

Entire Application
DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
AFG Application (General Questions and Narrative)

OMB No.: 1660-0054
Expiration Date: August, 31 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 9 hours per response for FEMA Form 080-0-2 "AFG Application (General Questions and Narrative)". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits.

You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

Applicant's Acknowledgements

* I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.

* As required per 2 CFR 2.25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.

* I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's one (1) year Period of Performance (POP).

* I certify that the applicant organization is aware that this application period is open from 09/24 to 10/26/2018 and will close at 5 PM EST; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.

* I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/qpd_ehp_screening_form_51815.pdf

* I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

Signed by JEFFREY B DAVIDSON on 2018-10-09 17:26:32.0

Overview

* Did you attend one of the workshops conducted by an AFG regional fire program specialist?

Yes, I have attended workshop

* Did you participate in a webinar that was conducted by AFG?

Yes

* Are you a member, or are you currently involved in the management, of the fire department or nonaffiliated EMS organization or a State Fire Training Academy applying for this grant with this application?

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

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

Primary Point of Contact

* Title	DEPUTY FIRE CHIEF		
Prefix (select one)	N/A		
* First Name	JEFFREY		
Middle Initial	B		
* Last Name	DAVIDSON		
* Primary Phone	5617426326	Ext.	Type work
* Secondary Phone	9547709847	Ext.	Type cell
Optional Phone			Type
Fax			
* Email	davidsonJ@bbfl.us		

FEMA Form 080-0-2

Contact Information

Alternate Contact Information Number 1

* Title FIRE CHIEF
Prefix (select one) N/A
* First Name GLENN
Middle Initial
* Last Name JOSEPH
* Primary Phone 5617426339 Ext. Type work
* Secondary Phone 5617426300 Ext. Type cell
Optional Phone Type
Fax
* Email JosephG@bbfl.us

Alternate Contact Information Number 2

* Title DEPUTY FIRE CHIEF
Prefix (select one) N/A
* First Name LATOSHA
Middle Initial
* Last Name CLEMONS
* Primary Phone 5617426342 Ext. Type work
* Secondary Phone 5617426300 Ext. Type cell
Optional Phone Type
Fax
* Email ClemonsL@bbfl.us

FEMA Form 080-0-2

Applicant Information

EMW-2018-FO-00546

Originally submitted on 10/16/2018 by Jeffrey Davidson (Userid: schuldtk1)

Contact Information:

Address: 2080 High Ridge Rd.

City: Boynton Beach

State: Florida

Zip: 33426

Day Phone: 5617426326

Evening Phone:

Cell Phone:

Email: davidsonj@bbfl.us

Application number is EMW-2018-FO-00546

* Organization Name Boynton Beach Fire Rescue

* Type of Applicant Fire Department/Fire District

* Fire Department/District, Non-Affiliated EMS,
and Regional applicants, select type of Jurisdiction City
Served :

If "Other", please enter the type of Jurisdiction

SAM.gov (System For Award Management)

* What is the legal name of your Entity as it appears
in SAM.gov?

Note: This information must match your SAM.gov profile if your organization is using the DUNS
number of your Jurisdiction. City of Boynton Beach

* What is the legal business address of your Entity as it appears in SAM.gov?

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

* Mailing Address 1 100 E Boynton Beach Blvd

Mailing Address 2

* City Boynton Beach

* State Florida

* Zip 33435 - 3838
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* Employer Identification Number (e.g. 12-3456789)

Note: This information must match your SAM.gov profile. 59-6000282

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

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



072247133

* What is your 9 digit DUNS number?

(call 1-866-705-5711 to get a DUNS number)

If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here.

Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own DUNS number and bank account separate from your Jurisdiction.

* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)? Yes

* I certify that my organization/entity is registered and active at SAM.gov and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's SAM.gov record.



Headquarters or Main Station Physical Address

* Physical Address 1 2080 High Ridge Rd.

Physical Address 2

* City Boynton Beach

* State Florida

* Zip 33426 - 8714
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Mailing Address

* Mailing Address 1 2080 High Ridge Rd.

Mailing Address 2

* City Boynton Beach

* State Florida

* Zip 33426 - 8714
[Need help for ZIP+4?](#)

Bank Account Information

* The bank account being used is: (Please select one from the right)

Maintained by my Jurisdiction

Note: The following banking information must match your SAM.gov profile.

