

Assistance to Firefighters Grant Program (AFG)



FEMA

FY 2015 Staffing for Adequate Fire and Emergency Response (SAFER)

Application Checklist



If you are planning to apply to the SAFER Grant program, completing this checklist will help you prepare your SAFER Grant application. Collecting this information beforehand will reduce the time and energy needed to complete your application when the next grant cycle opens.

I. SAM.gov Registration Status

Is your System for Award Management (SAM) registration valid and active?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Applicant registration in the System for Award Management (SAM) is free. To register, please visit https://www.sam.gov/portal/public/SAM/. SAM registration is only active for one year and must be renewed annually. Please enter the date your SAM registration expires: _____ If your organization's registration is expired or inactive, do not call FEMA/AFG. You must get the registration reset by calling the Federal Service Help Desk managed by the General Services Administration (GSA) at (866) 606-8220. Please ensure your organization's name, address, DUNS number, and EIN are up to date in SAM, and that the DUNS number in SAM is the same one used to apply for all FEMA Grants. Your organization's name in SAM.gov must also match the organization name provided on the 1199A direct deposit form. Payments are contingent on the information provided in SAM; therefore, it is imperative the information is correct. 	

II. Applicant Characteristics I

Note: National, state, local, or tribal organizations that represent the interests of volunteer firefighters will not have to complete this section.

Square mileage of first-due response area:	sq mi
Percentage of primary response protected by hydrants:	%
Critical infrastructure protected:	<input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, you will be asked to describe.</i>
Percentage of land used for (total percentage must equal 100%):	
a. Agriculture, wild land, open spaces, or undeveloped properties	%
b. Commercial/Industrial	%
c. Residential	%
How many occupied structures (commercial, industrial, residential or institutional) in your primary response area are more than three (3) stories?	
Permanent resident population of first-due response area?	

Seasonal increase in population?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, what is the increase?</i>
How many stations are operated by your organization?	
Please indicate if your department has a formal automatic/mutual aid agreement with another community or fire department and the type that exists.	<input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, you will indicate the type.</i>

What service(s) does your organization provide? Please check all that apply.

<input type="checkbox"/> Airport Rescue Firefighting (ARFF)	<input type="checkbox"/> Formal/Year-Round Fire Prevention Program
<input type="checkbox"/> Advanced Life Support	<input type="checkbox"/> Maritime Operations/Firefighting
<input type="checkbox"/> Basic Life Support	<input type="checkbox"/> Occasional Fire Prevention
<input type="checkbox"/> Community Paramedic	<input type="checkbox"/> Rescue Operational Level
<input type="checkbox"/> Emergency Medical Responder	<input type="checkbox"/> Rescue Technical Level Program
<input type="checkbox"/> Haz-Mat Operational Level	<input type="checkbox"/> Structural Fire Suppression
<input type="checkbox"/> Haz-Mat Technical Level	<input type="checkbox"/> Wildland Fire Suppression
Do you currently report to the National Fire Incident Reporting System (NFIRS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. Staffing Levels

	Total # of Operational Career Personnel	# of Operational Officers	# NFPA Support
Staffing levels at the start of the application period (February 22, 2016):			
Staffing levels at one year prior to the start of the application period:			
Staffing levels at two years prior to the start of the application period:			
If awarded this grant, what will the staffing levels be for your department: (whole numbers only)?			

You will be asked to provide details on the department's existing staffing model (e.g., number of shifts, number of positions per shift, contracted work hours, etc.).

Does your department utilize any or all of the following types of firefighters? <ul style="list-style-type: none"> • Part-time paid firefighters • Reserve firefighters • Relief firefighters 	<input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, you will be asked to provide details on how they are utilized within your department to include the number of part-time firefighters, the number of full-time NFPA-compliant positions these part-time firefighters occupy, if applicable, and how they are scheduled to meet your staffing needs.</i>
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IV. Applicant Characteristics II

Note: National, state, local, or tribal organizations that represent the interests of volunteer firefighters will not have to complete this section.

	2015	2014	2013
The total number of fire-related civilian fatalities in your jurisdiction over the past three calendar years:			
The total number of fire-related civilian injuries in your jurisdiction for each of the past three calendar years:			
The total number of line of duty member fatalities in your jurisdiction for each of the past three calendar years:			
The total number of line of duty member injuries in your jurisdiction for each of the past three calendar years:			

Your department's operating budget (e.g., personnel, maintenance of apparatus, equipment, and facilities; utility costs; purchasing expendable items, etc.) for the current (at time of application) fiscal year:	\$		
Your department's operating budget (e.g., personnel, maintenance of apparatus, equipment, and facilities; utility costs; purchasing expendable items, etc.) for the previous three fiscal years:	\$	\$	\$

The percentage of your operating budget dedicated to personnel costs? (whole percentages): %

Does your department have any rainy day funds, rainy day reserves, or emergency funds? Yes* No
**If yes, what is the amount currently set aside?*

**if yes, you will be asked to describe what the funds are earmarked for.*

The percentage of your annual operating budget derived from (whole percentages that must add up to 100%)

