

## 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 201.25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.
- \* I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's one (1) year Period of Performance (POP).
- \* I certify that the applicant organization is aware that this application period is open from 12/07/2015 to 01/15/2016 and will close at 5 PM EST; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.
- \* I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: [http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/qpd\\_ehp\\_screening\\_form\\_51815.pdf](http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/qpd_ehp_screening_form_51815.pdf)
- \* I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

Signed by **Ken Gilliam** on **2016-01-14**

### Overview

<p><b>* Did you attend one of the workshops conducted by an AFG regional fire program specialist?</b></p> <div style="border: 1px solid #ccc; padding: 2px; margin-top: 5px;">Yes, I have attended workshop</div>
<p><b>* Did you participate in a webinar that was conducted by AFG?</b></p> <div style="border: 1px solid #ccc; padding: 2px; margin-top: 5px;">Yes</div>
<p><b>* 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?</b></p> <div style="border: 1px solid #ccc; padding: 2px; margin-top: 5px;">Yes, I am a member/officer of this applicant</div>

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

#### Preparer Information

Preparer's Name  
 Address 1  
 Address 2  
 City  
 State  
 Zip

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

#### Primary Point of Contact

<p>* Title</p> <p>Prefix (select one)</p> <p>* First Name</p> <p>Middle Initial</p> <p>* Last Name</p> <p>* Primary Phone</p> <p>* Secondary Phone</p> <p>Optional Phone</p> <p>Fax</p> <p>* Email</p>	<p>Deputy Chief</p> <p>N/A</p> <p>Ken</p> <p>Gilliam</p> <p>651-900-1476 Ext.    Type cell</p> <p>651-644-9133 Ext.    Type work</p> <p style="text-align: right;">Type</p> <p>ken.gilliam@ci.stpaul.mn.us</p>
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### Contact Information

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	Alternate Contact Information Number 1		
* Title	Fire Chief		
Prefix (select one)	N/A		
* First Name	Tim		
Middle Initial			
* Last Name	Butler		
* Primary Phone	651-224-7811	Ext.	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)	N/A		
* First Name	Butch		
Middle Initial			
* Last Name	Inks		
* Primary Phone	651-228-6212	Ext.	Type work
* Secondary Phone	651-238-9239	Ext.	Type cell
Optional Phone			Type
Fax			
* Email	barton.inks@ci.stpaul.mn.us		

**Applicant Information**

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EMW-2015-FO-07094

Originally submitted on 01/15/2016 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-2015-FO-07094**

\* Organization Name Saint Paul Fire Department

\* Type of Applicant Fire Department/Fire District

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

[SAM.gov](#) (System For Award Management)\* What is the legal name of your Entity as it appears in [SAM.gov](#)?

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

SAINT PAUL, CITY OF

\* What is the legal business address of your Entity as it appears in [SAM.gov](#)?

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

\* Mailing Address 1

645 Randolph Ave

Mailing Address 2

\* City

Saint Paul

\* State

Minnesota

\* Zip

55102 - 3523

[Need help for ZIP+4?](#)\* [Employer Identification Number](#) (e.g. 12-3456789)

Note: This information must match your [SAM.gov](#) profile.

41-6005521

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

Yes

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

☒\* 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)

Maintained by my Jurisdiction

Note: The following banking information must match your [SAM.gov](#) profile.

\* Type of bank account

Checking

\* Bank routing number - [9 digit](#) number on the bottom left hand corner of your check

091000022

\* Your account number

180111054532

**Additional Information**

\* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?

No

\* If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will 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:

If awarded this grant, we will expend more than \$750,000

**Fire Department/Fire District Department Characteristics (Part I)**

\* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property?

No

\* What kind of organization do you represent?

All Paid/Career

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

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

\* What type of community does your organization serve?

Urban

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

Yes

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

57

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

100 %

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

Ramsey

\* Does your organization protect critical infrastructure?

Yes

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

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

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

1 %

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

20 %

79 %

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

\* What is the permanent resident population of your [Primary/First-Due Response Area or jurisdiction served](#)? (whole numbers only) 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? (whole numbers only) 433

\* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only) 180

Does your department have a [Community Paramedic](#) program?

Yes

How many personnel are trained to the [Community Paramedic](#) level? (whole numbers only) 2

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

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

Yes

\* Do you currently report to the National Fire Incident Reporting System (NFIRS)?

Note: You will be required to report to NFIRS for the entire period of the grant. AFG does not require NFIRS reporting for nonaffiliated EMS Organizations and State Fire Training Academy.

