

Entire Application

Applicant's Acknowledgements

- * I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.
- * As required per 2 CFR 4.25.205, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is a correct and active at time of submission.
- * I certify that the applicant organization has consulted the appropriate Funding Opportunity Announcement and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's one (1) year Period of Performance (POP).
- * I certify that the applicant organization is aware that this application period is open from 11/03 to 12/05/2014 and will close at 5 PM EST; further that the applicant organization is aware that that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.
- * I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s), comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: <http://www.fema.gov/media-library/assets/documents/30521?id=6906>
- * I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

Signed by Ken Gilliam on 2014-11-26

Overview

*Did you attend one of the workshops conducted by an AFG regional fire program specialist?
Yes, I have attended workshop
*Did you participate in a webinar that was conducted by AFG?
Yes
*Are you a member, or are you currently involved in the management, of the fire department or nonaffiliated EMS organization or a State Fire Training Academy applying for this grant with this application?
Yes, I am a member/officer of this applicant

If you answered "No", please complete the information below. If you answered "Yes", please skip the Preparer Information section.
Fields marked with an * are required.

Preparer Information

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

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

Primary Point of Contact

- | | |
|---------------------------------------|-------------------------------|
| * Title | Deputy Chief |
| Prefix (select one) | Mr. |
| * First Name | Ken |
| Middle Initial | |
| * Last Name | Gilliam |
| * Primary Phone (e.g. 123-456-7890) | 651-900-1476 Ext. Type cell |
| * Secondary Phone (e.g. 123-456-7890) | 651-644-9133 Ext. 1 Type work |
| Optional Phone (e.g. 123-456-7890) | 651-270-7811 Type home |
| Fax (e.g. 123-456-7890) | 651-632-5054 |
| * Email (e.g. user@xyz.org) | ken.gilliam@ci.stpaul.mn.us |

Contact Information

Alternate Contact Information Number 1

- | | |
|---------------------|-------------------------------|
| * Title | Fire Chief |
| Prefix (select one) | Mr. |
| * First Name | Tim |
| Middle Initial | |
| * Last Name | Butler |
| * Primary Phone | 651-224-7811 Ext. 1 Type work |
| * Secondary Phone | 651-775-6752 Ext. Type cell |
| Optional Phone | Type |
| Fax | 651-228-6255 |
| * Email | tim.butler@ci.stpaul.mn.us |

Alternate Contact Information Number 2

- | | |
|---------|-----------------|
| * Title | Assistant Chief |
|---------|-----------------|

Prefix (select one)	Mr.
* First Name	Tom
Middle Initial	
* Last Name	McDonough
* Primary Phone	651-224-7811 Ext. 2 Type work
* Secondary Phone	651-788-6429 Ext. Type cell
Optional Phone	Type
Fax	651-228-6255
* Email	thomas.mcdonough@ci.stpaul.mn.us

Applicant Information

EMW-2014-FO-05256

Originally submitted on 12/05/2014 by Ken Gilliam (Userid: spdfss)

Contact Information:

Address: 645 Randolph Avenue
City: Saint Paul
State: Minnesota
Zip: 55102
Day Phone: 6516449133X1
Evening Phone: 6512707811
Cell Phone: 6519001476
Email: ken.gilliam@ci.stpaul.mn.us

Application number is EMW-2014-FO-05256

* Organization Name Saint Paul Fire Department
* Type of Applicant Fire Department/Fire District
* Fire Department/District, Nonaffiliated EMS, and Regional applicants, select type of Jurisdiction Served City
If "Other", please enter the type of Jurisdiction

SAM.gov (System For Award Management)

* What is the legal name of your Entity as it appears in SAM.gov?
Note: This information must match your SAM.gov profile SAINT PAUL, CITY OF
if your organization is using the DUNS number of your Jurisdiction.
* What is the legal business address of your Entity as it appears in SAM.gov?
Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.
* Mailing Address 1 645 Randolph Ave
Mailing Address 2
* City Saint Paul
* State Minnesota
* Zip 55102 - 3523
[Need help for ZIP+4?](#)
* Employer Identification Number (e.g. 12-3456789) 41-6005521
Note: This information must match your SAM.gov profile.
* Is your organization using the DUNS number of your Jurisdiction? Yes
I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you select Yes above) ✓
* What is your 9 digit DUNS number? 153857347
(call 1-866-705-5711 to get a DUNS number)

If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here.
Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own DUNS number and bank account separate from your Jurisdiction.

* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)? Yes
* I certify that my organization/entity is registered and active at SAM.gov and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's SAM.gov record. ✓

Headquarters or Main Station Physical Address

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

Mailing Address

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

Bank Account Information

* The bank account being used is: (Please select one from right) Note: If this is selected, a 4 digit DUNS plus 4 is required if you answered "YES" to using the DUNS number of your Jurisdiction.
Maintained by my Jurisdiction

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

* Type of bank account Checking
 * Bank routing number - 9 digit number on the bottom left 091000022
 hand corner of your check
 * 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, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization may be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application. 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:

This grant award would exceed this limit. We have another regional application pending as well.