Taxes	%	<i>Use this information, as well as the information above, in your financial narrative. It is important that your application remains consistent throughout. When breaking down the budget, be sure to account for all funding received. Budget breakdown should account for 100% of budget. If you selected "other," you will be asked to explain.</i>
Bond Issues	%	
EMS Billing	%	
Grants	%	
Donations	%	
Fund Drives	%	
Fee for service	%	
Other	%	

V. Vehicle Inventory

In each of the types or classes of vehicle listed below, please indicate the appropriate number of frontline vehicles your organization has with which to respond to first alarm assignments in support of NFPA 1710/1720. You must include vehicles that are leased or on long-term loan, as well as any vehicles that have been ordered or are otherwise currently under contract for purchase or lease but not yet under your possession. If you have multiple vehicles of the same type that have a different number of riding positions, please use the "average" number and provide additional information in the text box provided in the application.

	Front Line Vehicles	Available Riding Positions per Front Line Vehicle	Filled Riding Positions per Front Line Vehicle per First Alarm
Engines or Pumpers:			
Ambulances for transport and/or emergency response:			
Tankers or Tenders:			
Aerial Apparatus:			
Brush/Quick Attack:			
Rescue Vehicles:			
Additional Vehicles:			

VI. Department Call Volume

Note: National, state, local, or tribal organizations that represent the interests of volunteer firefighters will not have to complete this section.

Your organization's first due call volume for your primary response area (for the three years):

	2015	2014	2013
SUMMARY			
Fire - NFIRS Series 100			
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200			
Rescue & Emergency Medical Service Incident - NFIRS Series 300			
Hazardous Condition (No Fire) - NFIRS Series 400			
Service Call - NFIRS Series 500			
Good Intent Call - NFIRS Series 600			
False Alarm & False Call - NFIRS Series 700			
Severe Weather & Natural Disaster - NFIRS Series 800			
Special Incident Type - NFIRS Series 900			
FIRES			
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)			
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)			
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)			
What is the total acreage of all vegetation fires?			
RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS			
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)			
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)			
How many EMS-BLS Response Calls			
How many EMS-ALS Response Calls			
How many EMS-BLS Scheduled Transports			
How many EMS-ALS Scheduled Transports			
How many Community Paramedic Response Calls			
MUTUAL AND AUTOMATIC AID			
How many times did your organization:			
Receive mutual aid:			
Receive automatic aid:			
Provide mutual aid:			
Provide automatic aid:			
Of the Mutual and Automatic Aid responses, how many were structure fires?			

VII. Hiring of Firefighters Category

What NFPA Standard (1710 or 1720) is your department attempting to meet?

- | | |
|--|--|
| <input type="checkbox"/> 1710 with aerial | <input type="checkbox"/> 1720 - Suburban |
| <input type="checkbox"/> 1710 without aerial | <input type="checkbox"/> 1720 - Rural |
| <input type="checkbox"/> 1720 - Urban | <input type="checkbox"/> 1720 - Remote |

Given your current staffing levels, how often does your department meet the NFPA assembly requirements indicated above for the department's primary / first due response area?

Note: Does your department utilize overtime to fill positions to ensure you are meeting applicable NFPA staffing and deployment standards? Yes* No

**If yes, when answering this question you should remove the number of position filled by overtime from your calculations.*

If you are only applying to retain positions facing layoff, to answer this question you will want to remove the number of positions facing layoff from your calculations.

- | | |
|--|--|
| <input type="checkbox"/> Never (0%) | <input type="checkbox"/> Very Often (60-79%) |
| <input type="checkbox"/> Rarely (1 – 19%) | <input type="checkbox"/> Most of the Time (80-99%) |
| <input type="checkbox"/> Sometimes (20-39%) | <input type="checkbox"/> Always (100%) |
| <input type="checkbox"/> Half of the Time (40-59%) | |

If awarded the number of positions requested in your application, how often do you anticipate will you meet the NFPA assembly requirements?

- | | |
|--|--|
| <input type="checkbox"/> Never (0%) | <input type="checkbox"/> Very Often (60-79%) |
| <input type="checkbox"/> Rarely (1 – 19%) | <input type="checkbox"/> Most of the Time (80-99%) |
| <input type="checkbox"/> Sometimes (20-39%) | <input type="checkbox"/> Always (100%) |
| <input type="checkbox"/> Half of the Time (40-59%) | |

Given your current staffing levels and without using overtime to fill vacant positions, what is the average actual staffing level on the first arriving engine company or vehicle capable of initiating suppression activities on the number of structure fires indicated in the call volume section?

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Note: Does your department utilize overtime to fill positions to ensure you are meeting applicable NFPA staffing and deployment standards? Yes* No

**If yes, when answering this question you should remove the number of position filled by overtime from your calculations.*

If you are only applying to retain positions facing layoff, to answer this question you will want to remove the number of positions facing layoff from your calculations.

If your department is awarded the number of positions requested in your application, what will be the average actual staffing level on the first arriving engine company or vehicle capable of initiating suppression activities on the number of structure fires indicated in the call volume section?

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You will be asked to provide details on the departments hiring practices and timelines.

Does your department intend to sustain the positions requested in this application after the completion of the period of performance?

