GRANT APPLICATION

Grant Assistance to Firefighters Grant 21-23

Department: FIRE DEPARTMENT

Grantor: US DEPT OF HOMELAND SECURITY - FEMA

Pass-Through

Grantor

Total \$304,181.82 **Metro Cash** \$30,418.18

Department Leigh Anne Burtchaell

862-6364

Status NEW

Program Description:

The FY2020 Assistance to Firefighters grant will provide funds for the purchase of equipment to protect the health and safety of the public and first responders against fire and fire-related hazards.

Plan for continuation of services upon

We previously funded these expenses through 4% allocations.

APPROVED AS TO APPROVED AS TO FORM AVAILABILITY OF FUNDS:

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

<u> 2 run (runbo/tlo</u> 1/27/2021

Director of Finance

Date—os

-DocuSigned by:

1/28/2021

-Metropolitan Attorney

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:

Balogun Cobb 1/28/2021

Director of Risk Date

Management Systems

DocuSigned by:

1/28/2021

Metropolitan Mayor

Date [

Date

(This application is contingent upon approval of the application by the Metropolitan Council.)



Grants Tracking Form

_	_				Part (
Pre-Ap	plication	n O	Application ()	Award Accepta		Contract Amendm	nent O		
	Depart		Dept. No.			Contact			Phone	Fax
FIRE DEPA	RTMENT	▼	032	Leigh Anne Burt	chaell				862-6364	214-3680
Grant N	lame:		Assistance to Fi	refighters Grant 2	21-23					
Granto	r:		US DEPT OF HOMELA				▼ Other:			
Grant F	Period F	rom:	05/01/21		(applications only) A	nticipated Applicat	ion Date:	02/12/21		
Grant F	Period T	o:	04/30/23		(applications only) A	pplication Deadline):	02/11/21		
Fundin	g Type:		FED DIRECT	_		Multi-Departme	ent Grant	\sqcap	► If yes, list	below.
Pass-Th			7-2-7-11-2-1	▼	-	Outside Consu			1. 700, 1.0	DOIO III
Award			COMPETITIVE	_		Total Award:		\$304,181.82		
Status:	• •		NEW	_	-	Metro Cash Ma	tch:	\$30,418,18		
	Categor	/ :	New Initiative	_	-	Metro In-Kind I		\$0.00		
CFDA #		<u>/-</u>	97,044		_		roval required?	<u> </u>		
	Descri	otion:				Applic Submitted	•			
			rice after expirate penses through	tion of grant/Bud 4% allocations.	dgetary Impact:	:				
How is	Match I	Determined?								
Fixed A	Mount	of \$		or	10.0%	% of Grant		Other:		
			ns of determini							
				l local Metro cas						
		epartment bud	lget?		X	Fur		Business Unit		4600
	udgete						osed Source of I	Match:	4	%
(Indicat	e Match	Amount & Sc	ource for Remain	ning Grant Year	s in Budget Bel	ow)				
Other:										
		s the grant w			0.00		of positions add	ed:	0.00	
		ndirect Cost F					Grant to Metro:		\$89,855.31	
		allowed?	○ Yes ● No	% Allow.		•	ested from Grant	or:	\$89,855.31	in budget
	•		ntation from the g	rantor that indire	ct costs are not a	illowable. See In	structions)			
		owable?	D 4							
Metro	or Comn	nunity-based l	Partners:							
					Part Tw	0				
						nt Budget				
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1 Yr 2	FY21 FY	\$304,181.82			\$30,418.18	30003, 322146	600	\$334,600.00	\$89,855.31	\$89,855.31

 $\begin{array}{c} \textbf{Contact:} \, \underline{\textbf{trinity.weathersby@nashville.gov}} \\ \underline{\textbf{vaughn.wilson@nashville.gov}} \end{array}$

\$304,181.82

Date Awarded:

(or) Date Denied:

(or) Date Withdrawn:

Rev. 5/13/13 5173

Yr 4

Yr 5

Total

FY

FΥ

GCP Rec'd 01/27/21

\$0.00

\$30,418.18

Tot. Awarded:

Reason:

Reason:

\$0.00

GCP Approved 01/27/21

\$0.00

Contract#:

