

Entire Application

DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency Fire Prevention and Safety

OMB No.: 1660-0054

Expiration Date: August, 31 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2.5 hours per response for FEMA Form 080-0-3 "Fire Prevention and Safety". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

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 § 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 Period of Performance (POP).

* I certify that the applicant organization is aware that this application period is open from 02/12 to 03/16/2018 and will close at 5 PM ET; 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

* 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 **Gerone A Hamilton** on **2018-03-16 19:29:00.0**

Overview

* Are you a member, or are you currently involved in the management of the fire department or organization applying for this grant with this application?	
Yes, I am a member/officer/employee of this applicant	

If you answered "No", please **complete** the information below. If you answered "Yes", please skip the Preparer Information section.

Note: Fields marked with an * are required.

Preparer Information	
Preparer's Name	
Address 1	
Address 2	
City	
State	
Zip	Need help for ZIP+4?
Primary Phone	Ext. Type work
Email	

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 an officer or member of the fire department or an employee of the organization applying for the grant that will see this grant through completion and has the authority to make decisions on and to act upon this grant application.

The Primary Contact, as listed below, is the person for which all exchanges of information will be made relative to the application; all information provided must be specific to the contact listed. The Primary Contact must be an employee of the fire department or organization applying for the grant and shall not be a grant writer or a non-employee of the fire department or organization.

In addition to the Primary Contact information, you will be asked to provide two (2) Alternate Points of Contact on the next page. The Alternate contacts must be familiar with the application and should be able to answer any questions relative to this application in the event that Primary Point of Contact is unavailable. When you are finished, click the Save and Continue button below.

Reminder: Please list only phone numbers and email addresses where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.

Note: Fields marked with an * are required.

Primary Point of Contact	
* Title	Cheif of Community Relations
Prefix	Select
* First Name	Gerone
Middle Initial	A
* Last Name	Hamilton
* Primary Phone	651-228-6231 Ext. Type work
* Secondary Phone	651-238-0380 Ext. Type cell
Optional Phone	Ext. Type Select
Fax	
* Email	Gerone.Hamilton@ci.stpaul.mn.us
* Is there a grant-writing fee associated with the preparation of this request? This fee	No

must be specifically identified and listed in the application "Request Details" section as a budget line item in order to be eligible for reimbursement.

Fees for grant writers may be included as a pre-award or pre-application expenditure. However, fees payable on a contingency basis are not an eligible expense. For grant writer fees to be eligible as a pre-award expenditure they must be paid prior to award, (i.e., paid within 60 days of the end of the application period).

If you answered yes above, what is the fee? \$

FEMA Form 080-0-3

Contact Information

Alternate Contact 1 Information	
* Title	Fire and Life Safety Educator
Prefix	N/A
* First Name	Jeremy
Middle Initial	J
* Last Name	Berger
* Primary Phone	651-228-6203 Ext. Type work
* Secondary Phone	651-279-5976 Ext. Type cell
Optional Phone	Ext. Type Select
Fax	
* Email	Jeremy.Berger@ci.stpaul.mn.us

Alternate Contact 2 Information	
* Title	Fire Chief
Prefix	N/A
* First Name	Butch
Middle Initial	
* Last Name	Inks
* Primary Phone	651-285-0951 Ext. Type work
* Secondary Phone	651-224-7811 Ext. Type work
Optional Phone	Ext. Type Select
Fax	
* Email	Barton.inks@ci.stpaul.mn.us

FEMA Form 080-0-3

Applicant Information**EMW-2017-FP-00848**

Originally submitted on 03/16/2018 by Jill LaCasse (Userid: spdfss)

Contact Information:**Address: 645 Randolph Avenue****City: Saint Paul****State: Minnesota****Zip: 55102****Day Phone: 6512286257****Evening Phone: 6512953042****Cell Phone:****Email: jill.lacasse@ci.stpaul.mn.us****Application number is EMW-2017-FP-00848**

* Organization Name	Saint Paul Fire Department
* Are you a Fire Department?	Yes
* Type of Applicant	Fire Department
If "Other", please enter the type of Applicant	
What kind of Fire Department do you represent?	All Paid/Career
If you answered "Combination" above, what is the percentage of career members in your organization?	
* Are you a non-fire based EMS?	No
* Type of community served?	Urban
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 Avenue
Mailing Address 2	
* City	Saint Paul
* State	Minnesota
* Zip	55102 - 3523 Need help for ZIP+4?
* Employer Identification Number (i.e. 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 select "Yes" above)	<input checked="" type="checkbox"/>
* What is your 9 digit DUNS number?	153857347 (call 1-866-705-5711 to get a DUNS number)