Fire Department/Fire District Department Characteristics (Part I)

* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property? No
 * What kind of organization do you represent? All Paid/Career
 If you answered "Combination" above, what is the percentage of career members in your organization? %
 If you answered "Volunteer", "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
 * Is your Organization considered a Metro Department? Yes
 * What is the square mileage of your first-due response area?
 Primary/First Due Response Area is a geographical area proximate to a fire or rescue facility and normally served by the personnel and apparatus from that facility in the event of a fire or other emergency and does not include daily or seasonal population surges. 57
 * What percentage of your primary response area is protected by hydrants? 100 %
 * In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located? Ramsey
 * Does your organization protect critical infrastructure? Yes

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

Our response area is home to critical infrastructure including our state capitol building and associated government facilities, many miles of main line railway and interstate freeway, the Mississippi River and associated commercial port activity, an airport, several hospitals, arenas, several large utility entities, pipelines, and commercial facilities that support the surrounding Twin Cities metro area of 3.6 million people, as well as the entire state of Minnesota. We cross-staff specialty units including the state's only Hazmat Emergency Response Entry team, a Chemical Assessment team, the MART state-wide Helicopter Rescue Team, three boats, and we have 50 members on the state's USAR Collapse Rescue team MN Task Force 1.

* How much of your primary response area is for agriculture, wildland, open space, or undeveloped properties? 1 %
 * What percentage of your primary response area is for commercial and industrial purposes? 20 %
 * What percentage of your primary response area is used for residential purposes? 79 %

* How many occupied structures (commercial, industrial, residential, or institutional) in your primary response area are more than three(3) stories tall? Do not include structures which are not regularly occupied such as silos, towers, steeples, etc 389
 * What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? 287151

* Do you have a seasonal increase in population? No

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

* How many active firefighters does your department have who perform firefighting duties? 433

* How many members in your department/organization are trained to the level of EMT-I or EMT-Advanced? 180

Does your department have a Community Paramedic program? Yes

How many personnel are trained to the Community Paramedic level? 2

* How many stations are operated by your organization? 15

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

* Do you currently report to the National Fire Incident Reporting System (NFIRS)? Yes
 Note: You will be required to report to NFIRS for the entire period of the grant.

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

* How many of your active firefighters are trained to the level of Firefighter I? 100 %
 (Include all personnel who have attained Firefighter I)

* How many of your active firefighters are trained to the level of both Firefighter I and Firefighter II? 100 %

If you answered less than 100% to either question above, are you requesting for training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001? No

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

* What services does your organization provide?

Advanced Life Support
 Airport Rescue Firefighting (ARFF)
 Basic Life Support
Community Paramedic
 Emergency Medical Responder

Formal/Year-Round Fire Prevention Program
 Haz-Mat Operational Level
 Haz-Mat Technical Level
 Maritime Operations/Firefighting

Rescue Operational Level
 Rescue Technical Level
 Structural Fire Suppression

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

The Saint Paul Fire Department provides fire, rescue, and emergency medical services to a resident population of 287,151 in the state's capitol city. Our response area is home to critical infrastructure including our state capitol building and associated government facilities, miles of main line railway and interstate freeway, the Mississippi River and associated commercial port activity, airports, hospitals, arenas, several large utility entities, pipelines, and commercial facilities that support the surrounding Twin Cities metro area of 3.6 million people, as well as the entire state of Minnesota. Saint Paul is located in Ramsey County, one of the smallest and most densely populated counties in the United States. As with most core urban cities, we are dealing with a melting pot of society and all of the challenges that presents.

Our department has a total of 433 sworn positions operating out of 15 stations. Each operational shift is comprised of one deputy chief, 3 district chiefs, 16 engine companies, 7 ladder companies, and 3 rescue squads. Fourteen of the engine companies dual-staff ALS ambulances. We also dual-staff specialty units including the state's only Hazmat Emergency Response Entry team, a Chemical Assessment team, a 50-person commitment to the MN Task Force-1 USAR team, a Helicopter Rescue Team, airport firefighters, two engine companies that dual-staff boats on the Mississippi River, Water and Ice Rescue teams, SWAT Medic program, and other supporting components for all of these emergency disciplines.

In 2013, we responded to 47,722 Fire, Rescue, and EMS incidents. We have an average response time of 3.1 minutes. We provide mutual aid to multiple departments including the City of Minneapolis and the Metropolitan Airport Fire Department. Our Training Division is a dedicated East Metro Regional Training Facility and we support the training initiatives of numerous smaller suburban departments. Being the state's only Hazmat Emergency Response Entry team and a core component of Minnesota Task Force 1 (a State USAR team), our response area expands to include the entire state of Minnesota. This grant would not only benefit our department, but also any fire department in the state requiring our assistance.