VW

\$89,855.31

\$89,855.31

\$334,600.00

Nashville

Davidson County

Zip code 37206

Status: Pending submission Fiscal Year (FY) 2020 Assistance to Firefighters Grants Application ID: EMW-2020-FG-13658 OMB number: 1660-0054, Expiration date: 11/30/2022 View burden statement System for Award Management (SAM.gov) profile Please identify your organization to be associated with this application. All organization information in this section will come from the System for Award Management (SAM) profile for that organization. NASHVILLE, CITY OF Information current from SAM.gov as of: 01/12/2021 078217668 DUNS (includes DUNS+4): Employer Identification Number (EIN): 620694743 Organization legal name: NASHVILLE & DAVIDSON COUNTY, METROPOLITAN **GOVERNMENT OF** Organization (doing business as) name: NASHVILLE, CITY OF Mailing address: P.O. BOX 196300 NASHVILLE, TN 37219-6300 Physical address: 1 PUBLIC SQ NASHVILLE, TN 37201-5007 Is your organization delinquent on any federal debt? SAM.gov registration status: Active as of 01/10/2021 Applicant information Please provide the following additional information about the department or organization applying for this grant. Applicant name (i.e., fire department name) Nashville Fire Department Main address of location impacted by this grant Main address 1 63 Hermitage Ave. Main address 2 City State/territory

Zip extension

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

0000

Tennessee

Applicant characteristics	
of protecting the health and safety of the public and first resp information on available program areas and for more informa Please provide the following additional information about the	conder personnel against fire and fire-related hazards. Please review the Notice of Funding Opportunity Announcement (NOFO) for atlon on the evaluation process and conditions of award.
A-Value Control Contro	V
The Department he District	
behalf of your organization and any number of other par	
How many active firefighters does your department	×
have who perform firefighting duties?	
650	
How many of your active firefighters are trained to the level of Firefighter I or equivalent?	
850	
How many of your active firefighters are trained to the level of Firefighter II or equivalent?	
850	
Are you requesting training funds in this application to	bring 100% of you <mark>r firefighters into compliance with NFPA 1001?</mark>
Yes	
No	
Which of the following standards does your organization	on meet regarding physicals? If physicals are not required then do not select any option. (optional)
✓ Meets NFPA or 1582 standard	
Meets NTSB or DOT standard	
Meets State/Local standard	
How many members in your department are trained to the level of EMR or EMT, Advanced EMT or Paramedic?	
850	
Does your department have a Community Paramedic pr	rogram?
Yes	
No	
How many stations are operated by your department?	
39	
Does your organization protect critical infrastructure of	f the state?
Yes	
The Assistance to Firefighters Castes Program's objective is to privide funding streetly for the operation and select of the public and the respective provides and the respective and selective of the public and the respective provides and the respective of the following distinction or available program areas and for more information on the evaluation process and conditions of available program areas and for more information on the evaluation process and conditions of available program areas and for more information about the explicant Applicant type Fire Department/Fire District Existing and applications a regional request? A regional request provides a direct regional and/or local benefit beyond your organization. You may apply for a regional request on behalf of your organization and any number of other participating eligible organizations within your region. Yes No What kind or disparization do you represent? All PaddCareer How many of your active firefighters does your department have who partorm firefighting duties? 850 How many of your active firefighters are trained to the level of Firefighter II or equivalent? 850 Are your requesting training funds in this application to bring 100% of your firefighters into compilance with NFPA 1001? Yes No Which is firefighter II or equivalent? 850 Are your requesting training funds in this application to bring 100% of your firefighters into compilance with NFPA 1001? Yes No Which of the following standards does your organization meet regarding physicals? If physicals are not required then do not select any option, (optional) Meets NTS8 or DOT standard Meets NTS8 or DOT standard Meets State Local standard Nov many members in your department are trained to represent the level of EMR or EMT, Advanced EMT or Paramedic; Piss No Does your department have a Community Paramedic program? Yes No Does your organization protect critical infrastructure of the state?	
Please describe the critical infrastructure protected below	
The state of the s	
States, We have 3 main interstates that converge in Nashv Data Center are considered national infrastructure). We pro-	ville. The main data center (Tennessee Data Center) for all of Wall Street trading is in Nashville (both AT&T and the Tennessee otect the Nashville International Airport, and the two main rail lines that converge in Nashville as well as two main gas lines that
Do you currently report to the National Fire Incident Rene	orting System (NFIRS)? You will be required to report to NFIRS for the entire period of the grant.
the contracts	
19632	