* Type of bank account Checking

* Bank routing number - 9 digit number on the bottom left hand corner of your check 063000047

* Your account number 001611435311

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

* 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:

FEMA Form 080-0-2

Fire Department/Fire District Department Characteristics (Part I)

* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property? No

* What kind of organization do you represent? All Paid/Career

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

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

* What type of community does your organization serve? Urban

* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters) No

* What is the square mileage of your first-due response area? (whole number only) 20

* What percentage of your response area is protected by hydrants? (whole number only) 98 %

* 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? Palm Beach County

* Does your organization protect critical infrastructure? Yes

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

Boynton Beach Fire Rescue protects approximately five miles of coastline, ten miles of intra-coastal shoreline, .5 miles of inland water, ten miles of railroad line, and five miles of a 12-lane Interstate Highway System. Additionally, the Fire Department protects Natural Gas Pipelines, the potable water treatment plant, South Florida Water Management Drainage Canals and control devices, and a 400-bed community hospital. Potential hazards include Atlantic Hurricanes, tropical storms, tornadoes, flooding, plume exposure from the St. Lucie and Turkey Point Nuclear Power Plants, hazardous materials release from transportation or industry, surface and deep water rescue, and incidents that require tactical rescue.

* What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties? 12 %

* What percentage of your primary response area is for commercial and industrial purposes? 23 %

* What percentage of your primary response area is used for residential purposes?	65 %
* What is the permanent resident population of your <u>Primary/First-Due Response Area or jurisdiction served?</u> (whole numbers only)	77720
* Do you have a seasonal increase in population?	Yes
If "Yes" what is your seasonal increase in population?	8000
* How many active firefighters does your department have who perform firefighting duties? (whole numbers only)	140
* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only)	140
Does your department have a <u>Community Paramedic</u> program?	Yes
How many personnel are trained to the <u>Community Paramedic</u> level? (whole numbers only)	5
* How many stations are operated by your organization? (whole numbers only)	5
* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?	Yes
* Do you currently report to the National Fire Incident Reporting System (NFIRS)?	
Note: You will be required to report to NFIRS for the entire period of the grant. AFG does not require NFIRS reporting for nonaffiliated EMS Organizations and State Fire Training Academy.	Yes
If you answered "Yes" above, please enter your <u>FDIN/FDID</u>	06032
* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only)	140
* How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I)	140
Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?	No
If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the Firefighter II level in this application, please describe in the box below your training program and your plans to bring your membership up to Firefighter II.	
* What services does your organization provide?	
Advanced Life Support	Emergency Medical Responder
Basic Life Support	Haz-Mat Operational Level
<u>Community Paramedic</u>	Rescue Technical Level Structural Fire Suppression Wildland Fire Suppression
* Please describe your organization and/or community that you serve.	
Boynton Beach is located in southeastern Florida on the Atlantic coast, halfway between West Palm Beach and Boca Raton. Dubbed "America's Gateway to the Gulfstream", Boynton Beach offers a prime coastal retreat on Florida's Atlantic Shore, and attracts some of the finest fishing, boating and diving in the region. The City was incorporated in 1920 and was originally known for its production of tomatoes and pineapples. Boynton Beach Fire Rescue Department (BBFRD), established in 1924, is a municipal service provider with	

an Insurance Service Organization (ISO) rating of Class 2. This career department of 162 total personnel, provides fire suppression, advanced life support, emergency medical services (EMS), special operations and a Community Standards Division that conducts fire inspections, plans review and code enforcement services. The 2016 census report indicates that there are 77,720 residents in the city and over 2,900 businesses within the 16 square miles of incorporated Boynton Beach. The department provides the same services to four neighboring cities through inter-local agreements adding 5,227 residents and 3.51 square miles to our service area. The department also participates in municipal, county-wide and statewide mutual aid agreements. Boynton Beach has longstanding mutual aid agreements with Delray Beach, Boca Raton, and Palm Beach County Fire Rescue to protect the 1,397,710 residents of Palm Beach County located in 2,386 square miles. Our technical rescue team, Florida Urban Search and Rescue team #74, is a recognized asset of the Florida State Urban Search and Rescue response effort. Palm Beach County is the second largest county in the State of Florida and ranks third in population. As the third largest city in Palm Beach County, Boynton Beach has more than 36,289 housing units and 15,673 families contributing to the population density of 4,369.6 per square mile. Senior citizens are 21.4% of the population compared to the 17.3% average in the state. Residents living below poverty level is slightly higher (15.1%) than the state average of 14.7%. The rate of home ownership (67.2%) in this city is lower than the rest of the state (69%); the multi-housing market is significantly higher (45.3%) than the state average of 29.9%. Due to the high population of elders, the percentage of households living in poverty and a significantly higher ratio of multi-unit residences to single family units, contribute to a lower tax base and increase the number of requests for emergency services.

