazmat Technical Level
Rescue Operational Level
Rescue Technical Level

Maritime operations/Firefighting

* Please describe your organization and/or community that you serve. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

The Saint Paul Fire Department provides fire, rescue, and emergency medical services to a resident population of 287,151 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, an airport, hospitals, arenas, several large utility groups, and commercial facilities that support the surrounding Twin Cities metro area of 2.8 million people. We are proud to protect some of the most expensive homes in the state as well as some of the most impoverished neighborhoods in the state, all within our city's boundaries. As with most core urban cities, we are dealing with a melting pot of society and all of the challenges that presents.

Our department has a total of 433 sworn positions operating out of 15 stations. Each operational shift is comprised of one deputy chief, 3 district chiefs, 16 engine companies, 7 ladder companies, and 3 rescue squads. Fourteen of the engine companies dual-staff ALS ambulances. We staff specialty units including the state's only Hazmat Emergency Response Entry team, a Chemical Assessment team, and we have 50 members on the state's SUSAR Collapse Rescue team MN Task Force 1.

In 2010, we responded to 36,962 Fire and EMS incidents. We have an average response time of 3.1 minutes. 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 Minnesota SUSAR Task Force One, 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.

Fire Department Characteristics (Part II)

	2010	2009	2008
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three years?	3	0	1
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three years?	35	29	39
* What is the total number of line of duty member fatalities in your jurisdiction over the last three years?	0	1	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three years?	56	43	159
* Over the last three years, what was your organization's average operating budget?		52040419	
* What percentage of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?		87 %	
* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%			
Taxes?	72 %		
<u>EMS Billing?</u>	22 %		
Grants?	4 %		
Donations?	0 %		
Fund drives?	0 %		
<u>Fee for Service?</u>	2 %		
Other?	0 %		

If you entered a value into 'Other' field (other than 0), please explain n/a

Our fire department has a total current operating budget of just over \$51 million. Our personnel costs make up 90% of the budget. The city is fortunate to be able to fully staff full-time fire, rescue, and emergency medical services, but due to the associated operating costs and the number of services that our department provides, our available funding for additional programs, training, and equipment is limited. To compound our financial situation, the State of Minnesota has had consecutive budget shortfalls for the past eight years and they have made large cuts, tens of millions of dollars, to local government aid programs.

Since 2003, the State of Minnesota has cut local government aid (LGA) by 46% which has had a devastating impact on the City of Saint Paul's budget. The City of Saint Paul is expecting more LGA cuts over the next two years, possibly up to \$26 million. LGA is one of the primary funding sources for the city's general fund and the general fund is the primary source of funding for public safety and general government services. We have just recently been challenged by mayor and council to reduce our total operating budget in 2012 by \$1 million. Plans on the table include the

* Please describe your organization's need for Federal financial assistance. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

potential to close companies and reduce staffing. Our fear is that 2013 will hold similar reductions. Similar to most cities, the public is resistant to tax increases while at the same time expecting a wider array of services and our system is being stressed beyond our means.

Our fire department has continued to remain positively focused on our long-term goals even in the face of measurable 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 department has made it a goal to increase funding in the areas of training and equipment through outside sources, but the current economy has not been helpful. We have formed a committee of department personnel to work on alternative funding sources. This grant committee is dedicated to succeed at efforts such as the Assistance to Firefighters Act Grant, as relying on traditional means is, unfortunately, no longer a practical option.

* How many vehicles does your organization have in each of the types 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	Total Number of Front line Apparatus	Total Number of Reserve Apparatus	Total 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, Quint (Aerial device of less than 76 feet), Type I or Type II Engine Urban Interface	16	6	110
Ambulances for transport and/or emergency response	13	20	80
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 (Aerial device of 76 feet or greater)	7	3	50
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pick up 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	6	1	39
Other: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle, Other Vehicle	27	0	135

