

U.S. Department of Homeland Security  
Washington, D.C. 20472



# FEMA

Mr. Ken Gilliam  
Saint Paul Fire Department  
645 Randolph Avenue  
Saint Paul, Minnesota 55102-3523

Re: Grant No.EMW-2010-FO-06638

Dear Mr. Gilliam:

On behalf of the Federal Emergency Management Agency (FEMA) and the Department of Homeland Security (DHS), I am pleased to inform you that your grant application submitted under the FY 2010 Assistance to Firefighters Grant has been approved. FEMA's Grant Programs Directorate (GPD), in consultation with the U.S. Fire Administration (USFA), carries out the Federal responsibilities of administering your grant. The approved project costs total to \$533,250.00. The Federal share is 80 percent or \$426,600.00 of the approved amount and your share of the costs is 20 percent or \$106,650.00.

As part of your award package, you will find Grant Agreement Articles. Please make sure you read and understand the Articles as they outline the terms and conditions of your grant award. Maintain a copy of these documents for your official file. **You establish acceptance of the grant and Grant Agreement Articles when you request and receive any of the Federal grant funds awarded to you.** By accepting the grant, you agree not to deviate from the approved scope of work without prior written approval from FEMA.

If your SF 1199A has been reviewed and approved, you will be able to request payments online. Remember, you should request funds when you have an immediate cash need.

If you have any questions or concerns regarding the awards process or how to request your grant funds, please call the helpdesk at 1-866-274-0960.

A handwritten signature in cursive script, reading "Elizabeth M. Harman".

Elizabeth M. Harman  
Assistant Administrator  
Grant Programs Directorate

## Agreement Articles



# FEMA

U.S. Department of Homeland Security  
Washington, D.C. 20472

## AGREEMENT ARTICLES

### ASSISTANCE TO FIREFIGHTERS GRANT PROGRAM - Operations and Safety program

**GRANTEE:** Saint Paul Fire Department

**PROGRAM:** Operations and Safety

**AGREEMENT NUMBER:** EMW-2010-FO-06638

**AMENDMENT NUMBER:**

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#### Article I - Project Description

The purpose of the Assistance to Firefighters Program is to protect the health and safety of the public and firefighting personnel against fire and fire-related hazards. After careful consideration, FEMA has determined that the grantee's project submitted as part of the grantee's application, and detailed in the project narrative as well as the request details section of the application - including budget information - is consistent with the program's purpose and worthy of award. Therefore, the grantee shall perform the work described in the approved grant application as itemized in the request details section of the application and further described in the grant application's narrative. These sections of the application are made a part of these grant agreement articles by reference. The grantee may not change or make any material deviations from the approved scope of work outlined in the above referenced sections of the application without prior written approval from FEMA.

#### Article II - Grantee Concurrence

By requesting and receiving Federal grant funds provided by this grant program, the grantee accepts and agrees to abide by the terms and conditions of the grant as set forth in this document and the documents identified below. By receiving funds under this grant, grantees agree that they will use the funds provided through the Fiscal Year 2010 Assistance to Firefighters Grant Program in accordance with these Articles of Agreement and the program guidelines provided in the Fiscal Year 2010 Assistance to Firefighters Grant program guidance. All documents submitted as part of the application are made a part of this agreement by reference.

#### Article III - Period of Performance

The period of performance shall be from **12-MAR-11 to 11-MAR-12**.

#### **Article IV - Amount Awarded**

The amount of the award is detailed on the Obligating Document for the Award attached to these articles. Following are the budgeted estimates for each object class of this grant (including Federal share plus grantee match):

Personnel	\$390,900.00
Fringe Benefits	\$0.00
Travel	\$0.00
Equipment	\$108,750.00
Supplies	\$7,000.00
Contractual	\$26,600.00
Construction	\$0.00
Other	\$0.00
Indirect Charges	\$0.00
Total	\$533,250.00

#### **NEGOTIATION COMMENTS IF APPLICABLE** (max 4000 characters)

The Program Office has made the following reductions to your grant:

The incident command tactical system package has been removed from the grant (1 @ \$205,000).

Therefore, they have recommended the award at this level:

Total budget \$533,250  
 Federal share \$426,600  
 Applicant share \$106,650

#### **Article V - Financial Guidelines**

The grantee and any subgrantee shall comply with the most recent version of the Administrative Requirements, Cost Principles, and Audit Requirements. A non-exclusive list of regulations commonly applicable to FEMA grants are listed below:

##### *A. Administrative Requirements*

1. 44 CFR Part 13, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments
2. 2 CFR Part 215, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations (OMB Circular A-110)

##### *B. Cost Principles*

1. 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87)
2. 2 CFR Part 220, Cost Principles for Educational Institutions (OMB Circular A-21)
3. 2 CFR Part 230, Cost Principles for Nonprofit Organizations (OMB Circular A-122)
4. Federal Acquisition Regulations (FAR), Part 31.2 Contract Cost Principles and Procedures, Contracts with Commercial Organizations

##### *C. Audit Requirements*

1. OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations

**Article VI - Prohibition on Using Federal Funds**

Recipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government, without the express prior written approval of FEMA.

**Article VII - GPD Allocations**

The recipient agrees that all allocations and use of funds under this grant will be in accordance with the FY 2010 Assistance to Firefighters Grant Program guidance and application kit.

**Article VIII - Financial Reporting**

Recipients of any AFG grants will be required to submit a semi-annual Federal Financial Report (FFR) via the automated system on the Standard Form 425. The FFR is intended to provide Federal agencies and grant recipients with a standard format and consistent reporting requirements throughout the government. The FFR, to be submitted using the online e-grant system, will be due semi-annually based on the calendar year beginning with the period after the award is made. Grant recipients will be required to submit a FFR throughout the entire period of performance of the grant.

The reporting periods for the FFR are January 1 through June 30 (Report due by July 31), and July 1 through December 31 (Report due by January 30).

At the end of the grant's period of performance, all grantees are required to produce a final report on how the grant funding was used and the benefits realized from the award. Grantees must submit a final financial report and a final performance report within 90 days after the end of the period of performance.