<p>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.</p> <p>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 <u>DUNS number</u> and bank account separate from your Jurisdiction.</p>	
<p>* Is your <u>DUNS Number</u> registered in <u>SAM.gov</u> (System for Award Management previously CCR.gov)?</p>	Yes
<p>* I certify that my organization/entity is registered and active at <u>SAM.gov</u> 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 <u>SAM.gov</u> record.</p>	✓
<p>* Please describe your organization and/or community that you serve. 4000 characters</p>	<p>The Saint Paul Fire Department proudly provides fire, rescue, and emergency medical services to a resident population of 287,151 in the Minnesota state capitol city. Our response area is home to critical city 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, colleges, several large utility entities, pipelines, and commercial facilities that support the surrounding Twin Cities metropolitan area of 3.6 million people, as well as the entire state of Minnesota.</p> <p>Saint Paul is located in Ramsey County, one of the most densely populated counties in the United States. As with more core urban cities, we are home to a melting pot of society and all the challenges that presents. Saint Paul is home to the largest Hmong and Karen populations in the United States as well as one of the largest Somali populations. While we are proud to have these and many other refugee and immigrant groups call Saint Paul home, there are challenges due to language and cultural cooking and safety practices we face in serving these populations and reaching them through fire prevention efforts. At this time, Saint Paul Fire only has two firefighters who speak Hmong, and no firefighters who speak Karen or Somali. According the Saint Paul Public School District, there are more than 100 different languages and dialects spoken in Saint Paul, but unfortunately very few of our fire prevention materials are available in languages other than English. Additionally, many immigrants in our community do not know how to read English or their native language, meaning written materials, even if in their native language, will not be an effective means of reaching these populations. According to the 2010 US Census, 23% of Saint Paul residents live below the poverty line compared to the average of 12.7% for the State of Minnesota. Even more concerning, 33% of Saint Paul children are living in poverty and 13 different census tracts have at least</p>

	<p>40% of the residents living in extreme poverty. Given that low income households are known to have a greater fire risk, this creates a significant fire prevention concern.</p> <p>Our department has a total of 433 sworn positions, with 421 of those positions operating out of 15 fire stations, housing 25 fire companies that dual staff ALS EMT/Paramedic emergency medical transport units. The remaining 12 sworn positions are senior administration and support positions that work with additional civilian staffed positions. Our Fire Prevention division currently includes the Fire Marshal/PIO, Chief of Community Outreach, two fire and arson investigators, and two full time fire and life safety educators. Through this small team with a minimal budget, we are able to do thousands of fire prevention activities throughout the community and beyond every year.</p> <p>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 Minnesota 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.</p>
* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served?	287151
* 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.	Yes
If you answered "Yes" above, please enter your FDIN/FDID.	62210
Headquarters or Main Station Physical Address	
* Physical Address 1	645 Randolph Avenue
Physical Address 2	
* City	Saint Paul
* State	Minnesota
* Zip	55102 - 3523
* Mailing Address 1	645 Randolph Avenue
Mailing Address 2	
* City	Saint Paul
* State	Minnesota
* Zip	55102 - 3523
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
Applicant Budget	

<p>* What is your department's operating budget (i.e., personnel, maintenance of apparatus, equipment, and facilities; utility costs; purchasing expendable items, etc.) for the current (at time of application) fiscal year and for the previous three fiscal years? Please indicate in the text box next to each of the budget figures what fiscal year that amount pertains to.</p>	<p>64437128</p> <p>Budget: 64106641 Fiscal Year: 2017 Budget: 61665856 Fiscal Year: 2016 Budget: 60122304 Fiscal Year: 2015</p>
<p>* Financial Need: Why are you unable to fund this project without Federal assistance? How are the critical functions of your organization affected without this funding? Please provide the details of your current operating budget. Include information on efforts to obtain funding elsewhere and how similar projects have been funded in the past(4000 characters).</p>	
<p>While the Saint Paul Fire Department has a seemingly large budget (\$64,437,128), approximately 92% of that budget goes toward personnel costs. Only approximately \$30,000 or 0.04% is allocated for fire prevention. This amount must cover all supplies for arson investigations, mileage, training, and any fire and life safety program expenses such as supplies and materials. Declining property values in the last decade have resulted in decreased funding for the city and therefore the fire department over the past several years. Additionally, the State of Minnesota has made cuts to local government aid of approximately 46% in the past several years, further putting a strain on the budget, all while call volume continues to increase. Over the last two years, all increases to staffing costs, such as increased cost of benefits and cost-of-living adjustments have been required to be absorbed from the non-personnel areas of the budget, such as fire prevention.</p> <p>Project Safe Haven, is a program complete with a resident self-inspection and a fire department home visit to install smoke alarms, carbon monoxide alarms, and stove top fire extinguishers. It was established in 2009 thanks to grant funding. Since 2009, over 1,500 home visits have been conducted. As the result of increased marketing Project Safe Haven on the neighborhood social media website Nextdoor.com as well as at other community events, the demand for Project Safe Haven has increased from 141 home visits in 2015 to 258 in 2017. The demand continues to increase as awareness of the program grows.</p> <p>After studying UL documentation regarding the closing of doors to slow the spread of smoke and fire paired with the decrease in flashover times, we are now including additional smoke alarms for every sleeping area. (Previously we provided a maximum of two smoke alarms) This change was made to encourage residents to sleep with doors closed as well as providing residents with early notification of a fire.</p> <p>To install four sealed smoke alarms, one carbon monoxide and flammable gas alarm, one battery operated carbon monoxide alarm and a set of stove top fire extinguishers, the cost is \$178.09 per home, not including costs for printed materials. Even if our fire prevention budget was entirely dedicated to Project Safe Haven (which is not possible), we would only be able to reach 176 homes, far less than the 260 we reached in 2017. Due to lack of funding to purchase these supplies, we have had to temporarily suspend Project Safe Haven multiple times in both 2016 and 2017</p> <p>The Saint Paul Fire Department has had limited success in obtaining outside support and funding. The American Red Cross and Kidde provide photoelectric smoke alarms, and some battery operated carbon monoxide alarms. Numerous attempts to secure additional donations of plug in carbon monoxide alarms and stove top fire extinguishers from various businesses and grant funding from various foundations have been unsuccessful.</p>	
<p>Additional Information</p>	
<p>* This fiscal year, are you receiving Federal funding from any other grant program for the same purpose for which you are applying for this grant?</p>	<p>No</p>
<p>* Is the applicant delinquent on any federal debt?</p>	<p>No</p>
<p>* This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?</p>	<p>No</p>
<p>* 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</p>	<p>No</p>