FEMA Form 080-0-2

Fire Department Characteristics (Part II)

	2017	2016	2015
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	0	0	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	3	6	2
* What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	0	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	6	7	4
* Over the last three years, what was your organization's operating budget?	23524949		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	20779778		
Does your department have any rainy day reserves, emergency funds, or capital outlay?	No		
If Yes, what is the total amount currently set aside?			
If Yes, describe the planned purpose of this fund			
* What percentage of your annual operating budget is derived from:	2017	2016	2015
Enter numbers only, percentages must sum up to 100%			

<u>Taxes?</u>	91 %	91 %	91 %
<u>Bond Issues?</u>	0 %	0 %	0 %
<u>EMS Billing?</u>	6 %	6 %	6 %
<u>Grants?</u>	2 %	2 %	2 %
<u>Donations?</u>	0 %	0 %	0 %
<u>Fund drives?</u>	0 %	0 %	0 %
<u>Fee for Service?</u>	1 %	1 %	1 %

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

Boynton Beach Fire Rescue has a tremendous need for this grant funding request. As a municipal fire rescue department, Boynton Beach Fire Rescue's operating budget is funded primarily from ad valorem taxes which are based on local property values. Recent initiatives by the Florida State Legislature to cap ad valorem taxes for all taxing authorities within the State of Florida have created a budget deficit for the City of Boynton Beach. Under the Florida Constitution, every Florida homeowner can receive a homestead exemption up to \$50,000. With the City of Boynton Beach having a median home value of \$206,100, this exemption tremendously limits our ad valorem tax base. In addition to the homestead exemption, the Save-Our-Homes Amendment caps the amount of appreciation the City can tax. The change in tax cannot exceed the lesser value of either 3% of the prior year's evaluation or the percentage change of the Consumer Price Index. The devaluation of the real estate market has further reduced revenue. Given these significant limitations, the funding of vital equipment will not be possible at any time within the next several years. To compound our financial restraints, during the 2016 Fiscal Year, Boynton Beach Fire Rescue had a mandatory need to upgrade our entire fleet of self-contained breathing apparatus (SCBA), as our inventory was not compliant to the new NFPA standards. This mandatory upgrade was at a cost of \$744,600. Funding was impossible for the City, and because it was a requirement, we had to enter into a 5-year lease agreement, in order for our firefighters to safely operate in environments that are Immediately Dangerous to Life and Health (IDLH). Each year, through 2022, our lease payment is \$146,000, which is taken out of any budgeted safety equipment we may have. Mission critical equipment is purchased out of the remaining funding, such as dive packs for our dive team, a thermal imaging camera for our rapid intervention teams, and tactical equipment for our special operations team. The fire department budget in fiscal year 2016/2017 was \$21,789,868; personnel costs accounted for 86.6% (\$18,874,025) of the budget. In this fiscal year we merged the Fire and Life Safety Division with Code Compliance Division to form the Community Standards Division, which is under the Fire Department. The impact to the Fire Department budget was that the remaining balance of \$2,915,843 from the Fire Rescue budget was partially reallocated in the amount of \$849,724 (\$737,460 in personnel costs and the balance of \$112,264 to operational costs to fund Community Standards). The residual balance was allocated toward Fire Rescue operating costs, such as vehicle maintenance, equipment maintenance, fuel, water and electric, contractual services, fees and permits, and uniforms; this allowed only \$360,705 to be allocated to safety equipment, with \$146,000 being earmarked for our SCBA lease payment. The fire department budget in fiscal year 2017/2018 was \$23,514,949; personnel costs accounted for 88% (\$20,779,778) of the budget. The remaining balance of \$2,745,171 was allocated toward operating costs, such as vehicle maintenance, equipment maintenance, fuel, water and electric, contractual services, fees and permits, and uniforms; this allowed only \$210,000 to be allocated to safety equipment, with \$146,000 earmarked for our SCBA lease payment. Additionally, in each of the budget years cited above, the city was required to increase spending on health insurance, pension shortfalls, and vehicle replacement costs; as a result, there were significant reductions in funding for other operational costs and the much needed purchases to replace or upgrade mission critical equipment. Based on the financial status of Boynton Beach Fire Rescue, the funding for replacement of our non-compliant Cardiac Monitors/Defibrillators to the current standard, will be unattainable without the award of this grant request.