Department Call Volume

	2010	2009	2008
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
Working Structural Fires	799	886	799
False Alarms/Good Intent Calls	2071	1882	2198
Vehicle Fires	191	208	214
Vegetation Fires	67	126	70
EMS-BLS Response Calls	7598	10869	11367
EMS-ALS Response Calls	14109	14108	15697
EMS-BLS Scheduled Transports	0	0	0
EMS-ALS Scheduled Transports	0	0	0
Vehicle Accidents w/o Extrication	665	623	297
Vehicle Extrications	54	40	70
Other Rescue	7081	10206	7888
Hazardous Condition/Materials Calls	1058	730	821
Service Calls	3051	3089	3140
Other Calls and Incidents	218	300	309
Total	36962	43067	42870
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
What is the total acreage of all vegetation fires?	7	13	10
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
In a particular year, how many times does your organization receive mutual/automatic aid?	1	3	2
In a particular year, how many times does your organization provide mutual/automatic aid? (Please indicate the number of times your department provides or receives mutual aid. Do not include first-due responses claimed above.)	4	3	4
Out of the mutual/automatic aid responses, how many were structure fires?	4	3	4

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 above, please explain.

We are the largest Fire and EMS department in the State of Minnesota. Our resources are dedicated through out the state through mutual aid agreements, state DHS hazardous materials contracts, and our commitment to the state's collapse rescue team MN Task Force 1. Our historical responses have taken us to every corner of the state and into neighboring states as smaller departments have become overwhelmed with a myriad of emergency events.

Our training division is one of the Twin Cities dedicated regional training centers and supports numerous area public safety departments. This grant will benefit all of our mutual aid neighbors and the public that they serve as we become better prepared and trained to meet the emergencies to which we are called. As a recognized leader in the state, this grant also allows us to set the benchmark for training and equipment on a number of priority initiatives.

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

\$0

Request Details

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

Activity	Number of Entries	Total Cost	Additional Funding
Equipment	21	\$ 0	\$ 0
Modify Facilities	0	\$ 0	\$ 0
Personal Protective Equipment	8	\$ 0	\$ 0
Training	8	\$ 314,400	\$ 0
Wellness and Fitness Programs	0	\$ 0	\$ 0

* Total Funding for all EMS requested in this application \$0 [View Details](#)

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

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant? Adapters, Wyes & Siamese
2-1/2" Hydrant Connection Valves
Please provide further description of the item selected above or if you selected Other above, please specify.

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

3. Cost per unit: \$ 360 (whole dollar amounts only)

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

The equipment is necessary for the organization's basic mission, but has never been owned before

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards. Training will also meet standard recommendations in NFPA 1002.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. As we are the state's only Hazmat Emergency Response Entry Team, as well as a core component of Minnesota Task Force-1 Structural Collapse 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.

8. Will this equipment be used for wildland firefighting purposes?

No

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant? Please provide further description of the item selected above or if you selected Other above, please specify.

Other Specialized (explain)
Smoke Generators

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 4000 (whole dollar amounts only)

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

The equipment will replace old, obsolete, or substandard equipment currently owned by your organization

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

Over 10 Years

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

Training props will assist us in meeting NFPA 1500 standards related to RIT and Firefighter Safety and Survival. This equipment will bring us into compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Additionally, allows compliance with Minnesota State Statute 182.653 regarding safe workplaces regarding known hazards to employees.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. 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. This training prop will better prepare 100% of our personnel to respond to mutual aid calls involving fire attack and rapid intervention operations.

8. Will this equipment be used for wildland firefighting purposes?

No

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

Yes

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Other Basic Equipment (explain)

Please provide further description of the item selected above or if you selected Other above, please specify.

Portable Scene Lights

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 350 (whole dollar amounts only)

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

The equipment will replace old, obsolete, or substandard equipment currently owned by your organization

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

Over 10 Years

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. As we are the state's only Hazmat Emergency Response Entry Team, as well as a core component of Minnesota Task Force-1 Structural Collapse 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.

8. Will this equipment be used for wildland firefighting purposes?

Yes

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

Yes

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Other Basic Equipment (explain)

Please provide further description of the item selected above or if you selected Other above, please specify.