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.	
If you answered "Yes" to any of the additional questions above, please provide an explanation in the space provided below(4000 characters):	

FEMA Form 080-0-3

Request Information

Program Name
Fire Prevention and Safety

FEMA Form 080-0-3

Request Details Summary

The number of projects and cost for the activity Fire Prevention and Safety are listed in the table below.

Activity	Number of Projects	Total Cost
Fire Prevention and Safety	1	\$ 169,300

FEMA Form 080-0-3

Fire Prevention And Safety Projects**DEPARTMENT OF HOMELAND SECURITY****Federal Emergency Management Agency****Activity Specific Questions for Fire Prevention and Safety Applicants**

OMB No.: 1660-0054

Expiration Date: August, 31 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2.5 hours per response for FEMA Form 080-0-3a "Activity Specific Questions for Fire Prevention and Safety Applicants". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

To review other sections of your application, select the appropriate section from the pull-down menu above and then press the Go button. You may [edit this application](#) if you want to correct a mistake. After you have reviewed all the sections and are satisfied with the information, please click on the Submit Application link on the left to complete your submission.

Note: Fields marked with an * is required.

Fire Prevention and Safety	
Community Risk Reduction Project	Action
Community Risk Reduction - Capabilities Information	View Details
Project	Action
Community Risk Reduction-Smoke Alarm Campaign	View Details

In the space provided below, please provide a brief synopsis of the proposed project and then identify the specific goals and objectives of your project.

Project Safe Haven is a smoke alarm installation campaign which includes residents completing self-inspections of their home using a booklet we provide, plus home visits where firefighters install smoke alarms, carbon monoxide alarms, stove top fire extinguishers and review the residents' self-inspection checklist, and help them create and practice a home escape plan. The goal of Project Safe Haven for 2018 is to complete 350 home visits and for the first time be able to reach residents for whom English is not their primary language. Additionally, we have the goal to protect under represented and underserved residents that may not be able to afford this life saving equipment.

Item	Number of units for first 12 months	Cost per unit for first 12 months	Total Cost in first 12 months	Number of units for second 12 months	Cost per unit for second 12 months	Total Cost in second 12 months	Total Cost	Action
1. Kidde i9010	1400	\$ 19	\$ 26,600	1400	\$ 19	\$ 26,600	\$ 53,200	View Details
2. Kiddie Battery CO Alarm KN-COB-LP2	350	\$ 17	\$ 5,950	350	\$ 17	\$ 5,950	\$ 11,900	View Details
3. Kidde Plug in CO Alarm	350	\$ 45	\$ 15,750	350	\$ 45	\$ 15,750	\$ 31,500	View Details
4. Interpreter Costs	200	\$ 150	\$ 30,000	200	\$ 150	\$ 30,000	\$ 60,000	View Details
5. Hearing Impaired Smoke and CO alarm	10	\$ 220	\$ 2,200	10	\$ 220	\$ 2,200	\$ 4,400	View Details
6. Black and Decker Drills	10	\$ 30	\$ 300	0	\$ 0	\$ 0	\$ 300	View Details
7. Safe Haven Books	1000	\$ 3	\$ 3,000	1000	\$ 3	\$ 3,000	\$ 6,000	View Details
8. Door Hangers	1000	\$ 1	\$ 1,000	1000	\$ 1	\$ 1,000	\$ 2,000	View Details
Total			\$ 84,800			\$ 84,500	\$ 169,300	

Community Risk Reduction Project(s)

View Project

Community Risk Reduction Project Information	
*1. Project	Smoke Alarm Campaign
*If you selected "Other", above, please specify	
* 2. Who is the target audience for the planned project?	<div>Children under 14 Adults over 65</div> <div>High risk group</div> <div>Other: Low Income</div>
* 3. What is your estimated size of the target audience?	100000
* 4. How was this target audience determined?	Informal Assessment

If "None of the above", briefly describe the method used to determine target audience(800 characters)

* In the space provided below, please provide a brief synopsis of the proposed project and then identify the specific goals and objectives of your project. (1000 characters)

Project Safe Haven is a smoke alarm installation campaign which includes residents completing self-inspections of their home using a booklet we provide, plus home visits where firefighters install smoke alarms, carbon monoxide alarms, stove top fire extinguishers and review the residents' self-inspection checklist, and help them create and practice a home escape plan. The goal of Project Safe Haven for 2018 is to complete 350 home visits and for the first time be able to reach residents for whom English is not their primary language. Additionally, we have the goal to protect under represented and underserved residents that may not be able to afford this life saving equipment.