**Article IX - FEMA Officials**

**Program Officer:** Catherine Patterson is the Program Officer for the Assistance to Firefighters Grant Program. The Program Officer is responsible for the technical monitoring of the stages of work and technical performance of the activities described in the approved grant application.

**Grants Assistance Officer:** Nikole Duppins is the Assistance Officer for this grant program. The Assistance Officer is the Federal official responsible for negotiating, administering, and executing all grant business matters.

**Grants Management Division POC:** The Grants Management Specialist shall be contacted to address all financial and administrative grant business matters for this award. If you have any questions regarding your grant please call ASK-GMD at 866-927-5646 to be directed to a specialist.

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
OBLIGATING DOCUMENT FOR AWARD/AMENDMENT**

<b>1a. AGREEMENT NO.</b> EMW-2010-FO-06638	<b>2. AMENDMENT NO.</b> 0	<b>3. RECIPIENT NO.</b> 41-6005521	<b>4. TYPE OF ACTION</b> AWARD	<b>5. CONTROL NO.</b> W494324N
<b>6. RECIPIENT NAME AND ADDRESS</b> Saint Paul Fire Department 645 Randolph Avenue Saint Paul Minnesota, 55102-3523	<b>7. ISSUING OFFICE AND ADDRESS</b> Grant Programs Directorate 500 C Street, S.W. Washington DC, 20528-7000 POC: Nikole Dupplns		<b>8. PAYMENT OFFICE AND ADDRESS</b> FEMA, Financial Services Branch 500 C Street, S.W., Room 723 Washington DC, 20472	
<b>9. NAME OF RECIPIENT PROJECT OFFICER</b> Ken Gilliam	<b>PHONE NO.</b> 6512707811	<b>10. NAME OF PROJECT COORDINATOR</b> Catherine Patterson	<b>PHONE NO.</b> 1-866-274-0960	
<b>11. EFFECTIVE DATE OF THIS ACTION</b> 12-MAR-11	<b>12. METHOD OF PAYMENT</b> SF-270	<b>13. ASSISTANCE ARRANGEMENT</b> Cost Sharing	<b>14. PERFORMANCE PERIOD</b> From:12-MAR-11 To:11-MAR-12	

**Budget Period**  
From:29-OCT-10 To:30-SEP-11

**15. DESCRIPTION OF ACTION**

a. (Indicate funding data for awards or financial changes)

PROGRAM NAME ACRONYM	CFDA NO.	ACCOUNTING DATA (ACCS CODE) XXXX-XXX-XXXXX-XXXX- XXXX-XXXX-X	PRIOR TOTAL AWARD	AMOUNT AWARDED THIS ACTION + OR (-)	CURRENT TOTAL AWARD	CUMMULATIVE NON- FEDERAL COMMITMENT
AFG	97.044	2011-M0-3120GF-25000000- 4101-D	\$0.00	\$426,600.00	\$426,600.00	\$106,650.00
<b>TOTALS</b>			<b>\$0.00</b>	<b>\$426,600.00</b>	<b>\$426,600.00</b>	<b>\$106,650.00</b>

b. To describe changes other than funding data or financial changes, attach schedule and check here.  
N/A

**16a. FOR NON-DISASTER PROGRAMS: RECIPIENT IS REQUIRED TO SIGN AND RETURN THREE (3) COPIES OF THIS DOCUMENT TO FEMA (See Block 7 for address)**

Assistance to Firefighters Grant recipients are not required to sign and return copies of this document. However, recipients should print and keep a copy of this document for their records.

**16b. FOR DISASTER PROGRAMS: RECIPIENT IS NOT REQUIRED TO SIGN**

This assistance is subject to terms and conditions attached to this award notice or by incorporated reference in program legislation cited above.

**17. RECIPIENT SIGNATORY OFFICIAL (Name and Title)**  
N/A

DATE  
N/A

**18. FEMA SIGNATORY OFFICIAL (Name and Title)**  
Nikole Dupplns

DATE  
10-MAR-11

[Go Back](#)

## Entire Application

### Overview

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

Yes, I have attended workshop

**\*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 are a grant writer or otherwise not affiliated with this applicant, please **complete** the information below.

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

If you are a member/officer of this applicant, please do **not** complete the information requested below.

### Preparer Information

\* Preparer's Name

\* Address 1

Address 2

\* City

\* State

\* Zip

**Contact Information**

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## 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 651-775-6752  
Fax 651-228-6255  
\*Email tim.butler@ci.stpaul.mn.us

## Alternate Contact Information Number 2

\* Title Assistant 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-2010-FO-06638

Originally submitted on 05/28/2010 by Ken Gilliam (Userid: spdfss)

**Contact Information:**

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

**Application number is EMW-2010-FO-06638**

* 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 <a href="#">Need help for ZIP+4?</a>
Mailing Address	
* Mailing Address 1	645 Randolph Avenue
Mailing Address 2	
* City	Saint Paul
* State	Minnesota
* Zip	55102 - 3523 <a href="#">Need help for ZIP+4?</a>
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, the federal funds of this project will exceed the \$500,000 in Federal funds. There are also other federal grants involving DHS and emergency management. None of these duplicate the scope of this grant application.