Portable Scene Lighting - Self-contained gas generator

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 1500 (whole dollar amounts only)

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

The equipment will replace old, obsolete, or substandard equipment currently owned by your organization

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

Over 10 Years

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be

Yes

available for use by other organizations?

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. As we are the state's only Hazmat Emergency Response Entry Team, as well as a core component of Minnesota Task Force-1 Structural Collapse 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.

8. Will this equipment be used for wildland firefighting purposes?

Yes

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Other Specialized (explain)

Please provide further description of the item selected above or if you selected Other above, please specify.

Water Rescue Equipment - Storm Whistle

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 8 (whole dollar amounts only)

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

The equipment is necessary for the organization's basic mission, but has never been owned before

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards. Training will also meet standard recommendations in NFPA 1670.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. Our response area expands to include the entire state of Minnesota. We

protect miles of national waterway as well as dams, flash flood areas, and numerous lakes. This grant would not only benefit our department, but also any fire department in the state requiring our assistance.

8. Will this equipment be used for wildland firefighting purposes?

No

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Other Specialized (explain)

Please provide further description of the item selected above or if you selected Other above, please specify.

Water Rescue Equipment - Shredder Fins

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 70 (whole dollar amounts only)

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

The equipment is necessary for the organization's basic mission, but has never been owned before

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards. Training will also meet standard recommendations in NFPA 1670.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. Our response area expands to include the entire state of Minnesota. We protect miles of national waterway as well as dams, flash flood areas, and numerous lakes. This grant would not only benefit our department, but also any fire department in the state requiring our assistance.

8. Will this equipment be used for wildland firefighting purposes?

No

9. Is your department trained in the proper use of the equipment being

No

purchased with grant funds?

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Other Specialized (explain)

Please provide further description of the item selected above or if you selected Other above, please specify.

Water Rescue Equipment - Stretcher/Basket for Water Rescue

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 500 (whole dollar amounts only)

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

The equipment is necessary for the organization's basic mission, but has never been owned before

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards. Training will also meet standard recommendations in NFPA 1670.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. Our response area expands to include the entire state of Minnesota. We protect miles of national waterway as well as dams, flash flood areas, and numerous lakes. This grant would not only benefit our department, but also any fire department in the state requiring our assistance.

8. Will this equipment be used for wildland firefighting purposes?

No

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Nozzles

Please provide further description of the item selected above or if you selected Other above, please specify.

Nozzles for all cross lays on all front-line fire apparatus

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 350 (whole dollar amounts only)

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

The equipment will replace old, obsolete, or substandard equipment currently owned by your organization

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

Over 10 Years

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards. Training will also meet standard recommendations in NFPA 1002.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. As we are the state's only Hazmat Emergency Response Entry Team, as well as a core component of Minnesota Task Force-1 Structural Collapse 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.

8. Will this equipment be used for wildland firefighting purposes?

Yes

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Vehicle stabilization/air bags, RAMS, etc.

Please provide further description of the item selected above or if you selected Other above, please specify.

Extrication/Stabilizations Package Sets:
Rams, Strut Accessories, Air Bags, Cribbing

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 20000 (whole dollar amounts only)

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

The equipment will replace old, obsolete, or substandard equipment currently owned by your organization

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

Over 10 Years

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. As we are the state's only Hazmat Emergency Response Entry Team, as well as a core component of Minnesota Task Force-1 Structural Collapse 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.

8. Will this equipment be used for wildland firefighting purposes?

No

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Other Specialized (explain)

Please provide further description of the item selected above or if you selected Other above, please specify.

Rescue Manikins

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 4 (whole dollar amounts only)

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

The equipment will replace old, obsolete, or substandard equipment currently owned by your organization

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

Over 10 Years

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. As we are the state's only Hazmat Emergency Response Entry Team, as well as a core component of Minnesota Task Force-1 Structural Collapse 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.

8. Will this equipment be used for wildland firefighting purposes?

No

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

Yes

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Other Specialized (explain)

Please provide further description of the item selected above or if you selected Other above, please specify.