Data Center are considered national infrastructure). V	isasmine. The main data center (tennessee Data Center) for all of wall street trading is in Nashville (both AT&T and the Tennessee Ve protect the Nashville International Airport, and the two main rail lines that converge in Nashville as well as two main gas lines that It traffic with 3 main fuel depots are located in the county. Interstate 40 is also a main corridor of transport for nuclear fuel rods and son County with frequency.
Do you currently report to the National Fire Incident	Reporting System (NFIRS)? You will be required to report to NFIRS for the entire period of the grant.
Yes	
○ No	
Please enter your FDIN/FDID.	
19532	
Operating budget	
	personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) dedicated to it (at time of application) fiscal year, as well as the previous two fiscal years?
Current Fiscal Year	

Fiscal Year	Operating budget
2021	\$133,444,800.00
2020	\$130,017,600
2019	\$128,639,700

What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?

92 %

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

YesNo

2021

What percentage of the declared operating budget is derived from the 2021 2020 2019 following Taxes 73.15 % 66.3 % 66.3 % Bond issues 0% 0 % 0 % EMS billing 9.68 % 15.1 % 14.6 % Grants 17.17 % 18.3 % 18.7 % Donations 0 % 0% 0 % Fund drives 0 % 0 % 0% Fee for service 0 % 0 % 0 % Other 0 % 0.3 % 0.4 % Totals 100 % 100 % 100 %

Please explain the "Other" portion of the declared operating budget.

Fund balance appropriated.

Describe your financial need and how consistent it is with the intent of the AFG Program. Include details describing your organization's financial distress such as summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of your control.

The city of Nashville is resilient. We've survived direct hits from tornadoes, historic floods, bombings, viruses, economic downturns and continue to protect the city through all this hardship. What makes our case all the more challenging is the fact that all erstwhile stated incidents cause us to never get ahead in terms of budgets. We provide not just a service for Nashville, Davidson County but we support the entire mid region of the State of Tennessee in terms of pupport for HazMat and Fire when needed. We also have an aggressive training regime supported by IAFF and TEMA that requires our department to use a lot of our equipment to support these mutual ald calls as well as training. 92% of our budget goes strictly towards

personnel salaries. 4% goes towards maintenance, fuel costs of equipment and supplies, and the other 4% goes towards utilities and incidental costs. Our budget is extremely tight to the point that it would take us up to 4 years to purchase this equipment outright, if at all. For the first time since before the flood of 2010 we felt like we would finally be able to get ahead in terms of budgeting asks from the city, but 2020 had other plans for us as well as the rest of the world with the tornado marching across the County, numerous riots and a bombing for Christmas. To that end we're hoping to receive funding to enhance and or replace non-functioning monitors to bring our monitoring capabilities back up to FEMA standards to support not

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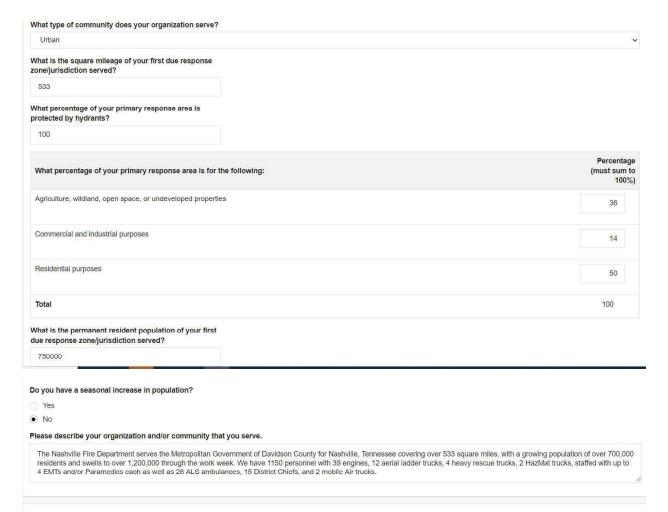
In cases of demonstrated economic hardship, and upon the request of the grant applicant, the FEMA Administrator may grant an Economic Hardship Waiver. Is it yo organization's intent to apply for an Economic Hardship Waiver?							
Yes							
No							
Other funding sources							
This fiscal year, are you receiving Federal funding from any other grant program for the same purpose for whicl	h you are applying for th	is grant?					
Yes No							
							This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?
Yes							
No							
	2020	2019	2018				
Applicant and community trends Please provide the following additional information about the applicant. Injuries and fatalities What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	2020	2019	2018				