- Yes* No

**If yes, you be asked to describe how will they be sustained?*

Have you discussed the requirements and long-term obligations of a SAFER grant with your local governing body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: A letter from your governing body stating their commitment to the grant will be required at time of application or prior to being awarded a grant.	

Which type of position(s) will be requested? Please be sure you have read and understand the eligibility requirements for Hiring of Firefighters in Notice of Funding Opportunity (NOFO).

<input type="checkbox"/> Rehiring laid-off firefighters	
Were the position(s) laid off in the two years prior to the start of the application period (February 22, 2016)?	
<input type="checkbox"/> Yes. You will be required to attach copies of the official, signed, and issued layoff notices that correspond to the number of positions requested in the application.	<input type="checkbox"/> No. You are not eligible to apply under the Rehiring subcategory
What was the date of the layoff? _____	

<input type="checkbox"/> Retaining firefighters who have received official notice of layoff action	
Were layoff notices issued prior to the start of the application period (February 22, 2016) with effective dates no later than July 23, 2016?	
<input type="checkbox"/> Yes. You will be required to attach copies of the official, signed, and issued layoff notices that correspond to the number of positions requested in the application.	<input type="checkbox"/> No. If your department has not issued layoff notices prior to the start of the application period or the layoffs will not become effective on or before July 23, 2016, please contact the Help Desk at (866) 274-0960 to discuss your options.
What is the scheduled date of layoff? _____	

<input type="checkbox"/> Filling positions that have been lost due to attrition (retirement, voluntary separation, termination)	
Were the position(s) vacated in the two years prior to the start of the application period (February 22, 2016)?	
<input type="checkbox"/> Yes.	<input type="checkbox"/> No. You are not eligible to apply under the attrition subcategory

<input type="checkbox"/> Hiring new firefighters	
What are the anticipated annual salary and benefit costs, per positions, for the two year period of performance?	
What are the standard benefits provided to employees? How were the base annual salary and benefits determined?	

VIII. Recruitment and Retention of Volunteer Firefighters Category – Fire Departments

What is the ideal number of active volunteer firefighters needed by your department to adequately comply with NFPA 1710 (Section 5.2.4.2 - Initial Full Alarm Assignment Capability) or NFPA 1720 (Section 4.3 - Staffing and Deployment)? (Note: Include only operational volunteer firefighters; administrative or EMS only members should not be included)	
What is <i>the total number of current active volunteer firefighters</i> in your department (Note: Include only operational volunteer firefighters; administrative or EMS only members should not be included)?	
How many active volunteer operational firefighters joined your department over the last three years?	
How many active volunteer operational firefighters left your department over the last three years?	

Will you periodically evaluate the proposed program's impact?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, you will be asked to describe how will the evaluation be conducted?</i>
Will your program have a regional and/or local impact beyond you fire department; either directly or indirectly?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If yes, you will be asked to indicate the departments will be participating and how they will benefit.</i> <i>*If yes, you will need to ensure that the fire departments benefits from this application have not received grants for similar activities/ items, if awarded.</i>

IX. Recruitment and Retention of Volunteer Firefighters Category – National, State, Local, or Tribal Volunteer Firefighter Interest Organizations

In order to adequately comply with NFPA 1710 (Section 5.2.4.2 - Initial Full Alarm Assignment Capability) or NFPA 1720 (Section 4.3 - Staffing and Deployment), what is the ideal number of active volunteer operational firefighters needed by your organization to assist the fire departments benefiting from this grant application? (Note: This must be the cumulative total of the number of firefighters needed by all departments participating in this application. Include only operational volunteer firefighters; administrative or EMS only members should not be included).

What is the total number of current active volunteer operational firefighters within your organization? (Note: This must be the cumulative total of the number of volunteer firefighters of all departments participating in this application. Include only operational volunteer firefighters; administrative or EMS only members should not be included).

You will be asked to describe the method(s) used to determine the numbers provided above.

Over the last three years, how many active volunteer operational firefighters have joined the fire departments participating in this application? (NOTE: This must be the cumulative total of the number of firefighters by ALL departments participating in this application)

Over the last three years, how many active volunteer operational firefighters left the fire departments participating in this application? (NOTE: This must be the cumulative total of the number of firefighters by ALL departments participating in this application)

Is your application based on a staffing needs assessment?
 Yes* No
**If yes, you will need to describe how the assessment was conducted and the results of the assessment.*

Does the proposed program have, or will it establish, a multi-organizational partnership and/or partnerships with other fire-related organizations?
 Yes* No
**If yes, you will be asked to provide details on the proposed partners and their contributions*

Is it your organization's intent to deliver this program after the grant performance period?
 Yes* No
**If yes, you will be asked to provide details on how the program will be sustained and the long-term benefits*

Have you discussed this application with all participating fire departments?
 Yes* No
If awarded, you will need to ensure that the fire department's benefits from this application have not received grants for similar activities/items and may be required to provide documentation of the fire departments consent to participate in the application.

Will you periodically evaluate the proposed program's impact?
 Yes* No
**If yes, you will be asked to describe how the evaluation will be conducted.*