RESOLUTION NO. 476

A RESOLUTION AUTHORIZING THE MAYOR TO EXECUTE ALL DOCUMENTS NECESSARY TO OBTAIN A 2011 ASSISTANCE TO FIREFIGHTERS GRANT FROM THE UNITED STATES FEDERAL EMERGENCY MANAGEMENT AGENCY - UNITED STATES FIRE ADMINISTRATION.

WHEREAS, the safety and well-being of the citizens and employees of the Town of Mount Carmel is of the greatest importance; and

WHEREAS, all efforts shall be made to provide a fully equipped and properly trained fire department; and

WHEREAS, the Federal Emergency Management Agency and the United States Fire Administration seeks to assist local fire departments in helping fund the costs for a fire department rescue utility apparatus by offering the Assistance to Firefighters Grant Program; and

WHEREAS, the Town of Mount Carmel now seeks to participate in this important grant; and

WHEREAS, the public welfare requiring it;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF MAYOR AND ALDERMEN OF THE TOWN OF MOUNT CARMEL, TENNESSEE, as follows:

Section I. The Mount Carmel Volunteer Fire Department is hereby authorized to apply for and accept the 2011 Department of Homeland Security Assistance to Firefighters Grant Program through the Federal Emergency Management Agency; and

Section II. When awarded, the Town of Mount Carmel is prepared to provide a matching sum not to exceed the amount of fourteen thousand dollars ($14,000.00) to serve as a ten (10%) percent match for monies provided by this grant, a copy of which is attached.

Section III. This Resolution shall take effect upon its passage the public welfare requiring it.

A D O P T E D this the 26th day of July, 2011.

GARY W. LAWSON, Mayor

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ATTEST:

Marian Sandidge

MARIAN SANDIDGE, Recorder

APPROVED AS TO FORM:

LAW OFFICE OF MAY & COUP

FIRST READING	AYES	NAYS	OTHER
Alderman Eugene Christian	✓		
Alderman Leann DeBord	✓		
Alderman Frances Frost	✓		
Alderman Kathy Roberts	✓		
Alderman Thomas Wheeler		absent	
Vice-Mayor Carl Wolfe	✓		
Mayor Gary Lawson	✓		
TOTALS	6	1	0

PASSED: August 23, 2011

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Overview

*Did you attend one of the workshops conducted by DHS's regional fire program specialist? No, I have not attended workshop *Was a workshop within 2 hours drive? No
*Are you a member, or are you currently involved in the management, of the fire department or non-affiliated EMS organization applying for this grant with this application? Yes, I am a member/officer of this applicant

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

Preparer Information	
* Preparer's Name	
* Address 1	
Address 2	
* City	
* State	
* Zip	- Need help for ZIP+4?

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

Primary Point of Contact	
* Title	Chief
Prefix (check one)	Mr.
* First Name	Ryan
Middle Initial	D
* Last Name	Christian
* Business Phone (e.g. 123-456-7890)	423-357-1013 Ext.
* Home Phone (e.g. 123-456-7890)	423-247-4969 Ext.
Mobile Phone/Pager (e.g. 123-456-7890)	423-444-1027
Fax (e.g. 123-456-7890)	
* Email (e.g. user@xyz.org)	Ryanfd1@yahoo.com

Contact Information

Alternate Contact Information Number 1	
* Title	Assistant Chief
Prefix	N/A
* First Name	Robbie
Middle Initial	
* Last Name	Crawford
* Business Phone	423-357-1013 Ext.
*Home Phone	423-357-9019 Ext.
Mobile Phone/Pager	423-723-5928
Fax	
*Email	Mountcarmelfd1@yahoo.com

Alternate Contact Information Number 2	
* Title	Captain
Prefix	N/A
* First Name	Tim
Middle Initial	
* Last Name	Risner
* Business Phone	423-357-1013 Ext.
*Home Phone	423-357-9019 Ext.
Mobile Phone/Pager	
Fax	
*Email	Mountcarmelfd@yahoo.com

