

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

| Age (in Years) | # of Items |
|--------------------------------|------------|
| Less than 1 | |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | 12 |
| 9 | |
| 10 | |
| 11 | |
| 12 or more | |
| Number of members without gear | |

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

| Year | # of NFPA compliant SCBA |
|-----------------|--------------------------|
| N/A | |
| 2007 Standard | |
| 2002 Standard | |
| Older Standards | |

6. Is this PPE:

For some other use

If you selected For some other use above, please specify

Ice Rescue

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

No

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

Yes

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

Personal Protective Equipment

Personal Protective Equipment Details

1. Select the PPE that you propose to acquire

Other PPE (explain)

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

Water Rescue Gloves

2. Number of units:

0 (whole number only)

3. Cost per unit: \$20 (whole dollar amounts only)

4. 100%

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

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

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

Age (in Years) # of Items

Less than 1

1

2

3

4

5

6

7

8

9

10

11

12 or more

Number of members without gear

If you have indicated you are requesting SCBA in the Question above, to which edition(s) of NFPA are your SCBA compliant? If not requesting SCBA, please click on "N/A" and continue on to the next question.

Please account for ALL SCBA currently in your department's inventory - not just the equipment you wish to replace.

Year # of NFPA compliant SCBA

2007 Standard

2002 Standard

Older Standards

6. Is this PPE: For some other use

If you selected For some other use above, please specify Water Rescue

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

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

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

sources?

Personal Protective Equipment

Personal Protective Equipment Details

1. Select the PPE that you propose to acquire

Other PPE (explain)

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

Water Rescue Boots

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$70 (whole dollar amounts only)

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

100%

5. What is the purpose of this request?

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

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

N/A

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

Number of members without gear

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

N/A

| Year | # of NFPA compliant SCBA |
|---------------|--------------------------|
| 2007 Standard | |

2002 Standard

Older Standards

6. Is this PPE:

For some other use

If you selected For some other use above, please specify

Water Rescue

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

No

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

No

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

Yes

Personal Protective Equipment

Personal Protective Equipment Details

1. Select the PPE that you propose to acquire

Other PPE (explain)

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

Water Rescue Helmets

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$75 (whole dollar amounts only)

4.

100%

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

5. What is the purpose of this request?

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

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

N/A

Age (in Years)

of Items

Less than 1

1

2

3

4

5

6

7

8

9

10

11

12 or more

Number of members without gear

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

N/A

Year

of NFPA compliant SCBA

2007 Standard

2002 Standard

Older Standards

6. Is this PPE:

For some other use

If you selected For some other use above, please specify

Water Rescue

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

No

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

No

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

Yes

Personal Protective Equipment

Personal Protective Equipment Details

1. Select the PPE that you propose to acquire

Flashlights

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

90 degree angle halogen flashlights for PPE use

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$110 (whole dollar amounts only)

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

100%

5. What is the purpose of this request?

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

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

N/A

Age (in Years)

of Items

Less than 1

1

2

3

4

5

6

7

8

9

10

11

12 or more

Number of members without gear

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

N/A

Year

of NFPA compliant SCBA

2007 Standard

2002 Standard

Older Standards

6. Is this PPE:

For protection use against fire

If you selected For some other use above, please specify

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

Yes

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

Yes

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

Firefighting PPE - Narrative

* Section # 1 Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.? *3000 characters

Under the Personal Protective Equipment activity, we are requesting \$107,356 worth of items that support three of the four overall components of this grant request.

To protect our personnel during the Vehicle Extrication training program and future emergency responses, we are requesting 433 sets of Vehicle Extrication Gloves (\$24,681) for all members of the department and 433 sets of Eye Protection (\$6,495) for all members of the department. Currently, members use firefighting gloves or store-bought gloves of multiple varieties to protect their hands. We have seen a number of preventable injuries that proper hand protection would have eliminated. The eye protection is to make sure that we are providing consistent and adequate PPE for 100% of our personnel.