*5. Will you install the alarms?

Yes

If "No", Describe the plan for ensure the alarms will be installed(800 characters)

*6. Describe the type of alarms that will be installed and the rationale for this selection(800 characters)

We will be installing the Kidde i9010 Smoke Alarms in homes where there are no existing hardwired alarms. We prefer these alarms as they have sealed 10 year battery that cannot be removed. We also prefer these alarms due as once they are activated most people do not disable the alarms. This alarm was also selected as we are able to install all the same alarm throughout the home making it easier for residents to test their smoke alarms.

In homes that have hardwired alarms, we will install Kidde I12010S Worry Free hardwire alarms with sealed battery backup. We will utilize the Kidde K-AF adapters so that we are able to change these alarms without altering any wiring.

Carbon Monoxide alarms will be the Kidde 9CO5-LP2 and the KN-COEG-3 to provide a high level of protection to occupants.

*7. In the space provided below, please explain your experience and ability in developing and conducting (i.e., timely and satisfactory project completion) past fire prevention and safety projects. Additionally, please demonstrate the experience and expertise you have in managing the type of project you are proposing:(2000 characters)

The Saint Paul Fire Department has a long history of successfully developing, conducting and evaluating fire prevention and life safety projects. Project Safe Haven has been in existence since 2009 and has been very successful with well over 1500 home visits completed. Project Safe Haven has grown from 56 home visits in 2009 to 260 in 2017. Feedback from residents has been overwhelmingly positive and the demand for Project Safe Haven currently exceeds our ability to financially support the program without outside funding. To help our mission of reaching high-risk underserved residents of Saint Paul, we have formed partnerships with Regions Hospital, Meals on Wheels, community nurse programs, and the American Red Cross. Our fire and life safety educator has been trained in NFPA's Remembering When curriculum, as well as several other community risk reduction courses through the National Fire Academy to develop, implement, and assess programs. Saint Paul Fire's prevention staff have also developed and implemented a variety of programs such as a kitchen fire safety demonstration trailer, Safety Camps for school-aged children, community summer safety fairs, fire explorer post partnered with Saint Paul Schools, youth fire play intervention program, Remembering When programs, as well as programs for Pre-kindergarten through high school students in more than 100 schools. Saint Paul has successfully used data to identify childhood injury issues, create a targeted strategy to address the problem using a custom risk reduction curriculum which measures positive outcomes of injuries identified as problems. Saint Paul Fire Department's Public Education Department is respected and has been invited to present at conferences such as NFPA's Remembering When conference, Minnesota's Health and Safety Conference, and the NFPA conference.

*8. The narrative portion of the application should contain supporting information that allows for evaluation of this project. If you are applying for a grant in the Fire Prevention and Safety Activity, your Narrative Statement must address the evaluation elements as outlined in the FY2017 Notice of Funding Opportunity.

Keep in mind that the evaluation of your application will also be based on a clear understanding of your proposal, your ability to meet the objectives of the program, and your probability of successfully delivering

your project to the population targeted. You need to fully explain how the funds will be used to accomplish the goals of your project. To that end, be sure to include descriptions/justification for all budgeted items - items not justified may be disallowed.

Your narrative is broken out into 5 separate sections which are required, with an optional Additional Comments section. Each section will address each of the criteria upon which your application will be evaluated and scored. Due to the built in "time-out" feature, we recommend you create the narrative text in your word processing system and then copy it into the spaces provided below. Images, attachments, and special characters of formatting (i.e.: quote marks, bold print, bullet points, symbols, etc.) are not allowed.

***8a. Vulnerability Statement: What is the vulnerability in your community that you have identified? What statistics correspond with and support your project and target audience? Please describe the steps which were taken to determine the vulnerability and target audience and describe the methodology for determining all of the above. (5000 characters)**

Through an evaluation of local and national fire data, the Saint Paul Fire Department has found cooking fires to be a concern to our community. From 2012 to 2014, 85% of fires in Saint Paul were residential fires. 70% of those were classified as cooking fires. According to data from the Minnesota State Fire Marshal, Saint Paul has an average of 27.2 structure fires per 10,000 people. This is significantly higher than the statewide average of 11.6 per 10,000 and the national average of 15.4 per 10,000 people. This high rate of fire was noticed by the Hartford Insurance company that ranked the City of Saint Paul as one of the top ten communities in the United States most at risk of fires.