Applicant Information

EMW-2011-FV-03372
Originally submitted on 09/22/2011 by Ryan Christian (Userid: chief1811)

Contact Information:

Address: 721 South Sherbrooke Circle
City: Mount Carmel
State: Tennessee
Zip: 37645
Day Phone: 4233571013
Evening Phone:
Cell Phone: 4234441027
Email: Ryanfd1@yahoo.com

Application number is EMW-2011-FV-03372

* Organization Name	Mount Carmel Fire Department
* Type of Applicant	Fire Department/Fire District
* Type of Jurisdiction Served	Town
If other, please enter the type of Jurisdiction	
* Employer Identification Number	62-0961519
* What is your organization's DUNS Number?	036524296 (call 1-866-705-5711 to get a DUNS number)
Headquarters or Main Station Physical Address	
* Physical Address 1	211 Hammond Avenue
Physical Address 2	
* City	Mount Carmel
* State	Tennessee
* Zip	37645 - 1421 Need help for ZIP+4?
Mailing Address	
* Mailing Address 1	P.O. Box 1421
Mailing Address 2	
* City	Mount Carmel
* State	Tennessee
* Zip	37645 - 1421 Need help for ZIP+4?
* Please describe all grants that you have received from DHS including any AFG grant received from DHS or FEMA, for example, 2002 AFG grant for vehicle or 2003 ODP grant for exercises. (Enter "N/A" if Not Applicable)	2009 AFG Grant for vehicle(Engine)
Account Information	
* Type of bank account	Checking
* Bank routing number - 9 digit number on the bottom left hand corner of your check	064204075
*Your account number	2013449
Additional Information	
* For this fiscal year (Federal) is your	

organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?	No
* If awarded the AFG grant, will your organization expend more than $500,000 in Federal funds during your organization's fiscal year in which this AFG grant was awarded?	No
* Is the applicant delinquent on any Federal debt?	No
If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:	

Department Characteristics (Part I)

* Are you a member of a Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property?	No
* What kind of organization do you represent?	Combination
If you answered combination, above, what is the percentage of career members in your organization?	10 %
If you answered volunteer or combination or paid on-call, how many of your volunteer Firefighters are paid members from another career department?	0
* What type of community does your organization serve?	Rural
* What is the square mileage of your first-due response area?	7
* What percentage of your response area is protected by hydrants?	20 %
* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?	Hawkins County
* Does your organization protect critical infrastructure of the state?	Yes
* How much of your jurisdiction's land use is for agriculture, wild land, open space, or undeveloped properties?	20 %
* What percentage of your jurisdiction's land use is for commercial, industrial, or institutional purposes?	10 %
* What percentage of your jurisdiction's land is used for residential purposes?	70 %
* How many occupied structures (commercial, industrial, residential, or institutional) in your jurisdiction are more than three stories tall?	1
* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served?	5429
* Do you have a seasonal increase in population?	Yes
* How many active firefighters does your department have who perform firefighting duties?	14
* How many ALS level trained members do you have in your department/organization?	1
* How many stations are operated by your organization?	1
* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?	Yes
* Do you currently report to the National Fire Incident Reporting System (NFIRS)?	Yes