Water Rescue Equipment - Quick Change Bag

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 55 (whole dollar amounts only)

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

The equipment is necessary for the organization's basic mission, but has never been owned before

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards. Training will also meet standard recommendations in NFPA 1670.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. Our response area expands to include the entire state of Minnesota. We protect miles of national waterway as well as dams, flash flood areas, and numerous lakes. This grant would not only benefit our department, but also any fire department in the state requiring our assistance.

8. Will this equipment be used for wildland firefighting purposes?

No

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Other Specialized (explain)

Please provide further description of the item selected above or if you selected Other above, please specify.

Water Rescue Equipment - NRS Rescue Board

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 240 (whole dollar amounts only)

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

The equipment is necessary for the organization's basic mission, but has never been owned before

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards. Training will also meet standard recommendations in NFPA

1670.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. Our response area expands to include the entire state of Minnesota. We protect miles of national waterway as well as dams, flash flood areas, and numerous lakes. This grant would not only benefit our department, but also any fire department in the state requiring our assistance.

8. Will this equipment be used for wildland firefighting purposes?

No

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Other Specialized (explain)

Please provide further description of the item selected above or if you selected Other above, please specify.

Water Rescue Equipment - 200 Rescue Can

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 100 (whole dollar amounts only)

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

The equipment is necessary for the organization's basic mission, but has never been owned before

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards. Training will also meet standard recommendations in NFPA 1670.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. Our response area expands to include the entire state of Minnesota. We protect miles of national waterway as well as dams, flash flood areas, and numerous lakes. This grant would not only benefit our department, but also any fire department in the state requiring our assistance.

8. Will this equipment be used for wildland firefighting purposes?

No

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Other Specialized (explain)

Please provide further description of the item selected above or if you selected Other above, please specify.

Water Rescue Equipment - Standard Glow Sticks

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 1 (whole dollar amounts only)

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

The equipment is necessary for the organization's basic mission, but has never been owned before

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards. Training will also meet standard recommendations in NFPA 1670.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. Our response area expands to include the entire state of Minnesota. We protect miles of national waterway as well as dams, flash flood areas, and numerous lakes. This grant would not only benefit our

- 8. Will this equipment be used for wildland firefighting purposes?
- 9. Is your department trained in the proper use of the equipment being purchased with grant funds?
If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

department, but also any fire department in the state requiring our assistance.

- No
- No
- Yes

Equipment

Equipment Details

- 1. What equipment will your organization purchase with this grant?
Please provide further description of the item selected above or if you selected Other above, please specify.
- 2. Number of units:
- 3. Cost per unit:
- 4. Generally the equipment purchased under this grant program is:
The equipment is necessary for the organization's basic mission, but has never been owned before

Other Specialized (explain)
Water Rescue Equipment - Waypoint Flashlight
0 (whole number only)
\$ 70 (whole dollar amounts only)

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

- 5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards. Training will also meet standard recommendations in NFPA 1670.

- 6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

- 7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. Our response area expands to include the entire state of Minnesota. We protect miles of national waterway as well as dams, flash flood areas, and numerous lakes. This grant would not only benefit our department, but also any fire department in the state requiring our assistance.

- 8. Will this equipment be used for wildland firefighting purposes?
- 9. Is your department trained in the proper use of the equipment being purchased with grant funds?
If not, will you be asking for training funds for this purpose with this

- No
- No
- Yes

application or will you obtain the appropriate training through other sources?

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Please provide further description of the item selected above or if you selected Other above, please specify.

Other Specialized (explain)

Water Rescue Equipment - Carabiners

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 25 (whole dollar amounts only)

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

The equipment is necessary for the organization's basic mission, but has never been owned before

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards. Training will also meet standard recommendations in NFPA 1670.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. Our response area expands to include the entire state of Minnesota. We protect miles of national waterway as well as dams, flash flood areas, and numerous lakes. This grant would not only benefit our department, but also any fire department in the state requiring our assistance.