Over the last four years, Saint Paul has an average of 19.22 cooking fires per 10,000 residents compared to an average of 4.44 in Minnesota. In recent years, 100% of our unintentional fire fatalities occurred in residential occupancies. These numbers demonstrate a need to focus on reducing the occurrence of residential fires, especially cooking fires.

Poverty is a known risk factor for fire. 26.0% of residents in the City of Saint Paul are living at or below the poverty line, according to 2010 Census data. This is significantly higher than the Minnesota average of 12.7% of families, and even more concerning is the 33.0% of Saint Paul children under the age of 18 who are living below the poverty line. Those living in poverty are far less likely to have the resources needed to install and maintain smoke alarms, carbon monoxide alarms, and stove top fire extinguishers. Using census data, we have been able to identify 13 different census tracts in the City of Saint Paul that have Extreme Poverty.

According to the 2010 Census, 26.9% of Saint Paul residents speak a language other than English. There is a significant correlation between people in poverty who do not speak English as their primary language and an increased risk for fire. Five of the 13 census tracts with extreme poverty, have more than 53% of residents who speak a language other than English at home. Currently, the majority of our fire prevention and public education materials are only available in English. A significant portion of our population is limited in their ability to receive and comprehend our safety messages. Over 100 languages and dialects are spoken in the city, including Hmong, Spanish, Oromo Karen and Somali are most common languages other than English spoken in the City of Saint Paul. We currently use community resources to translate our Project Safe Haven booklet. Part of our project is the desire to have social media in several languages with the ability to translate printed materials as need. We are seeking funding to be able to hire interpreters who speak the five most common languages other than English and participate in accompanying fire crews to complete Safe Haven Visits. With funding we will have the ability to serve our non-English speaking residents utilizing certified interpreters to address an increased fire risk attributed to cultural cooking practices and lack of awareness of regarding fire and life safety information.

***8b. Implementation Plan: Provide details on the implementation plan which discusses the proposed project's goals and objectives. What are the methods and specific steps that will be used to achieve the goals and objectives? If applicable, what examples can you provide of marketing efforts to promote the project? Who will deliver the project and what partnerships may be involved along with how they will support this project? How will the materials or deliverables be distributed? (5000 characters)**

The goal of Project Safe Haven is to reach as many residents as possible and to reduce the fire risk in Saint Paul. Since 2009, 1,542 Project Safe Haven home visits have been completed. With approximately 290,000 residents in 110,000 residential units, the request of Safe Haven visits has increased due to a large social media and advertising presence. This has exceeded our ability to provide materials, leading

us to temporarily suspend home visits multiple times.

Our goal is to conduct neighborhood door-to-door Project Safe Haven events with interpreters in neighborhoods with limited English proficiency and identified as high risk. By being proactive and conducting a door to door campaign, we will serve the residents where they are located .

Timeline:

- July 2018

- o Identify census tracts with high levels of poverty, languages other than English as a primary language, and high rates of fire over the last 5 years
- o Purchase smoke alarms with 10 year tamper resistant sealed batteries
- o Purchase carbon monoxide alarms
- o Purchase stove top fire extinguishers , both under hood and under microwave models
- o Printing of Project Safe Haven materials in English with a language block
- o Conduct surveys to determine awareness of Project Safe Haven as well as current safety practices such as testing and replacing smoke alarms and creating and practicing escape plans.

- August 2018

- o Press release sent to local media promoting changes to Project Safe Haven, leading to a local media coverage

- o Project Safe Haven home visits

- o Create schedule for door to door canvassing campaign

- o Meeting with interpreters to familiarize them with Project Safe Haven materials and home visit program

- September 2018 through June 2019

- o Promotion of Project Safe Haven by canvassing with door hangers in targeted neighborhoods several weeks prior to event.

- o Social media/website promotion continues

- o Promotion of Project Safe Haven at various community events such as National Night Out/Night to Unite block parties in August, Fire Prevention Week activities in October, monthly car seat checkup events, etc.

- o Use Red Cross door-to-door smoke alarm installation campaign to assist with targeted events in identified high-fire risk neighborhoods.

- o Completion of 1-2 door-to-door campaigns per month

- o Prevention staff will send follow up surveys, compile results, and compare the data to Safe Haven Data submitted by crews to look for changes in behavior.

- June 2019 and beyond

- o Continue analysis of fire safety and prevention data to determine the effectiveness of the program

- o Use program data to implement a replacement plan for alarms reaching the end of their service life.

***8c. Evaluation Plan: How will the proposed project be evaluated for its impact on the target audience? Describe how you will measure risk at the outset of the project in comparison to how much the risk decreased after the project is finished. (5000 characters)**

Saint Paul's Project Safe Haven will utilize several different evaluation methods including surveys, quantitative data tracking of fire incidents to determine overall fire rates. as well, as tracking to see if there are any fires in Safe Haven homes. Data will continue to be collected representing Safe Haven In order to determine whether Project Safe Haven participants have changed their behavior as a result of their participation, a follow up survey will be conducted beginning July 2018. The survey asks questions regarding the participants' satisfaction with the program, have checked their smoke and carbon monoxide alarms, whether they have practiced their escape plan, and if they have any comments about Project Safe Haven. Not only will these surveys be used to determine if participants are practicing the fire safety behaviors taught through Project Safe Haven, but can be compared to existing data collected during Safe Haven visits. This data will allow us to determine if participation in the program results in a behavioral safety changes.