**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 County		
* 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 four stories tall?	389		
* What is the permanent resident population of your <u>Primary/First-Due Response Area or jurisdiction served?</u>	287151		
* How many active firefighters does your department have who perform firefighting duties?	434		
* How many ALS level trained members do you have in your department/organization?	137		
* How many stations are operated by your organization?	16		
* 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 services does your organization provide?			
Structural Fire Suppression	Medical First Response		Hazmat Operational Level
Wildland Fire Suppression	Basic Life Support		Hazmat Technical Level
Airport Rescue Firefighting (ARFF)	Advanced Life Support		Rescue Operational Level
	Formal/Year-Round Fire Prevention Program		Rescue Technical Level

**Fire Department Characteristics (Part II)**

	2009	2008	2007
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three years?	0	1	3
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three years?	29	39	36
* What is the total number of line of duty member fatalities in your jurisdiction over the last three years?	1	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three years?	43	159	93
* Over the last three years, what was your organization's average operating budget?	49152929		
* 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 %		
Fee for Service?	2 %		
Other?	0 %		
If you entered a value into Other field (other than 0), please explain	n/a		

\* 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	Total Number of 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	22	110
Tankers (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more): Tanker, Tender, Tanker/Tender	0	0
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint (Aerial device of 76 feet or greater)	10	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
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	7	39

Ambulances for transport, emergency or scheduled	20	80
Other: 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, Other Vehicle	27	135

**Department Call Volume**

	2009	2008	2007
<b>*How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)</b>			
Working Structural Fires	886	799	681
False Alarms/Good Intent Calls	1882	2198	2098
Vehicle Fires	208	214	258
Vegetation Fires	126	70	133
EMS-BLS Response Calls	10869	11367	11269
EMS-ALS Response Calls	14108	15697	15562
EMS-BLS Scheduled Transports	0	0	0
EMS-ALS Scheduled Transports	0	0	0
Vehicle Accidents w/o Extrication	623	297	216
Vehicle Extrications	40	70	54
Other Rescue	10206	7888	6031
Hazardous Condition/Materials Calls	730	821	835
Service Calls	3089	3140	3067
Other Calls and Incidents	300	309	264
<b>Total</b>	<b>43067</b>	<b>42870</b>	<b>40468</b>
What is the total acreage of all vegetation fires?	13	10	15
In a particular year, how many times does your organization receive mutual/automatic aid?	3	2	1
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.)	3	4	3

**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 provide mutual-aid to multiple 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 for training and equipment would not only benefit our department, but also any fire/ems/emergency management department in the state requiring our assistance.

\* 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	4	\$ 89,750	\$ 0
Modify Facilities	0	\$ 0	\$ 0
Personal Protective Equipment	0	\$ 0	\$ 0
Training	12	\$ 443,500	\$ 0
Wellness and Fitness Programs	0	\$ 0	\$ 0

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

**Equipment**

## Equipment Details

1\*. What percent of your active firefighters are trained to the level of Firefighter I? 100 % (whole number only)

2. What percentage of your active firefighters are trained to the level of Firefighter II? 100 % (whole number only)

3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter II.

4\*. 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.

High-Rise Firefighting Bundles - includes 100' of 2&1/2 inch hose, smooth bore 2&1/2" nozzle,

5\*. Number of units pressure guage, vice grips, and hose pack.  
 26 (whole number only)  
 6\*. Cost per unit \$ 1800 (whole dollar amounts only)  
 7\*. Generally the equipment purchased under this grant program is:

The equipment will increase your organization's capabilities within existing mission areas or to address a new risk

If you selected "replacing equipment" (from Q7) above, please specify the age of equipment in years. Select Age

8\*. Generally the equipment purchased under this grant program:

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. Equipment will also meet standard recommendations in NFPA 1001. Equipment also addresses the U. S. Fire Administration/Technical Report Series Special Report on Operational Considerations for Highrise Firefighting, USFA-TR-082/April 1996.

9\*. 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

10\*. 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 are the primary mutual aid department for the state's largest city Minneapolis as well as other first ring suburbs of Minneapolis/Saint Paul. This equipment would respond to all high-rise fires in these cities when requested.

11\*. Will this equipment be used for wildland firefighting purposes? No

12\*. 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 percent of your active firefighters are trained to the level of Firefighter I? 100 % (whole number only)

2. What percentage of your active firefighters are trained to the level of Firefighter II? 100 % (whole number only)

3. 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've 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 narrative section of this application your training

program and your plans to bring your membership up to Firefighter II.

4\*. 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.

Forcible Entry Tool sets for engine companies:  
Flat-head axe, halligan bar, "irons" carry strap.

5\*. Number of units

16 (whole number only)

6\*. Cost per unit

\$ 350 (whole dollar amounts only)

7\*. Generally the equipment purchased under this grant program is:

The equipment will increase your organization's capabilities within existing mission areas or to address a new risk

If you selected "replacing equipment" (from Q7) above, please specify the age of equipment in years. **Select Age**

8\*. Generally the equipment purchased under this grant program:

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. Equipment will also meet standard recommendations in NFPA 1001.

9\*. 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**

10\*. 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.

11\*. Will this equipment be used for wildland firefighting purposes? **No**

12\*. 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 percent of your active firefighters are trained to the level of Firefighter I? **100 % (whole number only)**

2. What percentage of your active firefighters are trained to the level of Firefighter II? **100 % (whole number only)**

3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter II.

4\*. 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.

Forcible Entry Tool sets for Ladder and Heavy Rescue companies: Flat-head axe, halligan bar, "irons" carry strap, sledge hammer, K-tool, rabbit manual hydraulic tool.

5\*. Number of units

10 (whole number only)

6\*. Cost per unit

\$ 2250 (whole dollar amounts only)

7\*. Generally the equipment purchased under this grant program is:

The equipment will increase your organization's capabilities within existing mission areas or to address a new risk

If you selected "replacing equipment" (from Q7) above, please specify the age of equipment in years. Select Age

8\*. Generally the equipment purchased under this grant program:

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. Equipment will also meet standard Professional Qualifications recommendations in NFPA 1001.

9\*. 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

10\*. 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.

11\*. Will this equipment be used for wildland firefighting purposes? No

12\*. 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 percent of your active firefighters are trained to the level of Firefighter I? 100 % (whole number only)

2. What percentage of your active firefighters are trained to the level of Firefighter II? 100 % (whole number only)

3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter II.

4\*. What equipment will your organization purchase with this grant? Headsets

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

5\*. Number of units 33 (whole number only)

6\*. Cost per unit \$ 450 (whole dollar amounts only)

7\*. Generally the equipment purchased under this grant program is:

The equipment will increase your organization's capabilities within existing mission areas or to address a new risk

If you selected "replacing equipment" (from Q7) above, please specify the age of equipment in years. Select Age

8\*. Generally the equipment purchased under this grant program:

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. Equipment will also meet standard recommendations in NFPA 1500 and 1021.