If you answered yes above, please enter your FDIN/FDID	37181
* What percent of your active firefighters are trained to the level of Firefighter I?	70 %
* What percent of your active firefighters are trained to the level of Firefighter II?	30 %
If you answered less than 100% to either question above, are you requesting for training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?	No
If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds in this application, please describe in the text box to the right your training program and your plans to bring your membership up to Firefighter II.	Our department is currently under the transistion of a new chief taking office. A training program has been implemented to bring all firefighters to the level of Firefighter II after receiving the rank of Firefighter I. New recruits are required to attend a sixty four hour basic firefighting class. The training captain is in the process of designing a training schedule that will allow firefighters to receive a total of two hundred forty hours within the scheduled training year. Firefighters will also be attending training outside of the department with other agencies or conferences scheduled when funding is available with in the departments budget.
* What services does your organization provide?	
Structural Fire Suppression Wildland Fire Suppression	
* Please describe your organization and/or community that you serve. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.	The Mount Carmel Fire Department is located in Hawkins County Tennessee and is one of the few departments that are a municipality. The Mount Carmel Fire Department was established in (1982) and started as a volunteer department. The department provides fire protection to a seven square mile radius and other departments outside of the city limits. Mount Carmel Fire Department passed an ordinance creating a public safety department. The percentage of members belonging to the Mount Carmel Fire Department is volunteers, city police officers make up the remaining portion of department members. The community we serve is a rural area residential and commercial dwellings within the city limits that consist of a population of approximately five thousand residents.

Department Characteristics (Part I)

* Are you a member of a Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property?	No
* What kind of organization do you represent?	Combination
If you answered combination, above, what is the percentage of career members in your organization?	10 %
If you answered volunteer or combination or paid on-call, how many of your volunteer Firefighters are paid members from another career department?	0
* What type of community does your organization serve?	Rural
* What is the square mileage of your first-due response area?	7
* What percentage of your response area is protected by hydrants?	20 %
* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?	Hawkins County
* Does your organization protect critical infrastructure of the state?	Yes
* How much of your jurisdiction's land use is for agriculture, wild land, open space, or undeveloped properties?	20 %
* What percentage of your jurisdiction's land use is for commercial, industrial, or institutional purposes?	10 %
* What percentage of your jurisdiction's land is used for residential purposes?	70 %
* How many occupied structures (commercial, industrial, residential, or institutional) in your jurisdiction are more than three stories tall?	1
* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served?	5429
* Do you have a seasonal increase in population?	Yes
* How many active firefighters does your department have who perform firefighting duties?	14
* How many ALS level trained members do you have in your department/organization?	1
* How many stations are operated by your organization?	1
* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?	Yes
* Do you currently report to the National Fire Incident Reporting System (NFIRS)?	Yes

* What percent of your active firefighters are trained to the level of Firefighter I?	70 %
* What percent of your active firefighters are trained to the level of Firefighter II?	30 %
If you answered less than 100% to either question above, are you requesting for training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?	No
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* What services does your organization provide?	
Structural Fire Suppression Wildland Fire Suppression	
* Please describe your organization and/or community that you serve. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.	The Mount Carmel Fire Department is located in Hawkins County Tennessee and is one of the few departments that are a municipality. The Mount Carmel Fire Department was established in (1982) and started as a volunteer department. The department provides fire protection to a seven square mile radius and other departments outside of the city limits. Mount Carmel Fire Department passed an ordinance creating a public safety department. The percentage of members belonging to the Mount Carmel Fire Department is volunteers, city police officers make up the remaining portion of department members. The community we serve is a rural area residential and commercial dwellings within the city limits that consist of a population of approximately five thousand residents.

Fire Department Characteristics (Part II)

	2010	2009	2008
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three years?	0	0	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three years?	0	0	0
* What is the total number of line of duty member fatalities in your jurisdiction over the last three years?	0	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three years?	0	0	0
* Over the last three years, what was your organization's average operating budget?	156719		
* What percentage of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	5 %		
* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%			
Taxes?	91 %		
EMS Billing?	0 %		
Grants?	0 %		
Donations?	9 %		
Fund drives?	0 %		
Fee for Service?	0 %		
Other?	0 %		
If you entered a value into Other field (other than 0), please explain			
* Please describe your organization's need for Federal financial assistance. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.	The Mount Carmel Fire Department needs financial assistance due to the fact the town does not have the resources to fund an aerial apparatus at that cost. The operating budget within the fire department would also not meet the needs to purchase an aerial apparatus. Thus is the reason Mount Carmel Fire Department is requesting for funding through the federal government to purchase an aerial apparatus for the department to provide fire protection and/or suppression within its community. The apparatus would benefit the department by maintaining the Class Four ISO rating.		