To track the impact of Project Safe Haven on residential fires in the City of Saint Paul, we will look at several different data points. We will look for long term changes in the rates of residential fires as a whole, as well as other preventable fires such as those caused by cooking, careless smoking, heating, open flame, and youth fire play. Fire data is compared weekly to the list of all addresses of Project Safe Haven participants to determine whether there has been any fire in a Safe Haven home. This way we will be able to monitor our goal of no fires in Safe Haven homes. Data will collected on Project Safe Haven home visits will be used to determine if there are areas which Safe Haven may have been beneficial or if there are areas in need of greater focus.

One of the most basic ways we will evaluate whether we reach our goal of completing 300 Project Safe Haven home visits is to keep a count of the number of completed home visits during the period of July 1,

2018 through June 30, 2019.

When Residents sign up for Project Safe Haven, data will be collected asking how they learned about the program. By tracking this information, we are able to determine what methods are currently successful so we are able to better target our future marketing and advertising of the program to be most effective in reaching the greatest number of residents possible.

***8d. Cost Benefit: Does your project demonstrate a high benefit for the cost incurred? Are the costs associated with the project reasonable for the target audience that will be reached? If so, demonstrate the above in addition to the cost benefits and how you plan to maximize the level of funding that goes directly into the delivery of the project. (2500 characters)**

Project Safe Haven has a high percentage of the budget going directly to the residents. Home visits are performed by fire personnel, and community volunteers during regular work hours, there are no staffing costs associated with Project Safe Haven. Approximately 90% of the funding for this project is for items that go directly into the recipients homes: smoke alarms, carbon monoxide alarms, stove top fire extinguishers, and printed materials. There is also a minimal cost incurred for miscellaneous supplies to complete the installations.

A very small portion of the budget for this project (approximately 1%) goes toward fire department supplies such as drills, chargers, and drill bits for installing the smoke alarms. While these are not materials that the residents keep, they are used directly to benefit the residents to install the smoke alarms. In this regard, 100% of the costs for Project Safe Haven benefit our community. There are no administrative or other fees that go toward our staff, the goal is to make our community be safer. As an additional cost-benefit, if we are successful in educating our community in fire and life safety topics, resulting in a decrease in fire loss and EMS calls. this will be a cost saving to the fire department and will have a beneficial impact on the safety and well-being of all of our firefighters and mutual aid partners.

***8e. Sustainability: Is it your organization's intent to deliver this program after the grant performance period? If so, how will the overall activity be sustained and what are the long-term benefits? Examples of sustainable projects can be illustrated through the long-term benefits derived from the delivery of the project, the presence of non-federal partners likely to continue the effort, or the demonstrated long-term commitment of the applicant. (2500 characters)**

The Saint Paul Fire Department intends to continue Project Safe Haven, after the grant ends. We are committed to maintaining and growing this program. Project Safe Haven received a Fire Prevention and Safety grant in 2011 that increased funding allowed us to perform an increased number of home visits that year. Without grant funding we are unable to meet the demands of the program, we are still committed to continue with the program with future funding. We have partnered with the American Red Cross, Regions Hospital, and Meals on Wheels, and an area block nurses program to help increase our reach and help make the program more sustainable. We will also continue to seek support of in-kind and grant donations from various businesses and foundations.

Since the smoke alarms have long-life sealed batteries, they should be effective for approximately 10 years, meaning this is a program with a lasting impact for our residents. However, as we are approaching the end of life for the alarms installed at the start of Project Safe Haven, we need to start developing a plan for re-visiting these homes to install new, unexpired smoke alarms.

The Saint Paul Fire Department has remained committed to public education and community outreach. The Saint Paul Fire Department has remained dedicated to supporting our public education efforts as much as possible despite deep cuts to our funding. The senior leadership also continually attempts to gain support from the City of Saint Paul administration to increase the funding for the Fire Department in order to support Project Safe Haven.

8f. Additional Comments: If you have any additional comments about your project, please provide them here. (3000 characters)

The Saint Paul fire Department is committed to serving all underrepresented communities, in addition to Limited English Proficient and low income residents we also have a large population of hearing impaired residents that we are unable to accommodate in our current Safe Haven Program. It is our desire to purchase and install Smoke alarms and CO alarms with bed shakers for hearing impaired residents.

At a cost of \$219.00 per unit it is currently impossible to provide these potentially lifesaving devices, without this grant funding it is cost prohibitive to purchase and install these devices for the hear impaired.