9\*. 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

10\*. 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.

11\*. Will this equipment be used for wildland firefighting purposes? Yes

12\*. 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

**Training Program**

## Training Details

1\*. What percent of your active firefighters are trained to the level of Firefighter I? 100 % (whole number only)

2. What percentage of your active firefighters are trained to the level of Firefighter II? 100 % (whole number only)

3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter II.

4\*. Which title most closely describes your requested program? (select one)

## Other Training (Explain)

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

Forcible Entry Training - Commercial Forcible Entry Door mobile prop

5\*. Number of units:

2 (whole number only)

6\*. Cost per unit:

\$7500 (whole dollar amounts only)

7\*. Generally, this program can best be categorized as (select one):

Training on new equipment provided by an AFG grant

If you answered other above, please specify.

8\*. What percentage of applicable personnel will be trained by this program? 100 %

9\*. Generally, the training program provided under this grant :(select one)

Will bring your department into compliance with federal or state mandated training requirements, please specify:

This training 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 1500 and NFPA 1001.

10\*. Will this training enhance your ability to perform mutual aid?

Yes

If you answered Yes to the question above, please explain.

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. Equipment will also meet standard recommendations in NFPA 1500. It is necessary that we are properly trained in the proper use and safety issues if we are to properly respond when requested.

11\*. Will this training be instructor-led?

Yes

Please provide the following information about the training you want funded. **Only whole dollar amounts are acceptable.****Note: For each program, attach an additional sheet.**

## Training Program - Add Budget Item

\* Item

Other Props: Non-Construction

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

Forcible Entry Door Prop - metal, full size commercial door, multiple use/function prop.

\* Select Object Class:

Equipment

If you selected other above, please specify

## Training Program

## Training Details

1\*. What percent of your active firefighters are trained to the level of Firefighter I?

100 % (whole number only)

2. What percentage of your active firefighters are trained to the level of Firefighter II?

100 % (whole number only)

3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter II.

4\*. Which title most closely describes your requested program? (select one)

Other Training (Explain)

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

High-Rise Firefighting. Conference and Train the Trainer.

5\*. Number of units:

2 (whole number only)

6\*. Cost per unit:

\$6000 (whole dollar amounts only)

7\*. Generally, this program can best be categorized as (select one):

Training on new equipment provided by an AFG grant

If you answered other above, please specify.

8\*. What percentage of applicable personnel will be trained by this program? 100 %

9\*. Generally, the training program provided under this grant :(select one)

Will bring your department into compliance with recommended applicable NFPA or other standards, please specify:

This training 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. Equipment will also meet standard recommendations in NFPA 1001. Also addresses recommendations set by the U.S Fire Administration/Technical Report Series, Special Report on Operational Considerations for Highrise Firefighting, USFA-TR-082/April 1996.

10\*. Will this training enhance your ability to perform mutual aid?

Yes

If you answered Yes to the question above, please explain.

We are the primary mutual aid department for the state's largest city Minneapolis as well as other first ring suburbs of Minneapolis/Saint Paul. This equipment would respond to all high-rise fires in these cities when requested. This equipment we are training on will be available throughout our mutual-aid network and the state of Minnesota. It is necessary that we are properly trained in the proper use and safety issues if we are to properly respond when requested.

11\*. Will this training be instructor-led?

Yes

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

Note: For each program, attach an additional sheet.

Training Program - Add Budget Item

\* Item

Specialized

Please provide further description of the item selected above or If you selected other above, please specify.

High-Rise Firefighting Conference contracted with industry expert. Conference will serve as train the trainer for grant funded company training. Will be available to all off-duty personnel with no compensation. Will also be made available to area departments with similar identified risks.

\* Select Object Class:

Contractual

If you selected other above, please specify

Training Program

Training Details

1\*. What percent of your active firefighters are trained to the level of Firefighter I?

100 % (whole number only)

2. What percentage of your active firefighters are trained to the level of Firefighter II?

100 % (whole number only)

3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter

It.

4\*. Which title most closely describes your requested program? (select one)

Other Training (Explain)

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

High-Rise Firefighting. Classroom Training and Practical Scenarios for all on-duty personnel.

5\*. Number of units:

3 (whole number only)

6\*. Cost per unit:

\$16200 (whole dollar amounts only)

7\*. Generally, this program can best be categorized as (select one):

Training on new equipment provided by an AFG grant

If you answered other above, please specify.

8\*. What percentage of applicable personnel will be trained by this program? 100 %

9\*. Generally, the training program provided under this grant :(select one)

Will bring your department into compliance with federal or state mandated training requirements, please specify:

This training 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. Equipment will also meet standard recommendations in NFPA 1001. Equipment also addresses the U. S. Fire Administration/Technical Report Series Special Report on Operational Considerations for Highrise Firefighting, USFA-TR-082/April 1996.

10\*. Will this training enhance your ability to perform mutual aid?

Yes

If you answered Yes to the question above, please explain.

We are the primary mutual aid department for the state's largest city Minneapolis as well as other first ring suburbs of Minneapolis/Saint Paul. This training supports grant funded equipment and would respond to all high-rise fires in these cities when requested. This training will benefit our mutual-aid network and the state of Minnesota. It is necessary that we are properly trained in the proper use and safety issues if we are to properly respond when requested.

11\*. Will this training be instructor-led?

Yes

Please provide the following information about the training you want funded. **Only whole dollar amounts are acceptable.****Note: For each program, attach an additional sheet.**

## Training Program - Add Budget Item

\* Item

Specialized

Please provide further description of the item selected above or If you selected other above, please specify.

High-Rise Firefighting classroom and paractical evolutions for all on-duty personnel. These funds cover overtime/backfill costs to detail three

positions to the training division for two months.  
Personnel

\* Select Object Class:

If you selected other above, please specify

### Training Program

#### Training Details

1\*. What percent of your active firefighters are trained to the level of Firefighter I? 100 % (whole number only)

2. What percentage of your active firefighters are trained to the level of Firefighter II? 100 % (whole number only)

3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter II.