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

Type or Class of Vehicle	Total Number of Front line Apparatus	Total Number of Reserve Apparatus	Total Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Quint	2	1	13

(Aerial device of less than 76 feet), Type I or Type II Engine Urban Interface			
Ambulances for transport and/or emergency response	0	0	0
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	1	0	3
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint (Aerial device of 76 feet or greater)	1	1	8
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pick up w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	0	0	0
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	1	0	5
Other: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle, Other Vehicle	0	0	0

Department Call Volume

		2010	2009	2008
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)				
Working Structural Fires		18	11	11
False Alarms/Good Intent Calls		9	11	7
Vehicle Fires		2	2	4
Vegetation Fires		7	12	3
EMS-BLS Response Calls		0	0	0
EMS-ALS Response Calls		0	0	0
EMS-BLS Scheduled Transports		0	0	0
EMS-ALS Scheduled Transports		0	0	0
Vehicle Accidents w/o Extrication		24	12	12
Vehicle Extrications		3	1	2
Other Rescue		0	0	1
Hazardous Condition/Materials Calls		1	0	1
Service Calls		13	16	9
Other Calls and Incidents		9	8	6
Total		86	73	56
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)				
What is the total acreage of all vegetation fires?		5	7	2
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)				
In a particular year, how many times does your organization receive mutual/automatic aid?		20	15	12
In a particular year, how many times does your organization provide mutual/automatic aid? (Please indicate the number of times your department provides or receives mutual aid. Do not include first-due responses claimed above.)		10	6	4
Out of the mutual/automatic aid responses, how many were structure fires?		7	4	3

Request Information

1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application **you will need to submit separate applications.**
Program Name
Vehicle Acquisition
2. Will this grant benefit more than one organization?
Yes
If you answered Yes to Question 2 above, please explain.
Mount Carmel Fire Department provides mutual aid to several different agencies within Hawkins County that has multi-story dwellings and commercial businesses. The department also provides aid to British Aerospace Engineering and Eastman Chemical Company which are two major chemical manufacturers in our area.
3. Enter Grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.
$0

Request Details

The activities for program **Vehicle Acquisition** are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding
Vehicle Acquisition	1	$ 750,000	$ 80,400

* Total Funding for all EMS requested in this application	$0 View Details

Grant-writing fee associated with the preparation of this request.	$0

Vehicle Details	
*1. What type or class of vehicle will you use the grant funds to purchase?	Quint (Aerial device of 76 feet or greater)
Please provide further description of the item selected above or if you selected Other above, please specify.	
*2. Cost: (whole dollar amounts only)	$ 750000
*3. Is the vehicle you propose to buy a refurbished, used or new response vehicle to meet current standards?	New (never owned before)
*4. What is the age of the vehicle being replaced?	30+ years
*5. What is the newest (age) vehicle you currently own in the class you are purchasing?	15+ years
*6. How old is the oldest (age) vehicle you own in the class you are purchasing?	24+ years
*7. What is the average age of all vehicles in your fleet?	16 years
*8. Do you have a formal driver-training program?	Yes
If not, will you be requesting funding under this application for driver training or will you obtain the appropriate training through other sources?	No
If you answered NO will you develop one prior to receipt of the vehicle per the program guidance?	No