FEMA Form 080-0-3a

Budget Item

* Item	Kiddie Battery CO Alarm KN-COB-LP2
* Select Object Class	Supplies
If you selected other above, please specify	
First Twelve Months:	
Number of units, first twelve months	350 (Whole number only)
Cost per unit, first twelve months	\$ 17 (Whole dollar amounts only)
Total for first twelve months:	\$ 5950
Second Twelve Months:	
Number of units second twelve months	350 (Whole number only)
Cost per unit second twelve months	\$ 17 (Whole dollar amounts only)
Total for second twelve months:	\$ 5950
* Description The space to the right should be used to provide further clarification on the costs (i.e. personnel costs: number of hours/rate/staff; or meeting costs: number of meetings/days/attendees). When describing personnel costs please include an hourly rate per person and percentage of effort. When describing travel costs, please include cost per person/per trip and detail out airfare costs, lodging costs, per diem costs and other costs as well as number of days of travel. Budget justification for travel should also be included in the project narrative.	Kidde Battery Operated CO Alarm

FEMA Form 080-0-3a

Budget Item

* Item	Kidde Plug in CO Alarm
* Select Object Class	Supplies
If you selected other above, please specify	
First Twelve Months:	
Number of units, first twelve months	350 (Whole number only)
Cost per unit, first twelve months	\$ 45 (Whole dollar amounts only)
Total for first twelve months:	\$ 15750
Second Twelve Months:	
Number of units second twelve months	350 (Whole number only)
Cost per unit second twelve months	\$ 45 (Whole dollar amounts only)
Total for second twelve months:	\$ 15750
* Description The space to the right should be used to provide further clarification on the costs (i.e. personnel costs: number of hours/rate/staff; or meeting costs: number of meetings/days/attendees). When describing personnel costs please include an hourly rate per person and percentage of effort. When describing travel costs, please include cost per person/per trip and detail out airfare costs, lodging costs, per diem costs and other costs as well as number of days of travel. Budget justification for travel should also be included in the project narrative.	Kidde Lifesaver Plug-in Carbon Monoxide Gas and Propane Alarm w/ Digital Display

FEMA Form 080-0-3a

Budget Item

* Item	Interpreter Costs
* Select Object Class	Other
If you selected other above, please specify	Hour cost for interpreter services
First Twelve Months:	
Number of units, first twelve months	200 (Whole number only)
Cost per unit, first twelve months	\$ 150 (Whole dollar amounts only)
Total for first twelve months:	\$ 30000
Second Twelve Months:	
Number of units second twelve months	200 (Whole number only)
Cost per unit second twelve months	\$ 150 (Whole dollar amounts only)
Total for second twelve months:	\$ 30000
* Description The space to the right should be used to provide further clarification on the costs (i.e. personnel costs: number of hours/rate/staff; or meeting costs: number of meetings/days/attendees). When describing personnel costs please include an hourly rate per person and percentage of effort. When describing travel costs, please include cost per person/per trip and detail out airfare costs, lodging costs, per diem costs and other costs as well as number of days of travel. Budget justification for travel should also be included in the project narrative.	200 hours of Interpreter services at \$150.00 per hour.

FEMA Form 080-0-3a

Budget Item

* Item	Safe Haven Books
* Select Object Class	Supplies
If you selected other above, please specify	
First Twelve Months:	
Number of units, first twelve months	1000 (Whole number only)
Cost per unit, first twelve months	\$ 3 (Whole dollar amounts only)
Total for first twelve months:	\$ 3000
Second Twelve Months:	
Number of units second twelve months	1000 (Whole number only)
Cost per unit second twelve months	\$ 3 (Whole dollar amounts only)
Total for second twelve months:	\$ 3000
* Description The space to the right should be used to provide further clarification on the costs (i.e. personnel costs: number of hours/rate/staff; or meeting costs: number of meetings/days/attendees). When describing personnel costs please include an hourly rate per person and percentage of effort. When describing travel costs, please include cost per person/per trip and detail out airfare costs, lodging costs, per diem costs and other costs as well as number of days of travel. Budget justification for travel should also be included in the project narrative.	Printing cost for Safe Haven Books 18 pages, color with pictures

FEMA Form 080-0-3a

Budget Item

* Item	Door Hangers
* Select Object Class	Supplies

If you selected other above, please specify

First Twelve Months:

Number of units, first twelve months	1000 (Whole number only)
Cost per unit, first twelve months	\$ 1 (Whole dollar amounts only)
Total for first twelve months:	\$ 1000

Second Twelve Months:

Number of units second twelve months	1000 (Whole number only)
Cost per unit second twelve months	\$ 1 (Whole dollar amounts only)
Total for second twelve months:	\$ 1000

*** Description**

The space to the right should be used to provide further clarification on the costs (i.e. personnel costs: number of hours/rate/staff; or meeting costs: number of meetings/days/attendees). When describing personnel costs please include an hourly rate per person and percentage of effort. When describing travel costs, please include cost per person/per trip and detail out airfare costs, lodging costs, per diem costs and other costs as well as number of days of travel. Budget justification for travel should also be included in the project narrative.