4\*. Which title most closely describes your requested program? (select one)

Other Training (Explain)

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

Forcible Entry Training - K-Tool Training mobile prop

5\*. Number of units:

2 (whole number only)

6\*. Cost per unit:

\$2000 (whole dollar amounts only)

7\*. Generally, this program can best be categorized as (select one):

Training on new equipment provided by an AFG grant

If you answered other above, please specify.

8\*. What percentage of applicable personnel will be trained by this program? 100 %

9\*. Generally, the training program provided under this grant :(select one)

Will bring your department into compliance with federal or state mandated training requirements, please specify:

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. Equipment will also meet standard recommendations in NFPA 1500 and NFPA 1001.

10\*. Will this training enhance your ability to perform mutual aid?

Yes

If you answered Yes to the question above, please explain.

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. Equipment will also meet standard recommendations in NFPA 1500. It is necessary that we are properly trained in the proper use and safety issues if we are to properly respond when requested.

11\*. Will this training be instructor-led?

Yes

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

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

Training Program - Add Budget Item

* Item	Simulators
Please provide further description of the item selected above or if you selected other above, please specify.	K-Tool Forcible Entry Prop
* Select Object Class:	Equipment
If you selected other above, please specify	

**Training Program**

Training Details

1*. What percent of your active firefighters are trained to the level of Firefighter I?	100 % (whole number only)
2. What percentage of your active firefighters are trained to the level of Firefighter II?	100 % (whole number only)
3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter II.

4\*. Which title most closely describes your requested program? (select one)

Other Training (Explain)

Please provide further description of the item selected above or if you selected Other above, please specify.	Forcible Entry Training - Classroom Training and Practical Hands-On Evolutions.
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5*. Number of units:	3 (whole number only)
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6*. Cost per unit:	\$16200 (whole dollar amounts only)
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7\*. Generally, this program can best be categorized as (select one):

Training on new equipment provided by an AFG grant



If you answered other above, please specify.

8\*. What percentage of applicable personnel will be trained by this program? 100 %

9\*. Generally, the training program provided under this grant :(select one)

Will bring your department into compliance with federal or state mandated training requirements, please specify:

This training 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 1500 and NFPA 1001.

10\*. Will this training enhance your ability to perform mutual aid?

Yes

If you answered Yes to 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.

11\*. Will this training be instructor-led?

Yes

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

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

Training Program - Add Budget Item

\* Item

Specialized

Please provide further description of the item selected above or If you selected other above, please specify.

Forcible Entry Training - company training for all on-duty personnel. Overtime/backfill costs to detail two positions to the training division for two months.

\* Select Object Class:

Personnel

If you selected other above, please specify

**Training Program**

Training Details

1\*. What percent of your active firefighters are trained to the level of Firefighter I?

100 % (whole number only)

2. What percentage of your active firefighters are trained to the level of Firefighter II?

100 % (whole number only)

3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter II.

4\*. Which title most closely describes your requested program? (select one)

Other Training (Explain)

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

5\*. Number of units:

6\*. Cost per unit:

7\*. Generally, this program can best be categorized as (select one):

Training on new equipment provided by an AFG grant

If you answered other above, please specify.

8\*. What percentage of applicable personnel will be trained by this program? 100 %

9\*. Generally, the training program provided under this grant :(select one)

Will bring your department into compliance with federal or state mandated training requirements, please specify:

10\*. Will this training enhance your ability to perform mutual aid?

If you answered Yes to the question above, please explain.

11\*. Will this training be instructor-led?

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

Note: For each program, attach an additional sheet.

Training Program - Add Budget Item

\* Item

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

\* Select Object Class:

Forcible Entry Training - Consumables

1 (whole number only)

\$7000 (whole dollar amounts only)

This training 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. The training will also meet standard recommendations in NFPA 1500 and NFPA 1001.

Yes

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. Equipment will also meet standard recommendations in NFPA 1500. It is necessary that we are properly trained in the proper use and safety issues if we are to properly respond when requested.

Yes

Other Props: Non-Construction

Consumables for forcible entry props/evolutions: hinges, bolts, locks, rebar, miscellaneous metal and scrap door parts.

Supplies

If you selected other above, please specify

### Training Program

#### Training Details

- 1\*. What percent of your active firefighters are trained to the level of Firefighter I? 100 % (whole number only)
2. What percentage of your active firefighters are trained to the level of Firefighter II? 100 % (whole number only)
3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter II.

4\*. Which title most closely describes your requested program? (select one)

#### Other Training (Explain)

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

Accountability System, Tactical Smartboard System, ICS simulation training - Classroom Training and multiple Practical Scenarios.

5\*. Number of units:

3 (whole number only)

6\*. Cost per unit:

\$32400 (whole dollar amounts only)

7\*. Generally, this program can best be categorized as (select one):

Training on new equipment provided by an AFG grant

If you answered other above, please specify.

8\*. What percentage of applicable personnel will be trained by this program? 100 %

9\*. Generally, the training program provided under this grant :(select one)

Will bring your department into compliance with federal or state mandated training requirements, please specify:

This training 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 1500, 1001, 1021. Will also address NIMS ICS standards for personnel at all rank levels.

10\*. Will this training enhance your ability to perform mutual aid?

Yes

If you answered Yes to 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.

11\*. Will this training be instructor-led?

Yes

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

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

#### Training Program - Add Budget Item

\* Item

Specialized

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

On-duty training evolutions for all personnel. Backfill/Overtime costs to detail 3 positions to the training division for four months worth of multiple company training evolutions on accountability systems, smartboard tactical systems, and incident command simulation training. Classroom and practical evolutions. See project narrative for full details.

\* Select Object Class:

Personnel

If you selected other above, please specify

#### Training Program

##### Training Details

1\*. What percent of your active firefighters are trained to the level of Firefighter I? 100 % (whole number only)

2. What percentage of your active firefighters are trained to the level of Firefighter II? 100 % (whole number only)

3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter II.