Fire Department Characteristics (Part II)

	2013	2012	2011
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	5	4	5
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	31	16	27
* What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	0	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	179	142	62
* Over the last three years, what was your organization's average operating budget?	56319347	56863582	55938742
* What percentage of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	91%	91%	91%
* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%	2013	2012	2011
<u>Taxes?</u>	77 %	77 %	77 %
Bond Issues	0 %	0 %	0 %
<u>EMS Billing?</u>	21 %	21 %	21 %
Grants?	2 %	2 %	2 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
<u>Fee for Service?</u>	0 %	0 %	0 %
Other?	0 %	0 %	0 %

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

Does your organization intend to provide a cost share greater than the required amount?
 (If applying for a Micro Grant, please select "N/A")

No

If yes, how much additional funding in excess of the required cost share is your organization willing to contribute? Enter the amount in the box to the right.

\$

Note: This figure will not affect the budget calculations.

* Please describe your organization's need for Federal financial assistance.

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

Of our total operating budget, our personnel costs make up 91% of that budget leaving 9% for all other operational and training budgets. Considering the associated operating costs and the number of services that our department provides, our available funding for training and equipment replacement is limited and becomes very political, as all units of our city government are competing annually for funding priorities.

To compound our financial situation, the State of Minnesota has had consecutive budget shortfalls for the past decade and they have made large cuts, tens of millions of dollars, to local government aid programs. Over the past ten years, the State of Minnesota has cut local government aid (LGA) by 46% which has had a devastating impact on the City of Saint Paul's budget. LGA is one of the primary funding sources for the city's general fund and the general fund is the primary source of funding for public safety. Our department was challenged by mayor and council with a zero percent increase to our total operating budget in 2013 and 2014. This makes it impossible to work towards our long-range goals without the aid of programs like the AFG grants.

More broadly, the unemployment rate for our metro region has reached its highest rate in the last 20 years. The number of people living in poverty is also on the rise, especially among our youngest residents. Similar to many areas in the nation, home values in our metro area fell drastically during 2010-2013 and more than 40 percent of all homes that sold during this period were sold at a financial loss. Nearly all of the funds appropriated for fire and emergency services come from personal property tax or local income tax. Foreclosures, reductions in home values, and the loss of jobs have severely affected municipal incomes. As in most states, the public is staunchly resistant to tax increases, while at the same time expecting a wider array of services.

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

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

* How many vehicles does your organization have in each type or class of vehicle listed below? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession. listed below? (Enter numbers only and enter 0 if you do not have any of the vehicles below.)

Type or Class of Vehicle

	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type for Type II Engine Urban Interface	15	5	80
Ambulances for transport and/or emergency response:	15	8	140
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	0	0	0
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	7	2	36
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pickup w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	0	0	0
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	6	1	35
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle	10	2	60

Fire Department Call Volume

	2013	2012	2011
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, Enter 0)			
Structural Fires	796	826	794
False Alarms/Good Intent Calls	2015	1887	2061
Vehicle Fires	159	171	193
Vegetation Fires	56	134	78
EMS-BLS Response Calls	13606	12824	12158
EMS-ALS Response Calls	15972	15053	14272
EMS-BLS Scheduled Transports	1198	449	0
EMS-ALS Scheduled Transports	0	0	0
Community Paramedic Response Calls	0	0	0
Vehicle Accidents w/o Extrication	250	267	254
Vehicle Extrications	55	62	57
Other Rescue	9163	7818	7086
Hazardous Condition/Materials Calls	883	821	836
Service Calls	3391	3304	3040
Other Calls and Incidents	178	226	195
Total	47722	43842	41024
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, Enter 0)			
What is the total acreage of all vegetation fires?	8	10	8
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
In a particular year, how many times does your organization receive Mutual Aid?	3	2	2
In a particular year, how many times does your organization receive Automatic Aid?	0	0	0
In a particular year, how many times does your organization provide Mutual Aid?	20	18	12
In a particular year, how many times does your organization provide Automatic Aid?	0	0	0
Total Mutual / Automatic Aid (please total the responses from the previous two blocks)	23	20	14
Out of the Mutual / Automatic Aid responses, how many were structure fires?	6	4	3

Request Information

1. Select the program for which you are applying. You can apply for as many activities within a program as you need. If you are interested in applying under Vehicle Acquisition or Operations and Safety, you will need to submit separate applications.

Program Name

Operations and Safety

2. Will this grant directly benefit more than one organization?

Yes

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

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

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

\$0

* 4. Are you requesting a Micro Grant?

A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.

No

Request Details

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

Activity	Number of Entries	Total Cost	Additional Funding
Equipment	6	\$ 0	\$ 1
Modify Facilities	0	\$ 0	\$ 0
Personal Protective Equipment	0	\$ 0	\$ 0
Training	3	\$ 333,699	\$ 0
Wellness and Fitness Programs	0	\$ 0	\$ 0

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

\$0

Equipment

Equipment Details

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

* Please provide a detailed description of the item selected.

2. Number of units:

3. Cost per unit:

Appliance(s)/Nozzle(s)

Blitzfire portable master stream monitors.

0 (whole number only)

\$ 3250

(whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

4.

The equipment purchased under this grant program will:

Buy equipment for the first time (never owned before)

5.

Yes

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

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

6.

No

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

7.

Yes

Are you requesting funding to be trained for these item(s)? Funding for requested training shall be entered in the corresponding Additional Funding section. (Under the Action column select

8.