Usable at vehicle accidents, and also at all emergency scenes, we are requesting 433 90-degree angle, halogen bulb, personal flashlights to be issued to all members (\$47,630). These will be used in the night fire operations training program on this grant as well as future emergency calls.

The remaining PPE items requested (\$28,550) support the Water Rescue Program and Training included in this grant. Swiftwater rescue suits, gloves, boots, and helmets will be provided in a variety of sizes to our two primary boat companies on the Mississippi River. We have never owned this equipment before and have made due during some daring rescues. Additionally, we are requesting cold water immersion suit to support Ice Rescue responses. We were fortunate enough to add additional suits to our fleet a few years ago and these 12 suits will replace the remaining stock that is eight years old or older. The suits being replaced are developing leaks and rescuers are losing confidence in their ability to protect them during cold water and ice rescue responses.

* Section # 2 Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. *3000 characters

The investment in this grant project will better equip Saint Paul's firefighters to respond to the incidents to which we are summoned. This immediate investment in equipment and training will pay off in long-term results by safely protecting our firefighters while they effectively respond to an ever-widening variety of incidents. It will further protect the department, city, and taxpayers from the long-term costs associated with working with sub-standard equipment and training, as well as reduce liability issues involved with fire and life loss as well as firefighter injuries.

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

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

* Section # 3 Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community? *3000 characters

The activities requested by this grant are the outcome of departmental research on how to make our jobs safer while providing a better level of service to our community. Our fire department prides itself on being safe while aggressive in our approach to the incidents to which we are dispatched. In an attempt to provide the best service possible, while at the same time promoting firefighter safety, we believe that we have identified several achievable solutions to the problems that we face on a daily basis. The award of this grant will allow us to overcome the financial restraints that are prohibiting us from doing our job in the safest way possible.

The fact of the matter is that if this grant is not awarded, we will still respond when called to do the best job we can with the tools and training that we have available. Firefighters and civilians alike will share the risk potential if we cannot significantly address the inadequacies described in this grant request. All of the items that we have requested will greatly enhance our ability to protect our community and our neighboring communities to which we respond. At the same time, all of the items requested will enable us to perform our job better, with pride, and with a higher level of safety and confidence.

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

Our current city management fully supports our fire department, but due to events affecting the budget there are only so many available funds to distribute between many of the city's essential services. Even in the face of setbacks, we have continued to make positive progress over the past few years and we will continue to move forward towards our goals. We realize that you will undoubtedly see thousands of equally qualified requests from departments of all sizes. We understand that not all of these departments will be fortunate enough to receive a grant this year and we hope that we have convinced you of our project's worthiness. We also want to thank those of you reviewing this application for your time and dedication to this process and to the fire service.

We can assure you that the members of the Saint Paul Fire Department have a commitment, second to none, to protect the community that we serve and that this grant will have far-reaching results in our goal to be the safest fire department in the nation. This grant award would allow our fire department a safer, more definitive edge as we prepare to deal with the incidents we are familiar with, as well as the new incidents that all of our departments across the nation are preparing for in the decades to come. We appreciate your consideration of this grant request and we look forward to your positive response.

Training Program

Training Details

1. Which title most closely describes your requested program?

Firefighter Safety and Survival Training

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

Multiple Company Training Evolutions for all on-duty personnel. Backfill/overtime costs to detail four instructor positions to the training division for two months to assist with Firefighter Safety and Survival training.

2. Number of units:

4 (whole number only)

3. Cost per unit:

\$21600 (whole dollar amounts only)

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

Training on new equipment provided by an AFG grant

If you answered other above, please specify:

5. What percentage of applicable personnel will be trained by this program?

100 %

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

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

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

7. 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.

- 8. Will this training include members from other departments? Yes
- 9. Will this training be instructor-led? Yes

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:

If you selected other above, please specify

Specialized

Multiple Company Training Evolutions for all on-duty personnel. Backfill/overtime costs to detail four instructor positions to the training division for two months to assist with Firefighter Safety and Survival training.

Personnel

Training Program

Training Details

1. Which title most closely describes your requested program?

Other Training (Explain)

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

Swiftwater Rescue Training

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$1200 (whole dollar amounts only)

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

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

If you answered other above, please specify:

5. What percentage of applicable personnel will be trained by this program?

100 %

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

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 1670.