8. Will this equipment be used for wildland firefighting purposes?

No

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Equipment

Equipment Details

- 1. What equipment will your organization purchase with this grant?
Please provide further description of the item selected above or if you selected Other above, please specify.
- 2. Number of units:
- 3. Cost per unit:
- 4. Generally the equipment purchased under this grant program is:

Other Specialized (explain)
 Water Rescue Equipment - Rescue Throw Rope and Bags
 0 (whole number only)
 \$ 55 (whole dollar amounts only)

The equipment will increase your organization's available supply of this equipment to meet basic mission

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

- 5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance.
 Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards. Training will also meet standard recommendations in NFPA 1670.

- 6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

- 7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. Our response area expands to include the entire state of Minnesota. We protect miles of national waterway as well as dams, flash flood areas, and numerous lakes. This grant would not only benefit our department, but also any fire department in the state requiring our assistance.

- 8. Will this equipment be used for wildland firefighting purposes?

No

- 9. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Equipment

Equipment Details

- 1. What equipment will your organization purchase with this grant?
Please provide further description of the item selected above or if you selected Other above, please specify.

Other Specialized (explain)
 Water Rescue Equipment - Swiftwater Quick Reference Field Guides

- 2. Number of units: 0 (whole number only)
- 3. Cost per unit: \$ 16 (whole dollar amounts only)
- 4. Generally the equipment purchased under this grant program is:
The equipment is necessary for the organization's basic mission, but has never been owned before

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

- 5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Also, compliance with MN State Statute 182.653 regarding safe work places and known hazards. Training will also meet standard recommendations in NFPA 1670.

- 6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

- 7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. Our response area expands to include the entire state of Minnesota. We protect miles of national waterway as well as dams, flash flood areas, and numerous lakes. This grant would not only benefit our department, but also any fire department in the state requiring our assistance.

- 8. Will this equipment be used for wildland firefighting purposes?
- 9. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Equipment

Equipment Details

- 1. What equipment will your organization purchase with this grant?
Please provide further description of the item selected above or if you selected Other above, please specify.

Other Basic Equipment (explain)
RIT/Drag Straps for Rescue - 1" Webbing, 6000' to create drag loops for all firefighters to carry.

- 2. Number of units: 0 (whole number only)
- 3. Cost per unit: \$ 3000 (whole dollar amounts only)
- 4. Generally the equipment purchased under this grant program is:

The equipment will increase your organization's available supply of this equipment to meet basic mission

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This training and equipment will bring us into compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Additionally, allows compliance with Minnesota State Statute 182.653 regarding safe workplaces regarding known hazards to employees. Training will meet NFPA 1500 standards related to RIT and Firefighter Safety and Survival.

Yes

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. As we are the state's only Hazmat Emergency Response Entry Team, as well as a core component of Minnesota Task Force-1 Structural Collapse 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.

8. Will this equipment be used for wildland firefighting purposes?

No

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

Yes

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Thermal Imaging Devices

Please provide further description of the item selected above or if you selected Other above, please specify.

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 9000 (whole dollar amounts only)

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

The equipment will increase your organization's available supply of this equipment to meet basic mission

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

This equipment and training will bring us into compliance with Minnesota State OSHA Fire Brigade Standards, specifically the "General Duty" clause. Additionally, allows compliance with Minnesota State Statute 182.653 regarding safe workplaces regarding known hazards to employees. Training will meet NFPA 1500 standards related to RIT and Firefighter Safety and Survival.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. As we are the state's only Hazmat Emergency Response Entry Team, as well as a core component of Minnesota Task Force-1 Structural Collapse 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.

8. Will this equipment be used for wildland firefighting purposes?

No

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

Yes

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Please provide further description of the item selected above or if you selected Other above, please specify.

Other EMS/Rescue (explain)
Mechanical Chest Compression Devices.

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 15100 (whole dollar amounts only)

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

The equipment is necessary for the organization's basic mission, but has never been owned before

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

5. Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance.

Equipment meets Minnesota OSHA Fire

Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

Brigade Standards related to the "General Duty" clause and it will meet MN State Statute 182.653 regarding safe work places and known hazards. It also addresses compliance with NFPA 450 and NFPA 473.