Printed color trifold door hangers

FEMA Form 080-0-3a

Budget Item

* Item	Hearing Impaired Smoke and CO alarm
* Select Object Class	Supplies
If you selected other above, please specify	

First Twelve Months:

Number of units, first twelve months	10 (Whole number only)
Cost per unit, first twelve months	\$ 220 (Whole dollar amounts only)
Total for first twelve months:	\$ 2200

Second Twelve Months:

Number of units second twelve months	10 (Whole number only)
Cost per unit second twelve months	\$ 220 (Whole dollar amounts only)
Total for second twelve months:	\$ 2200

*** Description**

The space to the right should be used to provide further clarification on the costs (i.e. personnel costs: number of hours/rate/staff; or meeting costs: number of meetings/days/attendees). When describing personnel costs please include an hourly rate per person and percentage of effort. When describing travel costs, please include cost per person/per trip and detail out airfare costs, lodging costs, per diem costs and other costs as well as number of days of travel. Budget justification for travel should also be included in the project narrative.

Harris Communications HC-CA360-C2 CentralAlert Alarm Clock with Audio Sensor

FEMA Form 080-0-3a

Budget Item

* Item	Kidde i9010
* Select Object Class	Supplies
If you selected other above, please specify	

First Twelve Months:

Number of units, first twelve months	1400 (Whole number only)
Cost per unit, first twelve months	\$ 19 (Whole dollar amounts only)
Total for first twelve months:	\$ 26600
Second Twelve Months:	
Number of units second twelve months	1400 (Whole number only)
Cost per unit second twelve months	\$ 19 (Whole dollar amounts only)
Total for second twelve months:	\$ 26600
* Description The space to the right should be used to provide further clarification on the costs (i.e. personnel costs: number of hours/rate/staff; or meeting costs: number of meetings/days/attendees). When describing personnel costs please include an hourly rate per person and percentage of effort. When describing travel costs, please include cost per person/per trip and detail out airfare costs, lodging costs, per diem costs and other costs as well as number of days of travel. Budget justification for travel should also be included in the project narrative.	Kidde i9010 is a sealed 10 ionization smoke alarm.

FEMA Form 080-0-3a

Budget Item

* Item	Black and Decker Drills
* Select Object Class	Equipment
If you selected other above, please specify	
First Twelve Months:	
Number of units, first twelve months	10 (Whole number only)
Cost per unit, first twelve months	\$ 30 (Whole dollar amounts only)
Total for first twelve months:	\$ 300
Second Twelve Months:	
Number of units second twelve months	0 (Whole number only)
Cost per unit second twelve months	\$ 0 (Whole dollar amounts only)
Total for second twelve months:	\$ 0
* Description The space to the right should be used to provide further clarification on the costs (i.e. personnel costs: number of hours/rate/staff; or meeting costs: number of meetings/days/attendees). When describing personnel costs please include an hourly rate per person and percentage of effort. When describing travel costs, please include cost per person/per trip and detail out airfare costs, lodging costs, per diem costs and other costs as well as number of days of travel. Budget justification for travel should also be included in the project narrative.	Black and Decker 12 volt drills

FEMA Form 080-0-3a

Research And Development Projects**Budget**

Budget Object Class			
Budget Amount			Total

	First 12-Month Period	Second 12-Month Period	
Personnel	0	0	0
Benefits	0	0	0
Travel	0	0	0
Equipment	300	0	300
Supplies	54,500	54,500	109,000
Contractual	0	0	0
Construction	0	0	0
Other	30,000	30,000	60,000
Indirect Charges	0	0	0
Total	84,800	84,500	169,300

Indirect Cost Details (complete this section only if you have a Federally approved Indirect Cost Rate agreement). Please note you must add the Indirect Costs as a line item within the Request Details section as they are not automatically calculated.

Agency Indirect Cost Agreement with	
Indirect Cost Rate	%
Agreement Summary	
Total Federal and Applicant Share	
Federal Share	\$ 161,239
Applicant Share (Cash OR In-Kind)	\$ 8,061
Applicant Share of Award (%)	5
* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 8,061)	

a. Applicant	\$ 8,061
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	\$ 169,300
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FEMA Form 080-0-3a

Narrative Statement

The narrative for Fire Prevention and Safety is provided when adding Fire Prevention and Safety Projects under the Request Details section.

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
<p>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.</p> <p>As the duly authorized representative of the applicant I certify that the applicant:</p> <ol style="list-style-type: none"> 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 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 **Gerone A Hamilton** on **03/16/2018**

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 FEMA determines to award the covered transaction, grant, or cooperative agreement.

1. Lobbying

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

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

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

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

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

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

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

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

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

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

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

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

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

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

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

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

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable FEMA awarding office, i.e. regional office or FEMA 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 FEMA funding. States and State agencies may elect to use a Statewide certification.

Signed by Gerone A Hamilton on 03/16/2018

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
Request Information	Complete
Request Details	Complete
Budget	Complete
Narrative Statement	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 asterisk (*) are required.

I, Gerone A Hamilton, am hereby providing my signature for this application as of 07-Aug-2018.