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

8. Will this training include members from other departments?

Yes

9. Will this training be instructor-led?

Yes

Training Program - Add Budget Item

| | |
|---|---|
| Item | Marine |
| Please provide further description of the item selected above or If you selected other above, please specify. | Personnel costs covering backfill/overtime for 100% of boat company personnel to attend Swift Water Rescue classes. |
| Select Object Class: | Personnel |
| If you selected other above, please specify | |

Training Program

Training Details

1. Which title most closely describes your requested program?

Other Training (Explain)

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

Surface Ice Rescue Training.

2. Number of units:

4 (whole number only)

3. Cost per unit:

\$10800 (whole dollar amounts only)

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

Training that results in certification of the trainee without testing

If you answered other above, please specify:

5. What percentage of applicable personnel will be trained by this program?

100 %

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

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 1670.

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

8. Will this training include members from other departments?

Yes

9. Will this training be instructor-led?

Yes

Training Program - Add Budget Item

| | |
|---|--|
| <p>Item</p> <p>Please provide further description of the item selected above or If you selected other above, please specify.</p> <p>Select Object Class:</p> <p>If you selected other above, please specify</p> | <p>Marine</p> <p>Multiple Company Training Evolutions for all on-duty personnel. Backfill/overtime costs to detail four instructor positions to the training division for one month to assist with Ice Rescue Training.</p> <p>Personnel</p> |
|---|--|

Training Program

Training Details

1. Which title most closely describes your requested program?

Other Training (Explain)

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

Swiftwater Rescue Training.

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$7500 (whole dollar amounts only)

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

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

If you answered other above, please specify:

5. What percentage of applicable personnel will be trained by this program?

100 %

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

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 1670.

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

8. Will this training include members from other departments?

Yes

9. Will this training be instructor-led?

Yes

Training Program - Add Budget Item

| | |
|---|--|
| <p>Item</p> <p>Please provide further description of the item selected above or If you selected other above, please specify.</p> <p>Select Object Class:</p> <p>If you selected other above, please specify</p> | <p>Marine</p> <p>Swiftwater Rescue Training Classes</p> <p>Contractual</p> |
|---|--|

Training Program

Training Details

1. Which title most closely describes your requested program?

Operations (NFPA 472)

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

Live Fire Training: Day and Night Fire Evolutions

2. Number of units:

4 (whole number only)

3. Cost per unit:

\$10800 (whole dollar amounts only)

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

Training on new equipment provided by an AFG grant

If you answered other above, please specify:

5. What percentage of applicable personnel will be trained by this program?

100 %

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

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

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

Safety and Survival and NFPA 472 Operations.

7. 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. Our response area expands to include the entire state of Minnesota. This grant would not only benefit our department, but also any fire department in the state requiring our assistance. This training will better prepare 100% of our personnel to respond to mutual aid calls involving fire attack.

8. Will this training include members from other departments?

Yes

9. Will this training be instructor-led?

Yes

Training Program - Add Budget Item

| | |
|---|--|
| Item | Specialized |
| Please provide further description of the item selected above or If you selected other above, please specify. | Personnel costs for overtime/backfill to dedicate four additional positions to the training division for one month of fire training, night operations rotations. |
| Select Object Class: | Personnel |
| If you selected other above, please specify | |

Training Program

Training Details

1. Which title most closely describes your requested program?

Vehicle Rescue

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

2. Number of units:

24 (whole number only)

3. Cost per unit:

\$500 (whole dollar amounts only)

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

Training on new equipment provided by an AFG grant

If you answered other above, please specify:

5. What percentage of applicable personnel will be trained by this program?

100 %

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

Will bring your department into compliance with recommended applicable NFPA or other standards, 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 1670.

7. 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.