* In cases of demonstrated economic hardship, and upon the request of the grant recipient, the FEMA Administrator may waive or reduce an AFG grant recipient's cost share requirement. Is it your department's intent to apply for cost share waiver? No

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

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	1	1	12
Ambulances for transport and/or emergency response:	5	2	28
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	0	0	0
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	5	2	42
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pickup w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	0	0	0
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	1	0	6
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle	1	1	8

FEMA Form 080-0-2

Fire Department Call Volume

2017

2016

2015

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

Fire - NFIRS Series 100	187	68	148
	17	15	15

Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200			
Rescue & Emergency Medical Service Incident - NFIRS Series 300	11737	10951	10561
Hazardous Condition (No Fire) - NFIRS Series 400	347	195	168
Service Call - NFIRS Series 500	1008	974	994
Good Intent Call - NFIRS Series 600	944	999	971
False Alarm & False Call - NFIRS Series 700	1143	496	985
Severe Weather & Natural Disaster - NFIRS Series 800	14	5	4
Special Incident Type - NFIRS Series 900	8	12	13

FIRES

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

Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	34	31	30
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	42	20	34
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	35	29	23
What is the total acreage of all vegetation fires?	15	11	12

RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS

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

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	1159	1139	1055
Of the NFIRS Series 300 calls, how many are "Extractions from Vehicles" (NFIRS Code 352)	2	0	0
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	27	7	18
How many EMS-BLS Response Calls	2873	3189	1934
How many EMS-ALS Response Calls	8864	6579	6467
How many EMS-BLS Scheduled Transports	0	0	0
How many EMS-ALS Scheduled Transports	0	0	0
How many Community Paramedic Response Calls	0	0	0

MUTUAL AND AUTOMATIC AID

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

How many times did your organization receive Mutual Aid?	21	19	15
How many times did your organization receive Automatic Aid?	0	0	0
How many times did your organization provide Mutual Aid?	8	9	14
How many times did your organization provide Automatic Aid?	0	0	0
Of the Mutual and Automatic Aid responses, how many were structure fires?	0	0	1

Request Information

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

Program Name

Operations and Safety

2. Will this grant benefit more than one organization?

Yes

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

Boynton Beach Fire Rescue also provides Fire and EMS Services to four contracted service areas, which include: The Town of Hypoluxo, Ocean Ridge, Briney Breezes and The Village of Golf. In addition, Boynton Beach Fire Rescue has mutual aid agreements with Palm Beach County Fire Rescue, Delray Beach Fire Rescue and Boca Raton Fire Rescue. Our mutual aid partners carry new and upgraded ECG monitor diagnostic devices. A receiving function of these systems is to provide mutual aid patient care and transport support. By utilizing the upgraded cardiac monitors, we can assure a smooth transition in patient transfer. Additionally, we will adhere to approved Firefighter Regional Rehab protocols by following NFPA 1584 recommended safety guidelines for screening of firefighters during mutual aid fire ground operations and rehab by identifying carbon monoxide poisoning and life threatening methemoglobinemia.

* 3. Is your department facing a new risk, expanding service to new area, or experiencing an increased call volume?

Yes

If you answered "Yes" to Question 3., please explain how your department is facing a new risk, expanding service to new area, or experiencing an increased call volume

Boynton Beach Fire Rescue is experiencing an increase in call volume each and every year, without an increase in response apparatus or personnel. In 2015, the department handled 13,341 emergency responses to 911 calls received. In 2016, emergency responses increased to 14,348 and in 2017 the number of emergency responses handled increased to 15,468. As statistics show, from 2015 to 2017, Boynton Beach has had an increase of 16% in call volume, without an increase in response personnel or apparatus.

4. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.

\$0

* 5. Are you requesting a Micro Grant?

A Micro Grant is limited to \$50,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.

No

FEMA Form 080-0-2

Request Details

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

Activity Specific Questions for AFG Operations and Safety Applications

OMB No.: 1660-0054

Expiration Date: August, 31 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 4.6 hours per response for FEMA Form 080-0-2b "Activity Specific Questions for AFG Operations and Safety Applications". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

The activities for program Operations and Safety are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding
Equipment	1	\$ 529,282	\$ 0
Modify Facilities	0	\$ 0	\$ 0
Personal Protective Equipment	0	\$ 0	\$ 0
Training	0	\$ 0	\$ 0
Wellness and Fitness Programs	0	\$ 0	\$ 0

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

Equipment

Equipment Details

- What equipment will your organization purchase with this grant? Monitor/Defibrillator - 15 leads
- * Please provide a detailed description of the item selected above. Boynton Beach Fire Rescue will purchase thirteen (13) Cardiac Monitor/Defibrillators for pre-hospital Advanced Cardiac Life Support to be placed on each of our ALS emergency units. Our current inventory of cardiac monitors has exceeded its lifespan and has caused excessive costly maintenance and out of service time. With 11,737 call to emergency medical services in 2017, the newest technology in modern Cardiac Monitor/Defibrillators will increase the survival rates in cardiac patients.
2. Number of units: (whole number only) 13
3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 40714
4. Generally the equipment purchased under this grant program will:
 - Replace non-compliant equipment to current standard
 - If you selected "Replace unusable/unrepairable equipment to meet current standard" or "Replace non-compliant equipment to

current standard" (from Q4) above, please specify the age of equipment in years.

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

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

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

7. Are you requesting funding to be trained for these item(s)? No
(Funding for requested training should be requested in the Equipment Additional Funding section).(Under the Action column select Update Additional Funding)

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

FEMA Form 080-0-2b

Firefighting Equipment - Narrative

* Section # 1 Project Description: In the space provided below, include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc. *4000 characters

First, we would like to thank you for your time in reviewing our grant proposal and taking an interest in further enhancing the Operations and Safety of Boynton Beach Fire Rescue.

After careful consideration and prioritization, Boynton Beach Fire Rescue has determined the equipment being requested in this grant, which is most vital to our daily EMS operations, is the procurement of thirteen (13) Cardiac Monitor/Defibrillators.

Our current cardiac equipment has limited capabilities and lack the technological advances of the past several years that can very much enhance patient monitoring and care. They are obsolete and cannot be upgraded with any new technology or capabilities. This includes the inability to transmit 12 lead analyses without additional hardware, to the receiving hospital or to monitor patient Carbon Monoxide levels. Current monitors on the market have a vast number of improvements over the units we currently have in service that can dramatically affect patient and responder care.

A vital concern is the monitoring of Carbon Monoxide levels for both responders and patients. Each year, carbon monoxide claims the lives of nearly 3,800 Americans and is the most commonly reported form of poisoning in the United States. NFPA 1854 also recommends the monitoring of CO in firefighters during rehab operations.

Boynton Beach Fire Rescue would like to improve ALS patient care through replacement of these outdated units that are the cornerstone of EMS response service. We respectfully request \$529,283 in aid from the Assistance to Firefighters Grant for purchase of thirteen (13) replacement 12 lead biphasic cardiac monitor /defibrillators, capable of 360 Joules, transmittable 12 lead analyses, pulse oximetry, CO2 detector, and Carbon Monoxide monitoring, which have become the standard in our county.

The requested equipment will be placed in service on all of our ALS Transport Rescues, ALS Engines, Truck and Heavy Rescue, and Paramedic Battalion Chief. Boynton Beach Fire Rescue commits to the 10% match, in the amount of approximately \$48,116, required of the grant should the grant be received, and also commits to all maintenance and training needs to keep the units in a constant state of readiness. The cost was taken

from an approximation from different manufacturer prices of the units with the same capabilities.