Yes

If you answered "Yes" above, please enter your [FDIN/FDID](#)

62210

\* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only) 433

\* How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I) 433

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

No

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

\* What services does your organization provide?

Advanced Life Support  
Airport Rescue Firefighting (ARFF)  
Basic Life Support  
[Community Paramedic](#)

Emergency Medical Responder  
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 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 these emergency disciplines.

We provide mutual aid to multiple departments including the City of Minneapolis and the Metropolitan Airport Fire Department.

#### Fire Department Characteristics (Part II)

	2014	2013	2012
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	2	5	4
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	24	31	16
* 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?	139	179	142

\*Over the last three years, what was your organization's operating budget? 59095246

\* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)? 52609214

Does your department have any rainy day reserves, emergency funds, or capital outlay?

No

If yes, what is the total amount currently set aside?

\* What percentage of your annual operating budget is derived from:  
Enter numbers only, percentages must sum up to 100%

	2014	2013	2012
<a href="#">Taxes?</a>	77 %	77 %	77 %
Bond Issues?	0 %	0 %	0 %
<a href="#">EMS Billing?</a>	21 %	21 %	21 %
Grants?	2 %	2 %	2 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
<a href="#">Fee for Service?</a>	0 %	0 %	0 %

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

The city is fortunate to be able to 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, three 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 89% of that budget leaving 11% for all other operational and training budgets. Considering the associated operating costs and number of services that our department provides, our available funding for health and wellness programs and equipment is limited 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 the mayor and council by only receiving a cost of living increase in our budget for 2015. 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 in our metro region is recovering from the highest rate in the last 20 years. The number of people living in poverty is also on the rise, especially among our youngest residents. 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 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 area of health and wellness for the firefighters through outside sources. We have a committee of department personnel dedicated to working on improving the health and wellness of our firefighters.

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

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	16	4	80
Ambulances for transport and/or emergency response:	14	9	84
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	9	4	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	30
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	20	2	80

#### Fire Department Call Volume

2014

2013

2012

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

Fire - NFIRS Series 100	1224	1189	1357
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	13	21	35
Rescue & Emergency Medical Service Incident - NFIRS Series 300	9354	9163	7818
Hazardous Condition (No Fire) - NFIRS Series 400	874	883	821
Service Call - NFIRS Series 500	2020	1838	1681
Good Intent Call - NFIRS Series 600	1697	1506	1570
False Alarm & False Call - NFIRS Series 700	2010	2015	1887
Severe Weather & Natural Disaster - NFIRS Series 800	5	6	7
Special Incident Type - NFIRS Series 900	27	20	11

**FIRES**

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

Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	818	796	823
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	158	159	171
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	62	56	134
What is the total acreage of all vegetation fires?	1	23	6

**RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS**

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

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	812	654	670
Of the NFIRS Series 300 calls, how many are "Extractions from Vehicles" (NFIRS Code 352)	13	23	20
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	1794	1693	1704
How many EMS-BLS Response Calls	16373	13606	12824
How many EMS-ALS Response Calls	15210	15972	15053
How many EMS-BLS Scheduled Transports	1450	1198	449
How many EMS-ALS Scheduled Transports	0	0	0
How many Community Paramedic Response Calls	0	0	0

**MUTUAL AND AUTOMATIC AID**

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

How many times did your organization receive Mutual Aid?	0	1	0
How many times did your organization receive Automatic Aid?	0	0	0
How many times did your organization provide Mutual Aid?	0	0	3
How many times did your organization provide Automatic Aid?	0	0	0
Of the Mutual and Automatic Aid responses, how many were structure fires?	0	0	0

**Request Information**

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

Program Name

Operations and Safety

2. Will this grant benefit more than one organization?

Yes

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

The data and resources collected with this grant will be shared with mutual aid departments.

All pertinent data will be entered into the IAFC/IAFF Wellness Fitness Initiative (WFI) database to be utilized nationwide.

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	12	\$ 0	\$ 0
Modify Facilities	0	\$ 0	\$ 0
Personal Protective Equipment	0	\$ 0	\$ 0
Training	0	\$ 0	\$ 0
Wellness and Fitness Programs	3	\$ 171,000	\$ 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?

Specialized Equipment (Other)

\* Please provide a detailed description of the item selected above.

Audiometer

2. Number of units: (whole number only)

0

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

\$ 2500

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

Replace obsolete or damaged equipment that can no longer meet the applicable standards

If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.

25

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

Yes

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

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

Yes

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

No

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

No

**Equipment****Equipment Details**

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

Specialized Equipment (Other)

\* Please provide a detailed description of the item selected above.