If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Equipment

Equipment Details

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

* Please provide a detailed description of the item selected.

2. Number of units:

3. Cost per unit:

Headsets

Vehicle intercomm systems to allow for hearing protection, radio communications, crew communications. Cost includes installation estimates and based per seat on all front line apparatus and chief vehicles.

0 (whole number only)

\$ 1400

(whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

4.

The equipment purchased under this grant program will:

Buy equipment for the first time (never owned before)

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

Yes

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

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

No

7. Are you requesting funding to be trained for these item(s)? Funding for requested training shall be entered in the corresponding Additional Funding section. (Under the Action column select

Yes

8. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Yes

Equipment

Equipment Details

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

Appliance(s)/Nozzle(s)

* Please provide a detailed description of the item selected.

Solid bore 1-3/4" handline nozzle.

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 550
(whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

4. The equipment purchased under this grant program will:

Buy equipment for the first time (never owned before)

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

Yes

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

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

No

7. Are you requesting funding to be trained for these item(s)? Funding for requested training shall be entered in the corresponding Additional Funding section. (Under the Action column select

Yes

8. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Equipment

Equipment Details

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

Specialized Equipment

* Please provide a detailed description of the item selected.

Back Safe communication system that provides visual, audible, and electronic communications between vehicle driver and vehicle spotter. Data recorder, safety lighting, push to talk feature, and deadman switch.

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 3200
(whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

4. The equipment purchased under this grant program will:

Buy equipment for the first time (never owned before)

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

Yes

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

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

No

7. Are you requesting funding to be trained for these item(s)? Funding for requested training shall be entered in the corresponding Additional Funding section. (Under the Action column select

Yes

8. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Equipment

Equipment Details

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

Computers used in support of Training

* Please provide a detailed description of the item selected.

"Training Kiosks" as outlined in narrative. Includes computer, software, monitor, speakers, desk, and required wiring.

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 2400

(whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

4.
The equipment purchased under this grant program will:
Buy equipment for the first time (never owned before)

Yes

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

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

No

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

Yes

Are you requesting funding to be trained for these item(s)? Funding for requested training shall be entered in the corresponding Additional Funding section. (Under the Action column select

8. Yes

If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Equipment

Equipment Details

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

* Please provide a detailed description of the item selected.

Specialized Equipment

Encrypted WIFI access point/router to attach to already existing cable lines at each station. Two units per station for effective coverage to all work areas for access by training kiosks and other computers, CAD tablets, and devices as outlined in project narrative.

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 700

(whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

4.
The equipment purchased under this grant program will:
Buy equipment for the first time (never owned before)

Yes

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

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

No

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

Yes

Are you requesting funding to be trained for these item(s)? Funding for requested training shall be entered in the corresponding Additional Funding section. (Under the Action column select

8. Yes

If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Firefighting Equipment - Additional Funding (optional unless you're applying for Training funds)

There is no line item for this activity. Hence no Additional Funding information exists.

Firefighting Equipment - Narrative

* Section # 1 Project Description: In the space provided below, include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc. *4000 characters

This grant is based on departmental planning and analysis and will provide equipment to deal with several critical issues on our department. Total equipment budget is \$610,900 including additional costs. Each is listed below with specific budget:

1.) The first item surrounds our operation of fire and ems apparatus and an alarming trend of accidents and communications problems further documented below. Through analysis we have determined that there is a backing and communication tool that will allow dramatically improved communications between the vehicle driver and a person spotting the driver in every backing event, through the use of a cab-mounted display and a spotter-held handset with numerous other safety features. The tool features include visual notification of a "Safe" backing condition, and audible and visual alarms of a "Stop" condition for the driver. An embedded event recorder is included that records all backing events with date, time, vehicle identification and whether the system was deployed properly. Cost is \$3,200 per front line apparatus (40) for total budget of \$126,000.

2.) Through annual health and safety physicals, we have identified an increase in hearing loss across our ranks. Additionally, we struggle in many of our apparatus with clear captain-to-crew communications and pump operator radio communications. We are requesting communications headsets that will work as vehicle intercom system as well as radio communication headset. Through existing quote/plan, firefighter headsets will be hard-wired and Captains and Drivers will be wireless allowing them to use the headsets outside of the rig for Command communications and pump operator communications. These headsets will increase hearing protection and communications capabilities. Quote is for \$1,400 average per unit and 191 seats in all front line fire apparatus, ambulances, and command vehicles. Total budget of \$267,400.

3.) Addressing the recent NIST/UL studies on modern fire behavior, we have embarked on a training plan to address the need for revised fireground tactics. A SPFD "Tactics Workgroup" has developed training plans also requested through this grant application. To support this tactical change, we are requesting 30 solid bore handline nozzles. All of our nozzles are currently fog streams and the science is bringing us back to the old-school solid bores. Additionally, we are requesting 16 Blitzfire portable master stream devices for our 15 front line engines and one for our training division. These rapidly deployable appliances are essential for transitional fire attack and large volume of fire. Solid bore budget is \$550/each for total of \$16,500. The Blitzfire budget is \$3,250/each for total of \$52,000.