4\*. Which title most closely describes your requested program? (select one)

Other Training (Explain)

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

Forcible Entry Training - Train the Trainer

5\*. Number of units:

2 (whole number only)

6\*. Cost per unit:

\$1000 (whole dollar amounts only)

7\*. Generally, this program can best be categorized as (select one):

Training on new equipment provided by an AFG grant

If you answered other above, please specify.

8\*. What percentage of applicable personnel will be trained by this program? 100 %

9\*. Generally, the training program provided under this grant :(select one)

Will bring your department into compliance with federal or state mandated training requirements, please specify:

This training 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. The training will also meet standard recommendations in NFPA 1500 and NFPA 1001.

10\*. Will this training enhance your ability to perform mutual aid?

Yes

If you answered Yes to 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.

11\*. Will this training be instructor-led?

Yes

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

Note: For each program, attach an additional sheet.

Training Program - Add Budget Item

\* Item

Specialized

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

Forcible Entry Train the Trainer presented by industry expert to develop internal instructors. Personnel will attend off-duty and will be used to support long-range forcible entry training needs.

\* Select Object Class:

Contractual

If you selected other above, please specify

Training Program

Training Details

1\*. What percent of your active firefighters are trained to the level of Firefighter I? 100 % (whole number only)

2. What percentage of your active firefighters are trained to the level of Firefighter II? 100 % (whole number only)

3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter II.

4\*. Which title most closely describes your requested program? (select one)

Driver/Operator (NFPA 1002)

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

Multiple Driver/Operator sessions to build on existing driving and pump operations skill sets and previous training initiatives.

5\*. Number of units:

3 (whole number only)

6\*. Cost per unit:

\$24300 (whole dollar amounts only)

7\*. Generally, this program can best be categorized as (select one):

Training that does not lead to the certification of the trainee

If you answered other above, please specify.

8\*. What percentage of applicable personnel will be trained by this program? 100 %

9\*. Generally, the training program provided under this grant :(select one)

Will bring your department into compliance with federal or state mandated training requirements, please specify:

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.

10\*. Will this training enhance your ability to perform mutual aid?

Yes

If you answered Yes to 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.

11\*. Will this training be instructor-led?

Yes

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

Note: For each program, attach an additional sheet.

Training Program - Add Budget Item

\* Item Driver/Operator

Please provide further description of the item selected above or If you Multiple company training evolutions for all on-duty

selected other above, please specify.

personnel. Backfill/overtime costs to detail three positions to the training division for three months to assist with Driver/Operator training.

\* Select Object Class:

Personnel

If you selected other above, please specify

## Training Program

### Training Details

1\*. What percent of your active firefighters are trained to the level of Firefighter I? 100 % (whole number only)

2. What percentage of your active firefighters are trained to the level of Firefighter II? 100 % (whole number only)

3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter II.

4\*. Which title most closely describes your requested program? (select one)

NIMS (Unified Command)

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

ICS-300 (24 hours) and ICS-400 (18 hours) classes.

5\*. Number of units:

2 (whole number only)

6\*. Cost per unit:

\$6300 (whole dollar amounts only)

7\*. Generally, this program can best be categorized as (select one):

Training that is tested and results in a nationally sanctioned or State certification

If you answered other above, please specify.

8\*. What percentage of applicable personnel will be trained by this program? 100 %

9\*. Generally, the training program provided under this grant :(select one)

Will bring your department into compliance with federal or state mandated training requirements, please specify:

Training meets Federal NIMS ICS training requirements and will be available to command and chief level officers who have not yet completed the ICS series.

10\*. Will this training enhance your ability to perform mutual aid?

Yes

If you answered Yes to 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. The NIMS ICS standard provides a consistent level of expectation throughout the state.

11\*. Will this training be instructor-led?

Yes

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

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

Training Program - Add Budget Item

\* Item

Other Programs & Contract Instruction

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

Contractual costs for ICS-300 and ICS-400 course delivery. Two instructors.

\* Select Object Class:

Contractual

If you selected other above, please specify

**Training Program**

Training Details

1\*. What percent of your active firefighters are trained to the level of Firefighter I?

100 % (whole number only)

2. What percentage of your active firefighters are trained to the level of Firefighter II?

100 % (whole number only)

3. 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've 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 narrative section of this application your training program and your plans to bring your membership up to Firefighter II.

4\*. Which title most closely describes your requested program? (select one)

Other Training (Explain)

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

Live Fire Attack/Company Operations Training.

5\*. Number of units:

4 (whole number only)

6\*. Cost per unit:

\$9900 (whole dollar amounts only)

7\*. Generally, this program can best be categorized as (select one):

Training on new equipment provided by an AFG grant



If you answered other above, please specify.

8\*. What percentage of applicable personnel will be trained by this program? 100 %

9\*. Generally, the training program provided under this grant :(select one)

Will bring your department into compliance with recommended applicable NFPA or other standards, please specify:

This training 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 1001.

10\*. Will this training enhance your ability to perform mutual aid?

Yes

If you answered Yes to 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.

11\*. Will this training be instructor-led?

Yes

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

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

Training Program - Add Budget Item

\* Item

Specialized

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

Live fire attack training using equipment and training from AFG. Personnel costs for four positions detailed to training division for one month of company training sessions.

\* Select Object Class:

Personnel

If you selected other above, please specify

**Budget**

Budget Object Class

a. Personnel	\$ 390,900
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 108,750
e. Supplies	\$ 7,000

f. Contractual	\$ 26,600
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0

## Federal and Applicant Share

Federal Share	\$ 426,600
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Applicant Share	\$ 106,650
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Federal Rate Sharing (%)	80/20 (Administratively changed)
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\* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 106,650)

a. Applicant	\$ 106,650
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.

<b>Total Budget</b>	<b>\$ 533,250</b>
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**Narrative Statement****Project Description**

\* Please indicate which of these Target Capabilities your request outlined in this application will satisfy. Check all that apply:

Responder Safety and Health  
 Firefighting Operations/Support  
 Hazardous Materials Response  
 Search and Rescue  
 Emergency Medical Services  
 Communications

\* Please provide your narrative statement in the space provided below. Include in your narrative, details regarding (1) your project's description and budget, (2) your organization's financial need, (3) the benefit to be derived from the cost of your project, and (4) how the activities requested in your application will help your organization's daily operations and how this grant will protect life and property.