Spirometry machine



2. Number of units: (whole number only) 0
3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 2500
4. Generally the equipment purchased under this grant program will:

Replace obsolete or damaged equipment that can no longer meet the applicable standards

If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years. 20

5. 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.

Yes

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

Yes

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

No

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

No

## Equipment

### Equipment Details

1. What equipment will your organization purchase with this grant? FIT Tester
- \* Please provide a detailed description of the item selected above. Fit Tester Quantafit
2. Number of units: (whole number only) 0
3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 7000
4. Generally the equipment purchased under this grant program will:

Replace obsolete or damaged equipment that can no longer meet the applicable standards

If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years. 15

5. 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.

Yes

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

Yes

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

No

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

No

## Equipment

### Equipment Details

1. What equipment will your organization purchase with this grant? Specialized Equipment (Other)
- \* Please provide a detailed description of the item selected above. Centrifuge
2. Number of units: (whole number only) 0
3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 500
4. Generally 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?  
In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

Yes

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

Yes

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

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 (Other)

\* Please provide a detailed description of the item selected above.

Stress EKG monitor

2. Number of units: (whole number only)

0

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

\$ 8000

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

Replace obsolete or damaged equipment that can no longer meet the applicable standards

If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.

20

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

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

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 (Other)

\* Please provide a detailed description of the item selected above.

Jackson strength tester

2. Number of units: (whole number only)

0

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

\$ 5000

4. Generally 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?  
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?

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

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 (Other)

\* Please provide a detailed description of the item selected above.

grip tester

2. Number of units: (whole number only)

0

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

\$ 100

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

Yes

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

Yes

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

No

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

No

## Equipment

### Equipment Details

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

Specialized Equipment (Other)

\* Please provide a detailed description of the item selected above.

Body Composition caliper

2. Number of units: (whole number only)

0

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

\$ 150

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

Yes

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

Yes

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

No

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

No

## Equipment

### Equipment Details

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

Specialized Equipment (Other)

\* Please provide a detailed description of the item selected above.

Vertical Jump Tester

2. Number of units: (whole number only)

0

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

\$ 700

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

Yes

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

Yes

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

No

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

No

**Equipment**

## Equipment Details

1. What equipment will your organization purchase with this grant? Specialized Equipment (Other)  
\* Please provide a detailed description of the item selected above. Commercial Treadmill
2. Number of units: (whole number only) 0
3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 3500
4. Generally the equipment purchased under this grant program will:

Replace obsolete or damaged equipment that can no longer meet the applicable standards

If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years. 10

5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc?  
In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

Yes

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

Yes

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

No

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

No

**Equipment**

## Equipment Details

1. What equipment will your organization purchase with this grant? Specialized Equipment (Other)  
\* Please provide a detailed description of the item selected above. Commercial Stair Stepper
2. Number of units: (whole number only) 0
3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 6000
4. Generally the equipment purchased under this grant program will:

Replace obsolete or damaged equipment that can no longer meet the applicable standards

If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years. 10

5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc?  
In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

Yes

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

Yes

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

No

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

No

**Equipment**

## Equipment Details

1. What equipment will your organization purchase with this grant? Specialized Equipment (Other)  
\* Please provide a detailed description of the item selected above. Heart Rate Monitor
2. Number of units: (whole number only) 0
3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 200
4. Generally 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?  
In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

Yes

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

Yes

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

No

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

No

### 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**

We are requesting \$37,150 to enhance our health and wellness program equipment. The department will enhance our annual physicals, initiate a program of annual fitness evaluation, improve our injury and medical rehabilitation. We are requesting to purchase the following equipment:

- Audiometer
- Spirometry
- Fit Tester
- Centrifuge
- Stress EKG
- Jackson Strength Tester
- Grip Tester
- Body Composition caliper
- Vertical Jumper Tester
- Commercial Treadmill
- Commercial Stair Climber
- Heart rate monitors

This equipment will help the long term sustainment of the program.

**\* Section # 2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. **\*4000 characters**

The requested equipment will allow our department to perform the fitness testing within our department utilizing our own personnel. By performing the testing in-house it will allow our department to save a considerable amount of money. It will allow us to continue the long term sustainment of the health and wellness program.

**\* 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**

This award will dramatically improve our ability to serve the public. By investing in the health and wellness of our firefighters we will improve the ability of our firefighters to consistently serve the public within their physical ability. An unfit firefighter is a liability to the public and fellow emergency responders.