6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.

Yes

7. Will the item requested benefit other organizations or otherwise be available for use by other organizations?

Yes

If you answered Yes in the question above, please explain:

We provide mutual-aid to multiple neighboring departments and mutual-aid networks. We are the largest fire based EMS provider in the state. Our response area expands to include the entire state of Minnesota. This grant would not only benefit our department, but also any fire or EMS department in the state requiring our assistance.

8. Will this equipment be used for wildland firefighting purposes?

Yes

9. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

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.? *3000 characters

Training is also requested for all equipment items.

-13 Chest Compression Devices. Our MD's Foundation is willing to meet the 20% match for these devices and will provide all training as part of our Continuing Education. These address safety issues as they eliminate the need for firefighters to perform CPR in a moving ambulance. More detail in section #4.

-\$8,878 for Swiftwater Rescue equipment to support the PPE and Training sections. Items are necessary and address existing rescue responsibilities. Items include fins, water stokes baskets, rescue boards, whistles, bags, glow sticks, flashlights, rigging, rope and guides.

-\$60,000 for 3 package sets of vehicle extrication rams, strut accessories, high-pressure air bags, accessories and cribbing. We replaced all of our spreaders and cutters with another grant and these items are either over-due for replacement or non-existent. The 3 sets will be in service on our 3 rescue squads. This addresses a significant safety issue for our vehicle extrication responses. Funds are requested in this grant for training on these tools.

The remaining budget items requested are all associated with Fire Attack and Firefighter Safety and Survival.

-\$90,000 for 10 Thermal Imaging Cameras. Sixteen of our 26 our companies recently received cameras and all department personnel were trained. The training identified the necessity of these tools as we deal with buildings that are burning hotter and faster than ever before. These 10 additional cameras will afford all companies a consistent thermal imaging aid for fire attack, rescue, and firefighter accountability.

-\$3,000 for webbing to issue every member a RIT Rescue loop for victim retrieval. Previous training identified that we needed more of these essential straps.

-\$14,000 for portable scene lights for all apparatus and \$15,000 for gas-powered scene lights for all of our trucks and rescue squads. These lights replace antiquated, broken and under-powered lights that have accumulated on the rigs over the past 20 years. These are necessary for night operations and will address a significant safety issue on our scenes.

-\$10,800 for hydrant valves to allow a second hook up to fire hydrants. We have none and we are severely limited to securing additional water flow at the first charging of a hydrant. We are requesting \$21,000 to replace all fire nozzles on the fast-attack cross-lays on all apparatus. We have no standard nozzle to focus training on. Many nozzles are in poor condition, poorly maintained, and provide an inconsistent safety problem for our personnel.

-\$8,000 for two high-powered smoke generators. Our training division has one smoke machine with poor smoke generating capacity. Also requesting \$8,000 for 4 rescue manikins of varying sizes and features. We currently use manikins that are broken, hose dummies and store-front manikins. The smoke machines and manikins will prepare our regional training facility.

* 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. *3000 characters

The investment in this grant project will better equip Saint Paul's firefighters to respond to the Fire, Water Rescue, Vehicle Extrication and EMS incidents to which we are summoned. This immediate investment in equipment and training will pay off in long-term results by safely protecting our firefighters while they effectively respond to an ever-widening variety of incidents. 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 and life loss as well as firefighter injuries.

The requested equipment and associated training will better prepare us with standardized equipment evenly distributed across our response area and give firefighters new knowledge to better protect life and property. All of the equipment and training activities in this grant will bring us into compliance with Minnesota OSHA Fire Brigade "General Duty" Standards and Minnesota State Statute 182.653 regarding workplace safety and known hazards. The equipment will also allow us to comply with NFPA recommendations and industry standards in regards to the topics of concern.

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.

* Section # 3 Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community? *3000 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. Our fire department prides itself on being safe while aggressive in our approach to the incidents to which we are dispatched. In an attempt to provide the best service possible, while at the same time 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.

The fact of the matter is that 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 fully 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 can 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 in the nation. 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 incidents 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.