*9. Is the vehicle you propose to buy:	Replacement of an existing apparatus
*10. Is the vehicle you are replacing a converted vehicle not originally designed for its current use?	No
*11. Does the vehicle you are replacing have an open cab configuration?	Yes
*12. If awarded, will you permanently remove this substandard vehicle from service?	Yes
If you are removing a vehicle from service, describe the vehicle you plan to remove in the space provided. Please enter the type, year model & VIN number.	The apparatus is a 1979 model American LaFrance with a seventy five foot telesquirt. VIN CE126236
*13. How long have you owned the vehicle you are replacing?	17 Years (whole number only)
*14. If you are removing a vehicle from service, what is the number of calls that vehicle responded to during 2010 (documented through vehicle or dispatch logs)?	6 (whole number only)
*15. If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the grantee's apparatus must adhere to all traffic signs, signals and state traffic regulations.	Yes
*16. Will this vehicle be used for automatic and/or mutual aid?	Both
*17. What percentage of your annual budget goes to vehicle replacement?	0 (0-100%)

Vehicle Inventory

*** In the space provided below, list all of your Engines/Pumpers, Tankers, Aerials, Brush and Rescue Vehicles. List all vehicles providing the type, the age, the pump capacity (GPM) if applicable, the carrying capacity (gallons) if applicable.**

	Vehicle Type (possible terms: Engine or Pumper, Tanker, Aerial Apparatus, Brush/Quick Attack, Rescue Vehicles, or Other)	Age	GPM	Gallons
1	Engine (or Pumper)	3	1250	1000
2	Engine (or Pumper)	11	1250	1000
3	Aerial Apparatus	32	1500	300
4	Engine (or Pumper)	25	1000	1000
5	Aerial Apparatus	20	1000	1000
6	Tanker	20	0	4000
7	Rescue Vehicles	19	0	0
8				
9				
10				
11				
12				
13				
14				
15				

Firefighting Vehicle - Additional Funding (optional)

Budget Object Class Definitions

Additional Funding		
a. Personnel	Help	$ 38000
b. Fringe Benefits	Help	$ 0
c. Travel	Help	$ 1000
d. Equipment	Help	$ 0
e. Supplies	Help	$ 3200
f. Contractual	Help	$ 1400
g. Construction	Help	$ 6000
h. Other	Help	$ 2000
i. Indirect Charges	Help	$ 0
j. State Taxes	Help	$ 28800

Explanation
Additional funding is needed due to the fact our operating budget will not allow the full purchase price of a new vehicle.

Firefighting Vehicle - Narrative

* Section # 1 Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.? *3000 characters

The Mount Carmel Fire Department serves the community with fire suppression and protection. There are five major structures within Mount Carmel residential, commercial, and the new armory which is a new edition to the cities fire protection area and requires the response of an aerial to give proper and adequate fire protection. Mount Carmel has a population of (5,429), a total budget of (2,273,,381) and an operating budget within the fire department of (172,00).
We have five structures included with the new Tennessee armory within the city that would also require the response of an aerial apparatus. Builder's First Source located within the city limits is a commercial and residential building supplier. The company is a material supplier for East Tennessee and Southwest Virginia. They supply materials to Eastman, BAE and other businesses within East Tennessee. Second structure within the city is a Mount Carmel elementary school, a two story structure with a thirteen million dollar expansion. Third structure is Oak Grove Baptist Church located within city limits what is also two story structure. Fourth structure is a twenty three million dollar National Guard and reserve armory has also been built in the city that our department will provide fire protection. Fifth structure is a shopping center located in the city our department also provides fire protection for. There is a four lane highway that is a major road for transportation of chemicals to and from different companies within the region. Our department provides mutual aid that has multi-story structures, an aerial apparatus would be beneficial not only to our department but departments receiving mutual aid. The Holston Army Ammunition Plant which is located approximately four minutes from our station would also benefit from the usage of an aerial device in the event of an emergency. Our department also provides mutual aid to Eastman Chemical Company one of the largest chemical manufacturing plants in East Tennessee if needed. Mutual aid would also be provide to Phipps Bend Industrial Park in the event of a major fire due to the structures within the industrial park.
At this time our department has a 1979 model American La France seventy-five foot Telesquirt. The 1979 American La France was pumper tested and failed. After inquiring with our service provider our department deals with the 1979 American Lafrance it was determined to be non-serviceable and placed out of service. The aerial cylinders on

the truck will also have to be re-packed to improve the performance of the apparatus. After discussing several different options concerning the apparatus it was determined the cost of the repairs compared to the value of the truck it would not benefit the department to repair the truck. At this time we plan to salvage the apparatus and declare it surplus.