What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	0	0	0
/hat is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	1	0	3
w many vehicles does your organization have in each of the type or class of vehicle listed below? You must include ve the been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possible. Seated riding positions The number of seated riding positions must be equal or greater than the total number of frontline and reserve an number of seated riding positions must be zero.	ossession.		
ype or class of vehicles	Number of frontline apparatus	Number of reserve apparatus	Number of seat riding position
ingines or pumpers (pumping capacity of 750 gallons per minute (GPM) or greater and water capacity of 300 gallons r more): pumper, pumper, type I, type II engine urban interface	39	9	288
ambulances for transport and/or emergency response	28	12	246
ankers or tenders (water capacity of 1,000 gallons or more)	2	1	5
derial apparatus: aerial ladder truck, telescoping, articulating, ladder towers, platform, tiller ladder truck, quint	12	5	102
sh/quick attack (pumping capacity of less than 750 GPM and water carrying capacity of at least 300 gallons): sh truck, patrol unit (pickup w/ skid unit), quick attack unit, mini-pumper, type III engine, type IV engine, type V jine, type VI engine, type VII engine	5	1	6
scue vehicles: rescue squad, rescue (light, medium, heavy), technical rescue vehicle, hazardous materials unit	6	2	48
ditional vehicles: EMS chase vehicle, air/light unit, rehab units, bomb unit, technical support (command, operational uport/supply), hose tender, salvage truck, ARFF (aircraft rescue firefighting), command/mobile communications icle	8	1	54
our department facing a new risk, expanding service to a new area, or experiencing an increased call volume? Yes No se explain how your department is facing a new risk, expanding service to a new area, or experiencing an increasing the service to a new area, or experiencing an increasing call disposal to the county in the last 24 months. Nashville is still rapidly growing with large scale events scheduled.	reased call volume.	ng of the AT&T building v	

Please provide the following additional information about the community your organization serves.

Type of jurisdiction served

County



Call volume

Please provide the total number of incidents that your organization responded to for each year of the previous three year period (Jan - Dec). Include only those alarms which your organization was a primary responder and not second due or giving Mutual Aid.

Note: Each incident must be counted only once regardless of the number of units or agencies that responded to that incident (e.g. a vehicle fire with entrapment and injuries may be counted as a vehicle fire or a rescue call or an EMS call, but not all three).

Summary

Summary of responses per year by category. Enter whole numbers only. If you have no calls for any of the categories, enter 0.

Summary of responses per year per category	2020	2019	2018
IFIRS Series 100: Fire	3088	2748	2370
NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)	155	137	107

NFIRS Series 300: Rescue & Emergency Medical Service Incident	78471	84250	79813
IFIRS Series 400: Hazardous Condition (No Fire)	3700	3447	2582
FIRS Series 500: Service Call	5554	6747	5640
IFIRS Series 600: Good Intent Call	21554	19137	16469
IFIRS Series 700: False Alarm & False Call	9165	9433	12990
IFIRS Series 800: Severe Weather & Natural Disaster	50	57	20
IFIRS Series 900: Special Incident Type	94	133	78
otal	121831	126089	120069

Fire

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

How many responses per year per category?	2020	2019	2018
of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)?	1256	914	861
f the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?	558	508	455
of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)?	135	185	150
Total	1949	1607	1466

What is the total acreage of all vegetation fires? Enter whole numbers only. If you have no vegetation fires, enter 0.

122	82
	122

Rescue and emergency medical service incidents

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

How many responses per year per category?	2020	2019	2018
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?	8215	9295	8403

Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?	8	13	9
Of the NFIR3 Series 300 calls, how many are "Rescues" (NFIR3 Codes 300, 351, 353-381)?	414	475	540
How many EMS-BLS Response Calls?	0	0	0
How many EMS-ALS Response Calls?	70493	82221	79474
How many EMS-BLS Scheduled Transports?	0	0	0
How many EMS-ALS Scheduled Transports?	Ö	0	0
How many Community Paramedic Response Calls?	0	0	0
Total	79130	92004	88426

Mutual and automatic aid How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0. 2020 2019 2018 How many responses per year per category? How many times did your organization receive Mutual Aid? 0 0 How many times did your organization receive Automatic Aid? How many times did your organization provide Mutual Aid? 0 2 How many times did your organization provide Automatic Aid? 512 6 Of the Mutual and Automatic Aid responses, how many were structure fires? 21 2 3 Total 555 15 24

Grant request details

Are you requesting a Micro Grant? A Micro Grant is limited to \$50,000 in federal resources.