* Section # 4 In the space provided below include details regarding your organization's request not covered in any other section. *3000 characters

Additional - 13 Mechanical Chest Compression (MCC) Devices: \$196,300

Today in Minnesota, only one in twenty patients survive a cardiac arrest. With the exception of defibrillation, proper CPR is the most important treatment for cardiac arrest. CPR is a simple process to teach, but difficult to perform correctly. Studies have shown that even seasoned professionals have trouble performing manual CPR. Even when done properly, manual chest compressions only provide 30-40 percent of normal blood flow to the heart.

Emergency responses to cardiac calls in our region are typically responded to by an ambulance with two personnel on board and a fire apparatus with four personnel on board. Two or three emergency vehicles are responding on every medical call due to the need of extra manpower for a cardiac arrest call. These fire apparatus are then out of service for fire response as those personnel are involved with CPR on scene and en route to the hospital.

The MCC devices afforded by this grant will replace much of the manpower needed during cardiac arrest events and transports. This provides the positive impact of reducing fire and ems apparatus "out of service" periods, which provides better emergency service protection for the community. MCC devices will also free up paramedic personnel on scene to intubate, start IV's, administer drugs, defibrillate, and perform other necessary functions required by the American Heart Association protocols for cardiac arrest. All of this provides faster response and care for patients with lessened impact on other response needs.

The compression devices will provide a safer work environment for firefighter/EMTs. It will reduce the ergonomic injury potential involved with CPR and the safety issues posed by emergency work in moving apparatus. Currently, manual compressions are performed by the provider standing in the back of the ambulance traveling at high speeds and through traffic during transport to the hospital. It is difficult to perform continuous, adequate CPR in a moving ambulance. It also increases the chances of personnel injury as the provider is standing while doing CPR during transport. The implementation of automated chest compression devices would mitigate both of these problems with sustained good circulation for the patient and improved safety for the responders.

The implementation of this equipment will allow us to comply with NFPA 450, NFPA 473, the MN OSHA Fire Brigade standards regarding the General Duty clause, and it will meet MN State Statute 182.653 regarding safe work places and known hazards. This project also meets recommendations from the Inter-Agency Board for Equipment Standardization and Interoperability.

The requested equipment will be placed in service on all our ambulances. Our medical director is prepared to meet the 20 percent match required by the grant. Training on the equipment will be provided for all personnel by the vendor as part of the purchase agreement.

Personal Protective Equipment

Personal Protective Equipment Details

1. Select the PPE that you propose to acquire

Other PPE (explain)

Please provide further description of the item selected above or if you selected Other above, please specify.

Vehicle Extrication Gloves

2. Number of units:

0 (whole number only)

3. Cost per unit: \$57 (whole dollar amounts only)

4. 100%

- For turnout requests, what percentage of your on-duty active members **will have** PPE that meets applicable NFPA and OSHA standards if this grant is awarded?
- If you are requesting new SCBA, what percentage of your seated riding positions **will have** complaint SCBA assigned to it if this grant is awarded?
- If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members **will have** specialized PPE that meets established standards if this grant is awarded?

5. What is the purpose of this request? to buy equipment for the first time (never owned before)

If you have indicated you are requesting PPE (any PPE other than SCBA) in the Question 1 above, what are the specific ages of your equipment in years? If requesting SCBA, click on "N/A", do not provide PPE ages here but continue on to the next question. **Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace.**

N/A

Age (in Years)	# of Items
Less than 1	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12 or more	

Number of members without gear

If you have indicated you are requesting SCBA in the Question above, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please click on "N/A" and continue on to the next question. **Please account for ALL SCBA currently in your department's inventory - not just the equipment you wish to replace.**

N/A

Year	# of NFPA compliant SCBA
2007 Standard	
2002 Standard	
Older Standards	

6. Is this PPE: For use in Rescue incidents, vehicles extrication

If you selected For some other use above, please specify

7. Will this equipment be used for wildland firefighting purposes? No

8. Is your department trained in the proper use of the equipment being purchased with grant funds? No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other Yes

sources?