### Fire Department/Fire District Wellness and Fitness

Program Area  
The activities below are Priority 1

\* Initial Physical Exam

\* Job Related Immunization Program

\* Periodic Physical Exam/Health Screening

\* Behavioral Health NFPA 1500 or equivalent

Behavioral health programs are described in NFPA 1500 chapter 11. If you have any questions call the AFG help desk at 866-274-0960.

Does your organization currently offer this activity?	Are you requesting funding for this activity in this application?	Will this activity be mandatory?	Will this activity be offered to all members?
#Yes	#No	#Yes	#Yes
#Yes	#No	#Yes	#Yes
#Yes	#Yes	#Yes	#Yes
#Yes	#Yes	#Yes	#Yes

### Fire Department/Fire District Wellness and Fitness Program

#### Wellness and Fitness Details

\* 1. Which program will your organization offer during the requested grant's period of performance (POP)?

Formal fitness and injury prevention program

- |  |     |
|--|-----|
| * 2. Does your organization currently offer this activity?                       | No  |
| * 3. Are you requesting funding for a priority 2 activity with this application? | Yes |
| * 4. Will this program be mandatory?   | Yes |
| * 5. Will this program be offered to all?  | Yes |

**Budget Item - Formal fitness and injury prevention program**

- |  |  |
|--|--|
| * Item ( <b>select one</b> )   | Fitness Assessments and Counseling   |
| * Please provide a detailed description of the item selected above.  | Implement Peer Fitness Trainers utilizing line firefighters that will attend the approved Peer Fitness Trainer program. We will train 12 individuals (4 per shift) as peer fitness trainers. |
| * Select Object Class  | Contractual  |
| If you selected other above, please specify  |  |
| * Number of units: (whole number only)   | 1  |
| * Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) | \$ 17000   |

**Budget Item - Formal fitness and injury prevention program**

- |  |   |
|--|---|
| * Item ( <b>select one</b> )   | Fitness Assessments and Counseling                                |
| * Please provide a detailed description of the item selected above.  | overtime for peer fitness trainers to perform fitness evaluations |
| * Select Object Class  | Personnel   |
| If you selected other above, please specify  |   |
| * Number of units: (whole number only)   | 400   |
| * Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) | \$ 50   |

**Budget Item - Formal fitness and injury prevention program**

- |  |   |
|--|---|
| * Item ( <b>select one</b> )   | Fitness Assessments and Counseling                                |
| * Please provide a detailed description of the item selected above.  | overtime to backfill firefighters attending peer fitness training |
| * Select Object Class  | Personnel   |
| If you selected other above, please specify  |   |
| * Number of units: (whole number only)   | 480   |
| * Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) | \$ 50   |

**Budget Item - Behavioral Health NFPA 1500 or equivalent**

- |  |  |
|--|--|
| * Item ( <b>select one</b> )   | Behavioral Health NFPA 1500 or equivalent                    |
| * Please provide a detailed description of the item selected above.  | Peer-Based Behavioral Health and Wellness Resilience Program |
| * Select Object Class  | Contractual  |
| If you selected other above, please specify  |  |
| * Number of units: (whole number only)   | 1  |
| * Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) | \$ 30000   |

**Budget Item - Periodic Physical Exam/Health Screening**

- |  |   |
|--|---|
| * Item ( <b>select one</b> )   | Periodic Physical Exam/Health Screening   |
| * Please provide a detailed description of the item selected above.  | Addition to annual physicals will include body composition, laboratory analyses, vision evaluation, hearing evaluation, pulmonary evaluation, aerobic/cardiovascular evaluation, cancer screening, immunizations, infectious disease screening, referrals and written feedback \$200 per exam |
| * Select Object Class  | Contractual   |
| If you selected other above, please specify  |   |
| * Number of units: (whole number only)   | 400   |
| * Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) | \$ 200  |

**Firefighting Wellness and Fitness Programs - Narrative**


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\* **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

We are requesting \$171,000 to enhance our health and wellness program. This application is in response to two fatalities that our department has experienced over the last year. After the Line of Duty sudden cardiac death of a 38 year old firefighter paramedic the Saint Paul Fire Department convened a Health and Wellness Task Force to evaluate deficiencies in our current health and wellness program. Five months after our line of duty death a 39 year old firefighter EMT, who had worked the full arrest of the first firefighter, tragically took his own life. The loss of these two young firefighters in a 5 month period has had a devastating effect on the entire department. In an effort to prevent similar tragedies and based on the recommendations of our task force the fire department has committed to an aggressive effort to implement the entire International Association of Fire Chiefs – International Association of Firefighters Joint Wellness Fitness Initiative. The department will enhance our annual physicals, initiate a program of annual fitness evaluation, improve our injury and medical rehabilitation and initiate a more complete behavioral health program. The department will use this grant to leverage the current program add advanced imaging to such as heart scans and carotid MRI to increase our chances of identifying potential health problems before they become a tragedy.