**PROJECT DESCRIPTION**

Total Budget: \$738,250

The Saint Paul Fire Department provides fire, rescue, and emergency medical services to a resident population of 287,151. Our response area is home to critical infrastructure including our state capitol and government facilities, airport, hospitals, arenas, and commercial facilities that support the surrounding metro area of 2.8 million people. Our department has a total of 434 sworn positions. In addition to Fire and EMS staffing, we staff specialty units including the state's Hazmat Emergency Entry team, a Chemical Assessment team, and the state's Collapse Rescue team MN-TF1. We provide mutual-aid to multiple departments through a state-wide network of mutual-aid agreements.

We have identified several new risks in existing mission areas to which this grant will allow us increase our capabilities to better serve our customers and better protect our responders. This project is split into two activities; Training and Equipment. This grant will have an immediate impact on the life and safety of our firefighters and the public we serve.

**ACTIVITY: Training (\$488,100)**

Our newly promoted Training Chief recently met with our grant committee and presented a one-year training program that will address identified deficiencies and further prepare us to use equipment requested to meet new risks that we have identified.

The grant committee and chief officers agreed that this project was the number one priority for our personnel and fully supported the following request. The following budgets address our training needs for Officer Development, Driver/Operator, NIMS/ICS/Tactical, High-Rise Firefighting, Forcible Entry, and Accountability. Please note that none of these activities will have a negative impact on front-line staffing.

-Driver/Operator Training - \$72,900: Will address the alarming rates of apparatus accidents across the country and the second leading cause of line-of-duty deaths nationally. It will also focus on pump operation and aerial operation. Provides backfill/overtime costs to detail three qualified staff positions to the training division for three months. These positions will teach multiple sessions equaling 16-hours of classroom and practical evolutions, presented to 100% of on-duty crews as company training.

-Officer Development: Accountability System, Tactical Smartboard Systems, ICS Simulation Training - \$97,200: Our department, like many others, is experiencing a significant retirement rate of experienced staff and many of the up-and-coming officers do not have the experience to facilitate sound decision making skills. This training will allow us to refocus skills as a department and better prepare us to manage the incidents to which we respond. Provides backfill/overtime costs to detail three staff positions to the training division for four months. These positions will teach multiple sessions equaling 24-hours of classroom and practical evolutions, covering ICS scenarios, situational awareness, tactical decision making, and training on existing Accountability System and the new Smartboard/PTZ systems provided by this grant. This training will be presented to 100% of on-duty crews.

-NIMS Unified Command Training - \$96,600: While many in our command staff have acquired this training through other opportunities, we still have several key personnel that need this federally mandated training. We are requesting contractual costs (\$12,600) to host two 24-hour ICS-300 classes and two 18-hour ICS-400 classes. Due to the strategic nature of the positions we need to attend this class, we are requesting additional funds (\$84,000) for overtime/backfill costs to send up to 40 personnel to this training. Additionally, the training division will confirm that all personnel have ICS-100/200/700 completed on-line by the end of this period of performance at no additional cost to this project.

-High-Rise Firefighting Training - \$60,600. Based on analysis of several recent high-rise fires/fatalities, it is apparent that the SPFD is not adequately prepared for a high-rise fire attack. Our equipment is outdated compared to accepted modern tactics and our strategies and SOP's are flawed. The first phase of this project will include contracting two identical conferences (\$12,000) to present on modern response to and tactics for high-rise firefighting. Staff will be encouraged to attend while off-duty with no compensation and selected personnel will receive additional train-the-trainer direction. Available seats will be offered for free to mutual-aid neighbors in the state with similar risks.

The second phase of this high-rise project will cover backfill/overtime costs (\$48,600) to detail three positions to the training division for two months. These positions will focus on multiple evolutions equaling 12-hours of classroom and practical evolutions including grant funded equipment (described later) and new SOP's dealing with this significant risk. Training will be presented to 100% of on-duty crews. Mutual-aid neighbors will be invited to participate.

-Forcible Entry training - \$57,400: We have seen a spike in injury reports related to improper forcible entry techniques that include injured shoulders, feet, ankles, and knees. This training will present standardized Forcible Entry training. We are requesting (\$15,000) for two forcible entry door simulators and (\$4,000) for two K-tool lock forcing simulators. These units will be used at our training division and will also be portable so that they can be delivered (using an existing trailer) to stations around the city for long-term company training plans. Contractual costs for instruction at two train-the-trainer sessions (\$2,000) will be provided for select off-duty personnel to prepare company training. Provides backfill/overtime costs (\$48,600) to detail three staff positions to the training division for two months. These positions will deliver sessions equaling 12-hours of classroom and practical evolutions focusing on safe and effective forcible entry techniques. We have budgeted for consumables (\$7,000) for replacement of hinges, metal cut-aways, bolts, and miscellaneous metal for these sessions.

-Live Fire Attack/Company Operations - \$39,600: This training will utilize our live burn facility and provide scenarios for live fire attack, company operations, and utilize ICS and Accountability systems and grant equipment in live fire training evolutions. Provides backfill/overtime costs to detail four staff positions to the training division for one month. These positions will lead 3-hour practical evolutions, presented to 100% of on-duty crews as company training.

#### -ACTIVITY: Equipment (\$294,750)

The items listed in this Equipment Activity are supported by the Training Activity above. All of the equipment requested will bring us into statutory compliance with Minnesota State OSHA Fire Brigade Standards and allow compliance with MN State Statute 182.653 regarding safe work places and known hazards. All equipment will meet applicable NFPA and/or other standards as necessary.

-High-Rise Firefighting Bundles - \$48,600: Placed on all 26 companies in the city and will support lessons learned in the training provided by this grant. High-rise bundles will include 100' of 2&1/2" hose, a smooth-bore nozzle, pressure gauge, vice grip, and hose pack. Each bundle will cost \$1,800. This equipment will prepare us to adequately and consistently respond to this high-risk hazard.