Personal Protective Equipment

Personal Protective Equipment Details

1. Select the PPE that you propose to acquire

Other PPE (explain)

Please provide further description of the item selected above or if you selected Other above, please specify.

Eye Protection - Vehicle Extrication

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$15 (whole dollar amounts only)

- 4.
 - For turnout requests, what percentage of your on-duty active members **will have** PPE that meets applicable NFPA and OSHA standards if this grant is awarded?
 - If you are requesting new SCBA, what percentage of your seated riding positions **will have** complaint SCBA assigned to it if this grant is awarded?
 - If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members **will have** specialized PPE that meets established standards if this grant is awarded?

100%

5. What is the purpose of this request?

to buy equipment for the first time (never owned before)

If you have indicated you are requesting PPE (any PPE other than SCBA) in the Question 1 above, what are the specific ages of your equipment in years? If requesting SCBA, click on "N/A", do not provide PPE ages here but continue on to the next question. **Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace.**

N/A

Age (in Years)	# of Items
Less than 1	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12 or more	

Number of members without gear

If you have indicated you are requesting SCBA in the Question above, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please click on "N/A" and continue on to the next question. **Please account for ALL SCBA currently in your department's inventory - not just the equipment you wish to replace.**

N/A

Year # of NFPA compliant SCBA

2007 Standard

2002 Standard

Older Standards

6. Is this PPE:

For use in Rescue incidents, vehicles extrication

If you selected For some other use above, please specify

7. Will this equipment be used for wildland firefighting purposes?

No

8. Is your department trained in the proper use of the equipment being purchased with grant funds?

Yes

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Personal Protective Equipment

Personal Protective Equipment Details

1. Select the PPE that you propose to acquire

Wet and Dry Suits

Please provide further description of the item selected above or if you selected Other above, please specify.

Swiftwater Dry Suit

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$950 (whole dollar amounts only)

4.

100%

- For turnout requests, what percentage of your on-duty active members **will have** PPE that meets applicable NFPA and OSHA standards if this grant is awarded?

- If you are requesting new SCBA, what percentage of your seated riding positions **will have** complaint SCBA assigned to it if this grant is awarded?

- If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members **will have** specialized PPE that meets established standards if this grant is awarded?

5. What is the purpose of this request?

to buy equipment for the first time (never owned before)

If you have indicated you are requesting PPE (any PPE other than SCBA) in the Question 1 above, what are the specific ages of your equipment in years? If requesting SCBA, click on "N/A", do not provide PPE ages here but continue on to the next question. **Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace.**

N/A

Age (in Years)	# of Items
Less than 1	
1	
2	
3	
4	
5	
6	
7	

- 8
- 9
- 10
- 11
- 12 or more

Number of members without gear

If you have indicated you are requesting SCBA in the Question above, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please click on "N/A" and continue on to the next question. **Please account for ALL SCBA currently in your department's inventory - not just the equipment you wish to replace.**

N/A

Year # of NFPA compliant SCBA

2007 Standard

2002 Standard

Older Standards

6. Is this PPE:

For some other use

If you selected For some other use above, please specify

Water Rescue

7. Will this equipment be used for wildland firefighting purposes?

No

8. Is your department trained in the proper use of the equipment being purchased with grant funds?

No

If not, will you be asking for training funds for this purpose with this application or will you obtain the appropriate training through other sources?

Yes

Personal Protective Equipment

Personal Protective Equipment Details

1. Select the PPE that you propose to acquire

Other PPE (explain)

Please provide further description of the item selected above or if you selected Other above, please specify.

Surface Ice Rescue Immersion Suits

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$700 (whole dollar amounts only)

4.

100%

- For turnout requests, what percentage of your on-duty active members **will have** PPE that meets applicable NFPA and OSHA standards if this grant is awarded?

- If you are requesting new SCBA, what percentage of your seated riding positions **will have** complaint SCBA assigned to it if this grant is awarded?

- If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members **will have** specialized PPE that meets established standards if this grant is awarded?

5. What is the purpose of this request?

to replace old/obsolete equipment