4.) Two requested items support our move to additional computer-based training. Last year we purchased the Target Solutions training management system and have been supplementing training through computer learning at the stations. This has caused a new problem, as we have only one station computer at each station and station staffing ranging up to 14 personnel. This grant would afford us 15 "Training Kiosks" to include computer, hardware/software, and desk for a computer dedicated for training purposes at each station. Budgeted

at \$2,400 for each Kiosk, for total budget of \$36,000. Additionally, we are requesting WIFI router/access points to add on to existing cable service. This will allow for city encrypted WIFI in the stations and allow additional training through the use of CAD tablets and personal computers. Total budget \$21,000.

5.) We are requesting \$90,000 in personnel costs to cover the base salary of an officer detailed to our Training Division to assist with Project Management, purchasing, and development and coordination of equipment and training awarded by this grant.

* 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 costs incurred? Are the costs reasonable? Provide justification for the budget items relating to the costs of the requested items. *4000 characters

This equipment will better prepare our firefighters to respond to emergency incidents. It will further protect the department, the city, and the taxpayers from the long-term costs associated with preventable accidents and injuries.

This equipment will bring us into compliance with Minnesota State Statute 182.653 regarding workplace safety and known hazards to employees and compliance with Minnesota OSHA Fire Brigade Standards, specifically the General Duty clause. It will allow compliance with NFPA and local standards that address apparatus backing, hearing conservation, communications, fire attack and training.

The benefits will outlive the period of performance and have positive impact on the budget and morale. The costs are reasonable and address the following issues:

1.) A dramatic increase of backing accidents over the past decade, ranging from \$50,000 of damage due to an apparatus hitting a tree to a tragically fatal accident involving our ambulance backing over a civilian. The backing systems are designed to prevent injury and death, both to emergency personnel and others who may inadvertently enter the backing path of a vehicle. They save money and inconvenience caused by damaged vehicles, lost time, and damage to other buildings and equipment. According to NIOSH, the average cost of a non-injury backing accident is approximately \$7800, a non-life threatening injury backing accident approximately \$30,000, and a death causing backing injury over \$1.4 million. There are over 20,000 injury backing accidents and over 200 deaths caused by truck backing accidents per year in the US.

2.) Occupational noise exposure is nothing new to the fire service. Due to budget constraints the SPFD has not been able to obtain intercom/radio headsets to date. Instead we supply basic earmuff hearing protection that further restricts crew communications and often goes unused by firefighters. This headset system will protect hearing, increase communications capabilities, and make us safer. The headsets will also save on long-term costs associated to workplace injuries related to hearing loss.

3.) The requested firefighting nozzles and master streams will allow us to safely fight fires based on modern fire science. The NIST/UL studies demand that firefighters size-up a building and, if necessary, cool the environment from the outside before moving inside for traditional fire attack and search. These appliances will simply allow us to work faster, protect us better, and ultimately put fires out more quickly.

4.) The "Training Kiosk" Computer work stations and WIFI router/access points will resolve the need for more computer access for training. In addition to department training initiatives, many of our personnel are working online towards obtaining degrees and certifications to meet promotional standards and career goals. There is no way that our department will be able to provide these items and our firefighters are hungry for the training. This investment will give them significant options for computer access during their work day and downtime between department jobs and emergency calls.

5.) The personnel costs support an additional officer to manage this significant grant project through the period of performance. Our training division is currently staffed with only three personnel and this position is essential for the effective completion of this grant within the one-year period of performance. It will allow us to not negatively affect staffing for the management of this entire project.

All firefighters will benefit from the long-term investment of this grant designed to protect them from the dangers of their job. This entire grant award will additionally be a long-term financial win for our communities and the state-wide response commitments, as we save them the impact of significant financial burdens and at the same time better prepare ourselves to protect them.

* Section # 3 Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community? *4000 characters

The equipment requested by this grant is the outcome departmental research on how to make our jobs safer while providing a better level of service to our community. In an attempt to provide the best service possible, while at the same time promoting firefighter safety, we believe that we have identified an achievable solution to several known 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 and most effective way possible.

If this grant eliminated one backing accident fatality or prevented one work comp related hearing loss, it would be a great success. If the firefighting equipment saved one life, it would be a great success. If the technology enhancements allowed our future captains and chiefs to get their degrees prior to promotion, it would be a great success. And we feel confident that all of these successes will be enabled by this grant, and that these successes will be multiplied exponentially every day into the future well after this grant's period of performance ends.

Admittedly, if this grant is not awarded, we will still respond when called to do the best job we can with the equipment 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 equipment and training that we have requested will greatly enhance our ability to protect our communities and our neighboring communities to which we respond. It will further enable us to perform our job better and with a higher level of safety, pride, and confidence.

Our department is supported by our city's management and the public we serve, but due to events affecting the budget there are only so many available funds to distribute between many of the city's essential services. 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 unique worthiness. This grant will save lives, enable more educated firefighters, and is submitted in the true spirit of what the Assistance to Firefighters Act grants were intended.

We thank you for your consideration and look forward to your positive response.