-Forcible Entry Equipment Sets - \$28,100: This equipment will consistently provide us with the proper tools we need for forcible entry tasks and allow us to train to reduce senseless injuries. All 26 companies will be supplied with a Halligan Bar, Flat-head Axe, and an "Irons" carry strap. Each ladder company and rescue squad will be supplied with an additional Sledge Hammer, K-Tool, and a Rabbit manual hydraulic tool.

-Incident Command Tactical System Package - \$205,000: This system is an internet-based, electronic Command Board and Software System to track accountability and manage tactical resources at emergency incident. The mobile portion of this system would be installed in all District Chief Vehicles (3), Deputy Chief Vehicle (1), and Assistant Chief Vehicle (1). The fixed system software will be installed in the Deputy Chief Office, Assistant Chief Office, EOC, and Training Division. Currently, we are utilizing paper Tactical Worksheets to track accountability and manage resources. This system will take that accountability and tracking system and import the information into an electronic format. The information (using specialized software) can be transmitted via wireless internet from the command vehicle to points dedicated by the user. Using Smartboard Technology, the user or viewer can capture real-time documentation of resources, personnel, or other assets, and save the document into a file for later reference (one-step process). Accountability can be tracked by the computer-aided Tactical Worksheet. As the situation develops, and personnel are moved/re-assigned, the IC can save the document and over-write the existing TAC Sheet. If personnel are unaccounted for, the IC can use these saved documents as "last seen" reference points - offering the IC a better picture of where the search should begin.

The Staging Officer can access the same TAC sheet and update reserve status information without using radio communications. The IC would have real-time viewing of what assets are available. Utilizing additional PTZ Camera technology, images from the emergency scene can be directed back to a point specified by the user (EOC, Chief of Operations office, etc.) for real-time video of the incident. This technology is currently compatible with the Minnesota State Highway Patrol Airwing Division's FLIR and

video feed cameras. Live feeds/streaming video can be directed back to the Command Post or wherever the user dictates. This becomes extremely useful in large scale incidents (Storm-path damage, floods, ground search and rescue operations) Since the system is linked through the internet-based software, the SPFD Training Division can capture documents, images, and live feeds for future Post Incident Reviews and Training Programs.

Itemized costs are as follows: Complete upgrade of existing mobile on-board computers for mobile system (\$35,000). Purchase and installation of Mobile Smarttech System, fixed-location software program, and PTZ Cameras and interface system (\$165,000). Purchase and installation of Command Board Docking Station/Cabinet for mobile applications (\$5,000).

Training on this system will be incorporated into the Tactical ICS training, high-rise, and live fire training requested in the Training Activity. This system will provide us a factual tool to better address the new risks developing in our response protocols and will greatly improve firefighter safety through better accountability tracking, increased situational awareness capacity, and better documentation of incidents for critiques and incident reporting. The equipment will also help achieve compliance with national standards regarding firefighter safety and provide interoperability solutions for large scale events.

-Headsets for radios - \$14,850: These 33 radio headsets will be provided to district and deputy chiefs and all apparatus drivers. These not only provide superior hearing protection, they also block out distractions to assist with situational awareness of personnel operating in these key strategic locations. Chief Officers and Apparatus Operators will be afforded clear communications between interior crews. Training on these units will be incorporated into the ICS and tactical training requested in the Training Activity.

#### FINANCIAL NEED

Our department has an operating budget of just over \$55 million. Personnel costs make up 87% 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 we provide, 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 six years and they have made large cuts to local government aid programs. Saint Paul absorbed massive cuts in state aid from 2003 to 2009 and is expecting more cuts over the next two years. The housing market is suffering and unemployment rates continue to climb. Similar to most cities, the public is resistant to tax increases while at the same time expecting a wider array of services.

Our training division has lost two staff positions in the past five years through attrition and the remaining three training officers are over-tasked and struggling to keep up with the training demands of a department of 434 personnel. Attempts to increase revenue through the training division have fallen short due to the economy and we have run out of options other than running firefighting companies short-staffed to use technical experts from our own department. While all agree that training is paramount to survival, politics of staffing seems to always negatively impact the training division.

Likewise, our command staff has lost district chief positions over the past ten years and our incident commanders are over-tasked and having the odds stacked against them. Fireground accountability is many times neglected and fire reporting becomes difficult as officers are forced to become too involved at the task level. The Incident Command Tactical package provided by this grant will afford us an opportunity to gain ground on what seems like a very slippery slope.

Our department remains 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 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.

#### COST / BENEFIT

This investment in equipment and training 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.

The high-rise equipment, forcible entry equipment, and the 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. The Tactical Smartboard IC support system and communications headsets will provide incident commanders a much more dynamic system for managing resources and the incidents. 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 our top priorities for firefighter safety.

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.

#### STATEMENT OF EFFECT

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.

Respectfully,  
Ken Gilliam  
Saint Paul Fire Department

\* Please describe all grants that you have received from DHS including any AFG grants received from DHS or FEMA, for example, 2002 AFG grant for vehicle or 2003 ODP grant for exercises. (Enter "N/A" if Not Applicable)

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); 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); and 2002 Assistance to Firefighters (SCBA)

**Assurances and Certifications**

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**Form 20-16A**

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**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.

**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 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) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290-dd-3 and 290-ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
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 with provisions of the Hatch Act (5 U.S.C. Sections 1501-1508 and 7324-7328), which limit the political activities of employees whose principal employment activities are funded in whole or in part with

**Federal funds.**

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. Sections 276a to 276a- 7), the Copeland Act (40 U.S.C. Section 276c and 18 U.S.C. Sections 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. Sections 327-333), regarding labor standards for Federally assisted construction sub agreements.
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 flood plains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. Section 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. Section 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
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 of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (29 U.S.C. 201), as they apply to employees of institutions of higher education, hospitals, and other non-profit organizations.

Signed by **Ken Gilliam** on **05/23/2010**



**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.

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 grantee's 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 **Ken Gilliam** on **05/23/2010**

**FEMA Standard Form LLL**

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

**This form is not applicable**