- 1) The department will enhance our current annual physicals by adding a physical examination by a physician who is well versed in NFPA 1582 and the WFI. Other improvements to the annual physicals will include body composition, laboratory analyses, vision evaluation, hearing evaluation, pulmonary evaluation, aerobic/cardiovascular evaluation, cancer screening, immunizations, infectious disease screening, referrals and written feedback.
- 2) Although the department currently provides exercise equipment and time to exercise on shift we have several areas that are in need of assistance. We will implement Peer Fitness Trainers utilizing line firefighters that will attend the approved Peer Fitness Trainer program. We will train 12 individuals (4 per shift) as peer fitness trainers. These individuals will then be capable of developing individualized exercise programs to meet the diverse needs of the fire department. As part of the peer fitness trainer program these individuals will assist with the annual fitness evaluation. Many studies have confirmed the value of fitness evaluation to not only motivate individuals but also help to detect medical conditions that may have otherwise been missed.
- 3) With our recent suicide we realized that we need a much more comprehensive behavioral health program. This grant would fund a Peer-Based Behavioral Health and Wellness Resilience Program. This program will follow the WFI and NFPA 1500 and will utilize Licensed Mental Health Professionals. We will train 12 fire department personnel for 16 hours on Assisting Individuals in Crisis (Peer Support) and another 16 hours of Critical Incident Stress Management (CISM). We will also have mental health professionals that are familiar with public safety professionals provide 4 hours of continuing education (2 – 2 hour sessions) on behavioral health and wellness resilience to all 400 personnel.
- 4) To provide the department personnel with the most complete assessment of general health and cardiac disease risk we plan to incorporate new imaging technology that has not yet been identified in the WFI. The department would like to utilize MDI scans of the abdomen to measure Visceral Adipose Tissue (VAT). This test has been proven to be a very accurate predictor of general health and future health problems. All personnel will receive the VAT scan. The individuals that have a high VAT score will then receive a scan of the carotid artery to identify plaque in the arteries.

\* **Section # 2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. \*4000 characters

A seven year study of departments that implemented the WFI compared to departments that did not implement the program showed a distinct financial benefit after implementation. After implementation departments had a 28% reduction in lost days and a 23% decrease in average cost per claim. Over the same time period, departments that did not implement the program saw a 22% increase in claims and a 55% increase in lost days. Our department spent over \$118,000 on the funeral expenses, overtime, and worker compensation expenses for one LODD. But more than the lost money, two families lost a father and a spouse.

\* **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

This award will dramatically improve our ability to serve the public. By investing in the health and wellness of our firefighters we will improve the ability of our firefighters to consistently serve the public with the physical ability paired with a sound mental status. An unfit firefighter or a firefighter that does not have the resources to deal with the mental stresses of the job is a liability to the public and fellow emergency responders.

## Budget

### Budget Object Class

a. Personnel	\$ 44,000
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 0
e. Supplies	\$ 0
f. Contractual	\$ 127,000
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0
Federal and Applicant Share	
Federal Share	\$ 155,455
Applicant Share	\$ 15,545
Applicant Share of Award (%)	10

\* **Non-Federal Resources** (The combined Non-Federal Resources must equal the Applicant Share of \$ 15,545)

a. Applicant	\$ 15,545
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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**

**\$ 171,000**



**Narrative Statement**

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

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

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

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

**O.M.B Control Number 4040-0007**

**Assurances Non-Construction Programs**

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

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

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by **Ken Gilliam** on **01/15/2016**

**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 **Ken Gilliam** on **01/15/2016**

**FEMA Standard Form LLL**

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

## Submit Application

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**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	<a href="#">Complete</a>
Overview	<a href="#">Complete</a>
Contact Information	<a href="#">Complete</a>
Applicant Information	<a href="#">Complete</a>
Applicant Characteristics (I)	<a href="#">Complete</a>
Applicant Characteristics (II)	<a href="#">Complete</a>
Department Call Volume	<a href="#">Complete</a>
Request Information	<a href="#">Complete</a>
Request Details	<a href="#">Complete</a>
Budget	<a href="#">Complete</a>
Assurances and Certifications	<a href="#">Complete</a>

**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 27-May-2016.