Training Program

Training Details

1. For your active structural firefighters do you require FF II or equivalent? If you answer "No" to this question, you must include a request for Firefighter I, Firefighter II (NFPA 1001) under General Training. Yes

2. What type of training are you requesting?

Firefighter Safety and Survival Training (NFPA 1407/29 CFR1910.134g(4))

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

Multiple sessions of tactics and live fire attack training to incorporate lessons learned from UL/NIST studies and build competency and consistency in firefighting operations. Includes instructor costs through state technical college system. Once classroom and three hands-on sessions repeated for all personnel while on-duty.

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

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

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

100 %

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

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

Explanation:
Brings us into compliance with Minnesota OSHA Fire Brigade Standards,

6. Will this training enhance your ability to provide Mutual Aid?

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

7. Will this training include members from other fire departments and/or nonaffiliated EMS organizations?

8. Will this training be:

specifically the "General Duty" clause. Additionally, allows compliance with State Statute 182.653 regarding safe workplaces and known hazards to employees. Further, will meet state certification standards for hazard zone management and local policy standards being developed to meet results of NIST/UL Fire Dynamics studies.

Yes

We provide mutual aid to multiple departments including the City of Minneapolis, the Metropolitan Airport, and many suburbs that make up the Twin Cities area. Our Training Division is a dedicated Regional Facility and we support the training of numerous departments. Through state contract, 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.

Yes

Instructor-led

Budget Item - Firefighter Safety and Survival Training (NFPA 1407/29 CFR1910.134g(4))

*Item	Specialized
*Please provide a detailed description of the item selected above.	Training contracted through state technical college system and utilizing our burn building and training area. Program includes one classroom session (1 instructor) and two hands-on sessions (6 instructors). Multiplied by three operational shifts and eight evolutions per shift for 100% compliance of all personnel. Total 2100 instructional hours. Project narrative explains the three components of this training. Cost is determined by quote from technical college.
* Select Object Class	Contractual
If you selected other above, please specify	
* Number of units	1 (Whole number only)
* Cost per unit	\$ 175000 (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

Budget Item - Firefighter Safety and Survival Training (NFPA 1407/29 CFR1910.134g(4))

*Item	Consumables to Support Training during Period of Performance
*Please provide a detailed description of the item selected above.	Consumables for SPFD class-A burn building. 48-evolutions of live burn training. Includes pallets, wood, cardboard, hay, propane for torches, and disposable rehab supplies.
* Select Object Class	Supplies
If you selected other above, please specify	
* Number of units	0 (Whole number only)
* Cost per unit	\$ 20000 (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

Training Program

Training Details

1. For your active structural firefighters do you require FF II or equivalent? If you answer "No" to this question, you must include a request for Firefighter I, Firefighter II (NFPA 1001) under General Training.

Yes

2. What type of training are you requesting?

Driver/Operator (NFPA 1002)

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

Training will incorporate apparatus operator driving and pumping skills refreshers, to also include company hoseline movement and tactics training. Will precede and support live fire training goals also provided by this grant. Contracted through state technical college system using certified instructors. Cost based on quote from college. Will provide two training sessions multiplied eight times over three separate shifts to gain 100% compliance. See project narrative for full details.

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

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

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

100 %

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

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

Explanation:
Brings us into compliance with Minnesota OSHA Fire Brigade Standards, specifically the "General Duty" clause standard. Additionally, allows compliance with State Statute 182.653 regarding safe workplaces and known hazards to employees. Further, will meet NFPA 1002 Driver/Operator standards and local policy standards being developed to meet results of NIST/UL Fire Dynamics studies.

6. Will this training enhance your ability to provide Mutual Aid?

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

Yes

We provide mutual aid to multiple departments including the City of Minneapolis, the Metropolitan Airport, and many suburban departments that make up the Twin Cities area. Our Training Division is a dedicated Regional Facility and we support the training of numerous departments. Through state contract, 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.

7. Will this training include members from other fire departments and/or nonaffiliated EMS organizations?

Yes

8. Will this training be:

Instructor-led

Budget Item - Driver/Operator (NFPA 1002)

*Item	Driver/Operator
*Please provide a detailed description of the item selected above.	Multiple (48) sessions of training for all operation personnel on three shifts. Multiple (4 per evolution) instructors contracted through state technical college. 900 total instructional hours. See project narrative for full details. Price based on quote from technical college.
* Select Object Class	Contractual
If you selected other above, please specify	
* Number of units	1 (Whole number only)
* Cost per unit	\$ 74999 (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

Training Program**Training Details**

1. For your active structural firefighters do you require FF II or equivalent? If you answer "No" to this question, you must include a request for Firefighter I, Firefighter II (NFPA 1001) under General Training. Yes
2. What type of training are you requesting?

Officer Training (NFPA 1021)

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

Incident Command Simulation Lab evolutions on existing SPFD sim lab computers. Students will participate in size-up review, transfer of command protocols and run evolutions in support of enhanced tactical and communication goals. Also, funding for a Chief Officer Tactics Workshop. Will precede live fire training also provided by this grant. See project narrative for full details.