8. Will this training include members from other departments?

Yes

9. Will this training be instructor-led?

Yes

Training Program - Add Budget Item

| | |
|---|--|
| <p>Item</p> <p>Please provide further description of the item selected above or if you selected other above, please specify.</p> <p>Select Object Class:</p> <p>If you selected other above, please specify</p> | <p>Supplies</p> <p>Vehicles and Towing Charges - vehicles for 24 extrication training evolutions.</p> <p>Contractual</p> |
|---|--|

Training Program

Training Details

1. Which title most closely describes your requested program?

Driver/Operator (NFPA 1002)

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

Advanced Pumping Skills / Water Flow Training.

2. Number of units:

4 (whole number only)

3. Cost per unit:

\$10800 (whole dollar amounts only)

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

Training on new equipment provided by an AFG grant

If you answered other above, please specify:

5. What percentage of applicable personnel will be trained by this program?

100 %

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

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

This training and 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.

7. Will this training enhance your ability to perform mutual aid?
If you answered Yes to the question above, please explain.

Yes
We provide mutual-aid to multiple neighboring departments and mutual-aid networks. As we are the state's only Hazmat Emergency Response Entry Team, as well as a core component of Minnesota Task Force-1 Structural Collapse team, our response area expands to include the entire state of Minnesota. This grant would not only benefit our department, but also any fire department in the state requiring our assistance.

8. Will this training include members from other departments?

Yes

9. Will this training be instructor-led?

Yes

Training Program - Add Budget Item

| | |
|---|---|
| <p>Item</p> <p>Please provide further description of the item selected above or if you selected other above, please specify.</p> <p>Select Object Class:</p> <p>If you selected other above, please specify</p> | <p>Driver/Operator</p> <p>Multiple Company Training Evolutions for all on-duty personnel. Backfill/overtime costs to detail four instructor positions to the training division for one month to assist with Advanced Pumping Skills / Water Flow Training.</p> <p>Personnel</p> |
|---|---|

Firefighting Training - Narrative

* Section # 1 Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.? *3000 characters

There are eight budget entries supporting three core training programs;

1.)Fire Attack. Three components that cummlate in advanced-skills live-fire evolutions for 100% of on-duty personnel; Firefighter Safety and Survival (\$86,400), Advanced Pumping Skills and Waterflow (\$43,200), and nighttime Live Fire Attack (\$43,200). All combined budgets are personnel costs to cover overtime/backfill to add four extra instructor positions at the Training Division over a 3-month period. This will allow us to use qualified staff as instructors to safely and effectively manage training for all 433 personnel.

We recently ran nighttime ops during a recruit academy and the response from crews was positive about the need to practice night time evolutions. The safety-survival and water-flow training will expand on initiatives that have happened over the past two years and allow us to further sharpen our skills realted to fire tactics and safety skills. Equipment is requested on this grant to deal with night ops and to address needs regarding effective water supply and safety/survival equipment.

2.)Vehicle Rescue Training: Three years ago, we received a grant that provided new extrication equipment and we

delivered basic extrication training to cover the use of the new tools and basic extrication principles for all members. The funds requested on this grant (\$86,400) would cover personnel costs for overtime/backfill to add four instructor positions at the training division for two months. This group of instructors would deliver multiple advanced-extrication scenarios to 100% of our personnel, further expanding our confidence in proper extrication practices.

We have budgeted \$12,000 in contractual charges to cover the need for many cars and the associated towing bills to make this program possible. We also have some additional stabilization equipment sets requested in the equipment activity and this training would address the new equipment.

3.)Water Rescue Training: We are requesting \$15,000 for funds to host two Swiftwater Rescue Technician courses. We are requesting \$57,600 in personnel costs to allow for overtime/backfill for members of our boat companies and backup personnel to attend the classes. We protect a large section of the Mississippi river as well as other flood prone areas. We have done no structured swiftwater training for any of our personnel. This program will allow us to consistently train all of our affected personnel. We are also requesting funds for a number of water rescue equipment and PPE items. This grant will provide training on those items.

We are requesting \$43,200 for Ice Rescue training. This would provide overtime/backfill costs to detail four instructor positions to the Training Division for one month of structured Ice Rescue evolutions for all companies. We are also requesting equipment to replace older Ice Rescue immersion suits and this training would support that equipment.