Yes

No



Instructions

If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item <u>budget object class information</u>. • The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction. Select grant writer fee when adding an activity if there is a grant-writing fee associated with the preparation of the request

Grand total: \$334,600.00

Add activity

Program area: Operations and safety

Total requested for Equipment activity: \$334,600.00

Remove activity

Add item to Equipment

Please add the projects and items in your application for equipment. For each item you want funded, provide the requested information. Note: the unit price amount should reflect any volume discounts, rebates, etc. The option to select additional funding is available when adding items to support your request.

Narrative

The narrative statements must provide all the information necessary for you to justify your needs and for FEMA to make an award decision. A panel of peer reviewers will perform the second phase of the applications' evaluations by using the narrative statements below to determine the worthiness of the request for an award. Please ensure that your narrative clearly addresses each of the following evaluation criteria elements to the best of your ability with detailed but concise information.

You may either type your narrative statements in the spaces provided below or create the text in your word processing system and then copy it into the appropriate spaces provided below. Please note the narrative block does not allow for formatting but you can expand the size of the narrative block. Do not type your narrative using only capital letters. Additionally, do not include tables, special fonts (i.e., quote marks, bullets, etc.), or graphs.

Project Description and Budget: Clearly explain the organization's project objectives and the relationship to your organization's budget (e.g., personnel, equipment, contracts, etc.) and risk analysis by providing statistics to justify the needs. Describe the various activities to be implemented, including program priorities or facility modifications, to include details on how these are consistent with project objectives, your organization's mission and national, state, and/or local requirements. Provide details that link the proposed expenses to operations and safety, as well as to the completion of the project's goals.

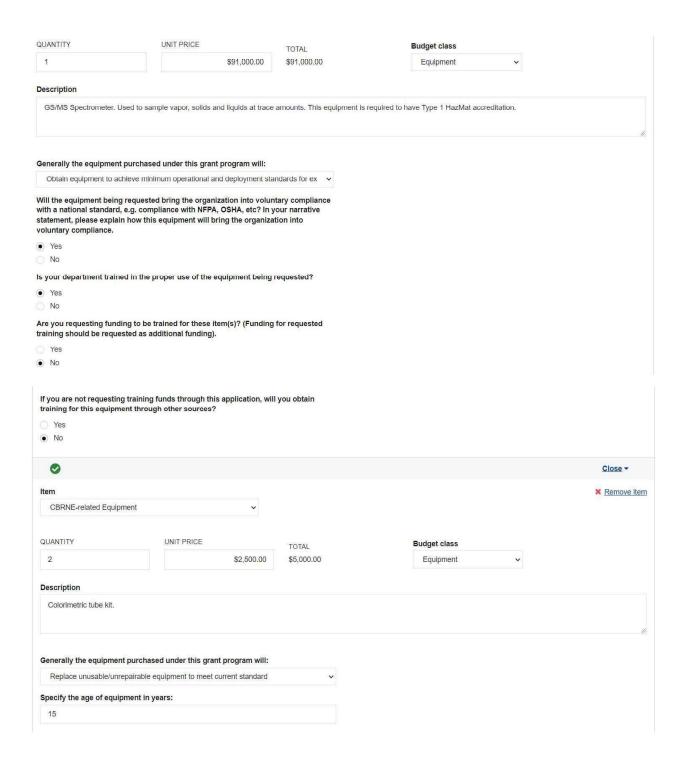
This project is to bring Nashville Fire Department up to the FEMA Resource Typing HazMat Type 1 accreditation. Nashville Fire Department has equipment that is deemed obsolete and/or is out of compliance with current standards. While the equipment we currently have is operable, the technology is over 5 years old in most cases and some pieces older than that. Other pieces of equipment we currently have, have either been dropped, damaged or oversaturated affecting the motherboard, chips or displays to the point they are unusable. In order to be compliant with the current and updated FEMA standards to meet the Type 1 HazMat rating the equipment being asked for assistance in funding meets all high priorily requests. If request for funding is approved, this will help our program greatly to enhance our State Civil Support Team in the unlikely event they are unavailable for response in the State. With the request for equipment it will greatly improve not just the safety of our responders but the public by getting quick and effective public safety samples before sending samples to the State lab. It will also be of great assistance to our federal partners and the Joint Terrorism Task Force.