3. Generally, this program can best be categorized as:
- Training that is evaluated/tested using a national, state or local standard

4. What percentage of personnel will be trained by this program? 100 %
5. Generally, the training program provided under this grant:

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

Explanation:
Brings us into compliance with Minnesota OSHA Fire Brigade Standards, specifically the "General Duty" clause. Additionally, allows compliance with State Statute 182.653 regarding safe workplaces and known hazards to employees. Further, will meet NFPA 1021 continuing education standards, state certification standards for hazard zone management, and local policy standards being developed to meet results of NIST/UL Fire Dynamics studies.

6. Will this training enhance your ability to provide Mutual Aid?
If you answered Yes to the question above, please explain.

Yes
We provide mutual aid to multiple departments including the City of Minneapolis, the Metropolitan Airport, and many suburban department that make up the Twin Cities area. Our Training Division is a dedicated Regional Facility and we support the training of numerous departments. Through state contract, 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.

7. Will this training include members from other fire departments and/or nonaffiliated EMS organizations? Yes
8. Will this training be: Instructor-led

Budget Item - Officer Training (NFPA 1021)

*Item	Specialized
*Please provide a detailed description of the item selected above.	Two-day Chief Officer Tactics Workshop. Provides backfill (using qualified captains out of title) and overtime costs to allow us to mandate attendance of all chief officers at tactical training workshop, without reducing on-duty command staffing. Precedes grant funded simulation labs for all chiefs and captains and allows us to get all chief officers on the same page before filtering tactical information to the rest of the officer staff. See narrative for full details.
* Select Object Class	Personnel
If you selected other above, please specify	
* Number of units	12 (Whole number only)
* Cost per unit	\$ 1350 (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

Budget Item - Officer Training (NFPA 1021)

*Item	Specialized
*Please provide a detailed description of the item selected above.	Contractual instructors for simulation lab evolutions. Instructors provided through certified training agency at standard rate. 30 days of multiple training evolutions with three instructors per day to train students and to operate the simulation lab.
* Select Object Class	Contractual
If you selected other above, please specify	
* Number of units	30 (Whole number only)
* Cost per unit	\$ 2250 (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

Firefighting Training - Narrative

* Section # 1 Project Description: In the space provided below, include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc. *4000 characters

This application is in response to our analysis of the NIST/UL fire behavior and ventilation studies that are causing great change within the fire service. After putting the entire department through the online UL "ALIVE" training program on this material, we formed a "Tactics Workgroup" to assist our Training Division with the tactical changes required to address these

studies. We are currently changing SOPs and have gained a consensus of our chief officers that we are currently operating unsafely knowing what we now know.

With much of the introductory work done, we now want to conduct a multi-part training series to teach our entire department how to operate more safely and with greater consistency between crews and shifts. Each of the activities explained below will culminate in live fire training evolutions that will build muscle memory into our changing SOPs and Tactical procedures. We will also maximize these sessions as possible to incorporate equipment requested by this grant, but will accept a reduced grant of either stand alone portion if that is deemed necessary. This training can occur in lieu of the equipment also requested. (But we hope that we have proved a need for both.)

1.) "Firefighter Safety and Survival" (since there was no "live burn training" category to select): We will put 100% of our personnel through a three-session series of firefighting tactics and task training. This series will include one classroom session to reinforce fire behavior and ventilation concepts, safety, and tactical changes. Session two will include hands-on training involving hose lays, nozzle applications, crew management and communications. Session three will utilize our burn building to run multiple companies and command staff through live burn evolutions. Hands-on sessions will use six instructors to maximize efforts and provide safety measures. The three components will be completed on three separate days and equals 2100 instructional hours. Budget is \$175,000 contractual costs, with an additional \$20,000 for live fire evolution consumables.

2.) Preceding the live burn training, we will also provide training rotations that focus on Driver/Operator skills to include pumping and driving. These two sessions will also support additional company training done during the same time involving hose lines, water flow, and nozzle use. Four instructors per session equaling 900 instructional hours. Total budget is \$75,000.

3.) Also preceding the live burn training evolutions is Officer training. Part one is a 2-day Chief Officer Tactics Workshop. The \$16,200 in personnel costs provides us backfill/overtime that will allow us the opportunity of getting 100% of our chief officers in the same room at the same time to solidify consensus on tactics. Part two is \$67,500 for contracting instructors to operate our existing computer simulation lab in multiple evolutions of Incident Command training. All 120 Captains and Chiefs will rotate through the command simulation lab and they will perform multiple size-ups and simulation exercises based on our new tactical model. This will reinforce communications and tactical objectives before we put everything together under live fire conditions.

All instructors will be contracted through state technical college or certified training groups and will meet baseline pay goals found in the AFG program guidance. All training will be hands-on and instructor-led, and will build upon our previous IFSAC accredited State Certification in Hazard Zone Management that all SPFD officers must complete prior to promotion. The training hours for this entire series will be used to meet Minnesota Firefighting Licensing continuing education requirements for career firefighters. All training will be done in compliance with NFPA 1403, 1021, 1407, 1002, 1561, and 1500 standards, in addition to meeting Minnesota OSHA Fire Brigade standards for general safety and "general duty" clause.