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* Section # 2 Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. *3000 characters

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The benefits the department will receive from procuring an aerial apparatus would be firefighter safety by having an enclosed cab feature opposed to an open rear cab feature our current apparatus has. The apparatus will also be more beneficial in the aspect of its versatility to operate on the city streets. The department and community will also benefit from a new apparatus as an asset to the town along with maintaining a Class Four ISO rating. The benefits of procuring a new apparatus would allow us to take the funding proposed to repair the existing aerial and use the money for a new apparatus.
The actual cost to repair our existing aerial would actually be a much higher cost than to purchase a new apparatus. Labor cost to repair the existing apparatus are much higher due to the fact of the age of the truck, the design of the actual pump panel has to be disassembled to make any repairs to actual pump and valves. The department would benefit from the purchase of a new apparatus by using the cost to make future repairs to the existing apparatus and using the funding towards the newer aerial.
The cost are reasonable opposed to the cost of actual repairs to existing aerial apparatus.

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* Section # 3 Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community? *3000 characters

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The effect of the daily operations would be that a new aerial device would allow our department to respond to structure fires within our city with the aerial apparatus. The department will be used for structure fires within the city limits and all automatic/mutual aid requests. The personnel will benefit from having an enclosed cab to increase their safety. The affect to protect and save lives would be increased due to newer equipment that is more reliable and dependable. Fire protection would benefit by adding the apparatus and applying its usage where hand lines and ground monitors were used to protect a structure with the usage of the aerial device for fire suppression and remove the firefighters from actual danger of structural collapse.

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* Section # 4 In the space provided below include details regarding your organization's request not covered in any other section. *3000 characters

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Departments receiving automatic/mutual aid would benefit from our purchase of a new aerial apparatus to help protect their multi-story dwellings and commercial buildings.

Budget

Budget Object Class	
a. Personnel	$ 38,000
b. Fringe Benefits	$ 0
c. Travel	$ 1,000
d. Equipment	$ 750,000
e. Supplies	$ 3,200
f. Contractual	$ 1,400
g. Construction	$ 6,000

j. State Taxes	$ 28,800
Federal and Applicant Share	
Federal Share	$ 788,880
Applicant Share	$ 41,520
Federal Rate Sharing (%)	95/5
* Non-Federal Resources *(The combined Non-Federal Resources must equal the Applicant Share of $ 41,520)*	
a. Applicant	$ 41,520
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	**$ 830,400**

h. Other	$ 2,000
i. Indirect Charges	$ 0

Narrative Statement

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

Assurances and Certifications

FEMA Form SF 424B

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

Note: Fields marked with an * are required.

O.M.B Control Number 4040-0007

Assurances Non-Construction Programs
Note: Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.
As the duly authorized representative of the applicant I certify that the applicant: 1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application. 2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. 3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. 4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. 5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. 7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which

provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by **Ryan Christian** on **09/21/2011**

Form 20-16C

You must read and sign these assurances.

Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.
Note: Fields marked with an * are required.

O.M.B Control Number 1660-0025

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

1. Lobbying

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

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

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

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

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and

(d) Have not within a three-year period preceding this application had one or more public transactions

(Federal, State, or local) terminated for cause or default; and

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

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

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

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

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
(b) Establishing an on-going drug free awareness program to inform employees about:

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

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);
(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

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

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.
(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

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

Place of Performance

Street	City	State	Zip	Action

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

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

Signed by **Ryan Christian** on **09/21/2011**

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.

This form is not applicable