Cost Benefit: Describe how you plan to address the operations and personal safety needs of your organization, including cost effectiveness and sharing assets. The Operations and Safety Cost Benefit statement should also include details about gaining the maximum benefits from grant funding by citing reasonable or required costs, such as specific overhead and administrative costs. The request should also be consistent with your organization's mission and identify how funding will benefit your organization and affected personnel

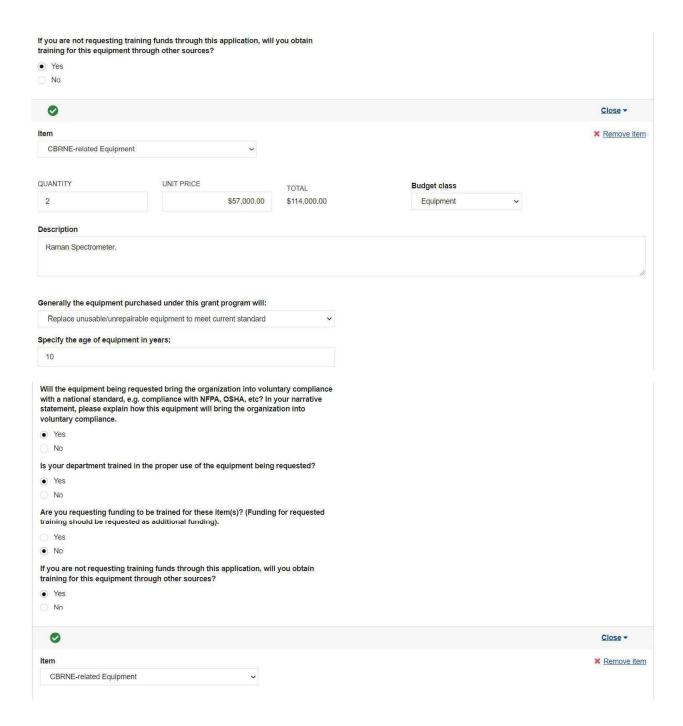
92% of our working budget is in salary alone. The other 8% is broken up in maintenance, utilities, fuel, equipment, etc. We currently can't afford to replace a light fleet vehicle valued at \$35,000With tight budgets as they are currently with the city of Nashville, we strive to find any and all help in obtaining or maintaining our front line equipment to support our responders, surrounding agencies and the public with shared costs through grant funding. The cost benefit is tremendous especially when keeping with current trends in population, call volume and resources limited in the region.

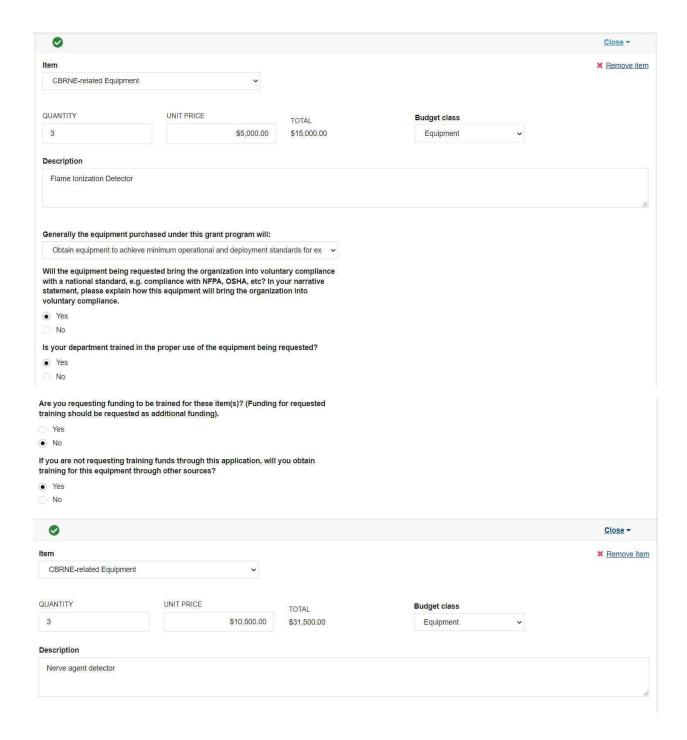
Statement of Effect on Operations: Explain how this funding request will enhance the organization's overall effectiveness. Describe how the grant award will improve daily operations and reduce the organization's risk(s) including how frequently the requested item(s) will be used and in what capacity. Indicate how the requested item(s) will help the community and increase the organization's ability to save additional lives and property. Jurisdictions that demonstrate their commitment and proactive posture to reducing fire risk, by explaining their code enforcement (to include Wildland Urban Interface code enforcement) and mitigation strategies (including whether or not the jurisdiction has a FEMA-approved mitigation strategy) may receive stronger consideration under this criterion.