* 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 costs incurred? Are the costs reasonable? Provide justification for the budget items relating to the costs of the requested items. *4000 characters

This immediate investment in training will pay off in long-term results by safely protecting our firefighters while they effectively respond to a changing environment at fire incidents. It will further protect the department, city, and taxpayers from the long-term costs associated with working with minimal training, as well as reduce liability issues involved with fire/life loss and firefighter injuries.

All of the training activities in this grant will bring us into compliance with Minnesota State Statute 182.653 regarding workplace safety and known hazards. Further, we will be in compliance with Minnesota OSHA Fire Brigade Standards, specifically the General Duty clause. We will also gain compliance with local standards developed to address apparatus backing and driving, pump operations, communications, fire attack, fire tactics, incident command, and other training goals.

The costs are reasonable considering the 433 firefighters that we have to train on new tactics and procedures. All of our firefighters will benefit from the long-term investment of this grant designed to protect them from the dangers of their job. This grant will afford us the opportunity to do what would be several years' worth of work in just twelve months. Without this grant, our three-person training division and limited budget will never fully address these changes that need to happen as soon as possible.

As stipulated by program guidance, all instructional costs will be at standard base rates for instructors through the state technical college system and/or certified incident command training entity. Costs were determined by Training Chief through quotes from the technical college and other certified training vendor. Based on previous training program successes, our training division is certain that this training can all be completed within the one-year period of performance through our normal company rotation model. We will also open available spots in the training cycles to our primary mutual-aid neighbors as space is available, as is standard practice at our training division and in the best interest of interoperability and neighbor relations.

This entire grant award will additionally be a long-term financial win for our community and our state-wide response commitments, as we save them the impact of significant financial burdens and at the same time better prepare ourselves to protect them. Additionally, 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 grant will propel us into future training opportunities and we cannot stress the critical importance of this application enough.

* Section # 3 Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community? *4000 characters

The training requested by this grant is based on departmental research into how we could address required tactical and procedural changes. We now have awareness that we are operating unsafely, and we have a duty to change course and re-train our firefighters to safely fight the fires to which we respond. The award of this grant will allow us to overcome the financial restraints that are prohibiting us from doing our job in the safest and best way possible.

This grant will change and affirm our firefighting tactics and procedures for not only our current personnel, but for many generations of Saint Paul Firefighters yet to come. Understanding flow paths and ventilation principles will become standard practice well into the future, but we have a generation of firefighters who have to make rapid changes in thought process and that takes a significant and focused training effort. Considering the science that we as a fire service now understand, the education provided by this grant will ultimately make us stronger by improving morale and our service to the community we serve. This training will undoubtedly save lives and property and positively affects the core of our mission. It will provide better interoperability with mutual-aid departments and allow us to lead the way in this effort, as we set the example for our partnering departments that surround our city.

Admittedly, if this grant is not awarded, we will still respond when called to do the best job we can with the equipment and knowledge 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 training that we have requested will greatly enhance our ability to protect our community and our neighboring communities to which we respond. It will further enable us to perform our job better and with a higher level of safety, pride, and confidence.

We thank you for your consideration and look forward to your positive response.

Budget

Budget Object Class

a. Personnel	\$ 16,200
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 0
e. Supplies	\$ 0
f. Contractual	\$ 317,500
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0

j. State Taxes	\$ 0
Federal and Applicant Share	
Federal Share	\$ 303,364
Applicant Share	\$ 30,336
Applicant Share of Award (%)	10
* <u>Non-Federal Resources</u> (The combined Non-Federal Resources must equal the Applicant Share of \$ 30,336)	
a. Applicant	\$ 30,336
b. State	\$ 0
c. Local	\$ 0
d. Other Sources	\$ 0
If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.	
Total Budget	\$ 333,700

Narrative Statement

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

Assurances and Certifications**FEMA Form SF 424B**

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

Note: Fields marked with an * are required.

O.M.B Control Number 4040-0007

Assurances Non-Construction Programs

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

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

- 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.
- 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.
- 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.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- 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).
- 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 Act 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.
- 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.
- 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.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a-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.
- 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.
- 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).
- 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.
- 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.).
- 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.
- 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.
- 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.
- 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."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by Ken Gilliam on 11/26/2014

Form 20-16C

You must read and sign these assurances.

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

Note: Fields marked with an * are required.

O.M.B Control Number 1660-0025

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

1. Lobbying

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

- (a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.
- (b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

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

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

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.
- (b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

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

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

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

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantees policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement and
 - (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
- (e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.
- (f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

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

Place of Performance

Street	City	State	Zip	Action
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If your place of performance is different from the physical address provided by you in the Applicant Information, press **Add Place of Performance** button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.

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

Signed by Ken Gilliam on 11/26/2014

FEMA Standard Form LLL

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

Submit Application**Application 100% complete, Submitted**

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

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

PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.

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

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

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

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

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

I, Ken Gilliam, am hereby providing my signature for this application as of 21-Aug-2015.