* Section # 2 Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. *3000 characters

The investment in this grant project will better equip Saint Paul's firefighters to respond to the incidents to which we are summoned. This immediate investment in equipment and training will pay off in long-term results by safely protecting our firefighters while they effectively respond to an ever-widening variety of incidents. It will further protect the department, city, and taxpayers from the long-term costs associated with working with sub-standard equipment and training, as well as reduce liability issues involved with fire and life loss as well as firefighter injuries.

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

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

* Section # 3 Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community? *3000 characters

The activities requested by this grant are the outcome of departmental research on how to make our jobs safer while providing a better level of service to our community. Our fire department prides itself on being safe while aggressive in our approach to the incidents to which we are dispatched. In an attempt to provide the best service possible, while at the same time promoting firefighter safety, we believe that we have identified several achievable solutions to the problems that we face on a daily basis. The award of this grant will allow us to overcome the financial restraints that are prohibiting us from doing our job in the safest way possible.

The fact of the matter is that if this grant is not awarded, we will still respond when called to do the best job we can with the tools and training that we have available. Firefighters and civilians alike will share the risk potential if we cannot significantly address the inadequacies described in this grant request. All of the items that we have requested will greatly enhance our ability to protect our community and our neighboring communities to which we respond. At the same time, all of the items requested will enable us to perform our job better, with pride, and with a higher level of safety and confidence.

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

Our current city management fully supports our fire department, but due to events affecting the budget there are only so many available funds to distribute between many of the city's essential services. Even in the face of setbacks, we have continued to make positive progress over the past few years and we will continue to move forward towards our goals. We realize that you will undoubtedly see thousands of equally qualified requests from departments of all sizes. We understand that not all of these departments will be fortunate enough to receive a grant this year and we hope that we have convinced you of our project's worthiness. We also want to thank those of you reviewing this application for your time and dedication to this process and to the fire service.

We can assure you that the members of the Saint Paul Fire Department have a commitment, second to none, to protect the community that we serve and that this grant will have far-reaching results in our goal to be the safest fire department in the nation. This grant award would allow our fire department a safer, more definitive edge as we prepare to deal with the incidents we are familiar with, as well as the new incidents that all of our departments across the nation are preparing for in the decades to come. We appreciate your consideration of this grant request and we look forward to your positive response.

Budget

Budget Object Class

| | |
|---------------------|------------|
| a. Personnel | \$ 302,400 |
| b. Fringe Benefits | \$ 0 |
| c. Travel | \$ 0 |
| d. Equipment | \$ 0 |
| e. Supplies | \$ 0 |
| f. Contractual | \$ 12,000 |
| g. Construction | \$ 0 |
| h. Other | \$ 0 |
| i. Indirect Charges | \$ 0 |
| j. State Taxes | \$ 0 |

Federal and Applicant Share

| | |
|--------------------------|----------------------------------|
| Federal Share | \$ 251,520 |
| Applicant Share | \$ 62,880 |
| Federal Rate Sharing (%) | 80/20 (Administratively changed) |

* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 62,880)

| | |
|------------------|-----------|
| a. Applicant | \$ 62,880 |
| 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.

Our Medical Director's hospital Foundation has agreed to meet the 20% match for the 13 Mechanical Chest Compression Devices.

Total Budget **\$ 314,400**

Narrative Statement

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

Assurances and Certifications

FEMA Form SF 424B

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

Note: Fields marked with an * are required.

O.M.B Control Number 4040-0007

Assurances Non-Construction Programs

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

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

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of

Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.

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

Signed by **Leeland Gilliam** on **09/10/2011**

Form 20-16C**You must read and sign these assurances.****Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.****Note: Fields marked with an * are required.****O.M.B Control Number 1660-0025**

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

1. Lobbying

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

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

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

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

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Grantees other than individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The grantees policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement and

(2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street

City

State

Zip

Action

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 **Leeland Gilliam** on **09/10/2011**

FEMA Standard Form LLL

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

This form is not applicable