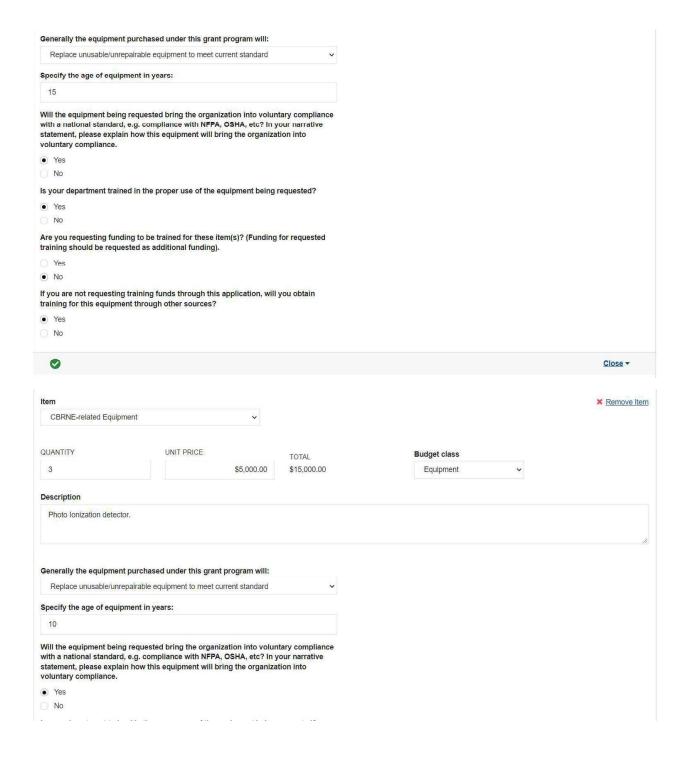
With current equipment either out of date, damaged beyond repair or simply no longer cost effective to meet standards put forth by FEMA, this grant, if awarded will greatly enhance our organization's overall effectiveness in mitigating all hazards safely, swiftly and effectively. By using up to date equipment it vastly increases the response level by giving more precise and accurate measurements to safely make a determination at any incident or event. 0 Close * Item × Remove item CBRNE-related Equipment QUANTITY UNIT PRICE **Budget class** TOTAL \$8,100.00 18 \$450.00 Equipment Description Personal single-gas monitors that can reliably and accurately monitor a full range of common toxic industrial chemicals (TICs), volatile organic compounds (VOCs), combustible gases, carbon dioxide (CO2), and Oxygen (O2). Generally the equipment purchased under this grant program will: Upgrade technology to current standard 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 O No Is your department trained in the proper use of the equipment being requested? Yes O No Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested as additional funding). Yes No If you are not requesting training funds through this application, will you obtain training for this equipment through other sources? Yes O No 0 Close -Item * Remove item CBRNE-related Equipment



with a national standard, e.g. compli	ance with NFPA, OSHA, etc? In	your narrative	
Yes			
○ No			
Is your department trained in the pro	Yes No your department trained in the proper use of the equipment being requested? Yes No Yes No You requesting funding to be trained for these item(s)? (Funding for requested ining should be requested as additional funding). Yes No Yes No Yes No Close ▼ Close ▼ ANTITY UNIT PRICE TOTAL Budget class S4,800.00 \$48,000.00 Equipment ▼ Equipment ▼ Equipment ▼ Equipment ▼		
Yes			
○ No			
		for requested	
Yes			
No			
If you are not requesting training fur		l you obtain	
Yes			
O No			
O			<u>Close</u> ▼
Item			₩ Romovo itom
			Kemove item
CBRNE-related Equipment	•		
QUANTITY 10			
Description			
- 3			ž
Generally the equipment purchased	under this grant program will:		
Upgrade technology to current stand	dard	v	
Will the equipment being requested with a national standard, e.g. complistatement, please explain how this evoluntary compliance. Yes	ance with NFPA, OSHA, etc? In y	our narrative	
○ No			
		requested?	
is your department trained in the Dro	nor use of the equipment being	LEUNEZIEU!	
Service April	per use of the equipment being		
Yes	per use of the equipment being		
Yes No			
No No Are you requesting funding to be tratraining should be requested as additional and training should be requested as additional and training should be requested.	ined for these item(s)? (Funding		
Yes No Are you requesting funding to be tra	ined for these item(s)? (Funding		







No Are you requesting funding to be training should be requested as a Yes No	funds through this application, will	for requested		Close ▼
Item				× Remove item
CBRNE-related Equipment	~			Nemove item
QUANTITY	UNIT PRICE	TOTAL	Budget class	
2	\$3,500.00	\$7,000.00	Equipment	
Description				
	g Kits used for transfer of product fron	n one container to another s	safely.	B.
Generally the equipment purchase	HELDER STORE BEAUTING BY			
THE A STATE OF THE	mum operational and deployment star			
with a national standard, e.g. com	d bring the organization into volunt pliance with NFPA, OSHA, etc? In yos equipment will bring the organizat	our narrative		
Yes				
○ No		_		
	proper use of the equipment being r	equested?		
Yes No				
	trained for these item(s)? (Funding	for requested		
○ Yes	rectage on a season commence (ADDSSPTATORY) CITE V FIGURE			
No				
If you are not requesting training f training for this equipment through	unds through this application, will y h other sources?	<mark>/ou obt</mark> ain		
Yes				
○ No				

Grant request summary

The table below summarizes the number of items and total cost within each activity you have requested funding for. This table will update as you change the items within your grant request details

Grant request summary

A	activity	Number of items	Total cost
E	quipment	9	\$334,600.00
Т	otal	9	\$334,600.00

Is your proposed project limited to one or more of the following activities • : Planning and development of policies or processes. Management, administrative, or personnel actions. Classroombased training. Acquisition of mobile and portable equipment (not involving installation) on or in a building.

Yes
 No

Budget summary

Budget summary

Budget summary		
Object class categories	Tota	
Personnel	\$0.00	
Fringe benefits	\$0.00	
Travel	\$0.00	
Equipment	\$334,600.00	
Supplies	\$0.0	
Contractual	\$0.0	
Construction	\$0.0	
Other	\$0.0	
Total direct charges	\$334,600.0	
Indirect charges	\$0.0	
TOTAL	\$334,6	
Non-federal resources		
Applicant	\$30,418.18	
State	\$0	
Other sources	\$0	
Remarks	Our indirect costs for this grant is figured at 29.54%	

Program income	\$0.00
TOTAL	\$334,600.00
Non-federal resources	\$30,418.18
Federal resources	\$304,181.82
Total Federal and Non-federal resources	

Contact information

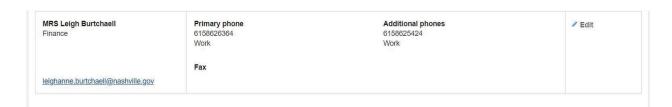
Did any individual or organization assist with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application?

YesNo

Secondary point of contact

Please provide a secondary point of contact for this grant.

The Authorized Organization Representative (AOR) who submits the application will be identified as the primary point of contact for the grant. Please provide one secondary point of contact for this grant below. The secondary contact can be members of the fire department or organizations applying for the grant that will see the grant through completion, are familiar with the grant application, and have the authority to make decisions on and to act upon this grant application. The secondary point of contact can also be an individual who assisted with the development, preparation, or review of the application.



Assurances and certifications

SF-LLL: Disclosure of Lobbying Activities

OMB number: 4040-0013, Expiration date: 02/28/2022 View burden statement

Complete only if the applicant is required to do so by 44 C.F.R. part 18. Generally disclosure is required when applying for a grant of more than \$100,000 and if any funds other 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 contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Further, the recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event described in 44 C.F.R. ŧ 18.110(c) that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the applicant.

▼ The applicant is not currently required to submit the SF-LLL

Review application

Submit for signature

	This application is ready to submit for signature Submit this application for final signature to complete the application submission process.	
0	SAM.gov profile	View/edit
0	Applicant Information	View/edit
0	Applicant characteristics	View/edit
0	Operating budget	View/edit
0	Community description	View/edit
0	Applicant and community trends	View/edit
0	Call volume	View/edit
0	Grant request details	View/edit
0	Grant request summary	View/edit
0	Budget summary	View/edit
0	Contact information	View/edit
0	Assurances and certifications	View/edit