This equipment will allow us to meet our State and County Medical Direction and protocols to have full 12 lead capabilities. This equipment will also bring us into compliance with current training, patient care, and equipment standards including, but not limited to: NFPA Standards 450, 473, and 1584 and FDA Standards (21CFR870.5300: Performance Standard for DC-Defibrillator Including Paddles, 21CFR870.1025: Performance Standard for Arrhythmia Detector and Alarm).

Upon receipt of the units, hands-on training will be held for all Boynton Beach Fire Rescue personnel, along with continued annual training.

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

Protecting lives and property is the core mission of Boynton Beach Fire Rescue. The benefits of receiving funding would be exponential to the 77,720 residents of Boynton Beach, the four contracted service areas, and the three mutual aid cities we provide service to. The following is a list of issues existing with our current inventory of cardiac monitors:

NFPA standards for CO monitoring were not met until 2013.

Firefighter and patient health are at risk due to potential CO exposure during smoke and fire related incidents. 11,737 patients were treated without the technology that is available to easily identify ST elevation.

Electrocardiograms are not easily sent to the receiving cardiac hospital without the use of external devices and modems.

Monitor displays are hard to read in bright conditions.

Unit components have continuously failed or break, causing a maintenance agreement of almost \$20,000 per year.

A lack of monophasic/biphasic technology in the deliverance of defibrillation, which causes increased damage to the cardiac muscle.

Lack of the ability for continuous body temperature monitoring which is imperative in the return of spontaneous circulation in cardiac arrest patients, and is necessary to meet NFPA 1584 standards on firefighter rehabilitation.

One hundred percent of Boynton Beach Fire Rescue response areas will benefit from this life-saving cardiac equipment, enabling the receiving Cardiac Care Hospitals in our city to diagnose what type of cardiac patient is enroute to their facility, which increases the survivability of these patients. Firefighter/Paramedics will be able to identify and treat cardiac issues quicker and more efficiently due to having the most current technology available. This will reduce morbidity and increase the quality of care as a result of rapid intervention during cardiac emergencies.

The total cost for new cardiac monitor/defibrillators is \$529,283. Boynton Beach has 77,720 residents and the new monitors have a usable life of 8 years, which equates to \$1.17 (one dollar and seventeen cents), per resident, per year, to provide the most technologically advanced Cardiac Monitor/Defibrillators available to the residents of Boynton Beach.

In the effort to control costs, equipment has only been requested for our primary response units, all of which are ALS Transport Rescues, ALS Pumpers, an ALS Heavy Rescue and Tower Ladder, and a Paramedic Battalion Chief.

In the event Boynton Beach Fire Rescue would not receive funding towards the purchase of Cardiac Monitors/Defibrillators, the Paramedics and their patients would remain limited to older, less precise electrocardiogram monitoring, defibrillating, pacing and monitoring. The city is unable to keep pace with the cost of the technology of modern medicine, and Boynton Beach is a growing city with critical infrastructure, and needs to be able to treat all of our patients with the highest standard of pre-hospital care and management.

* Section # 3 Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community? *4000 characters

In 2017, Boynton Beach Fire Rescue responded to 11,737 calls for Emergency Medical Services; an increase of 11% from 2016, and an increase of 11% from 2015. AFG funding will allow us to provide better patient care for our response area and fire department personnel. The cardiac monitor/defibrillator will be utilized on every medical response for vital sign monitoring. Additionally, the patient's odds of survival will be vastly improved when Paramedics acquire 12 lead ECGs in response to chest pain or other cardiac emergencies. Rapid identification and treatment has been shown to preserve cardiac function, limit infarct size, and reduce morbidity and mortality. In short, minimal time to treatment yields maximum patient benefit. As stated, many technological improvements have been made to the newest generation cardiac monitor/defibrillators. A sampling of these improvements include the latest algorithm for confirming cardiac activity; the ability to confirm/verify tube placement (ETCO₂); the ability to view ST trending; a CPR metronome which effectively guides compression rates; carboxyhemoglobin (CO detection in the blood) monitoring, which also meets NFPA 1584 standards.

The 12-lead ECG performed and transmitted from the field is vital in the early detection and prompt treatment of patients with acute myocardial infarction. The procedure takes five minutes or less to perform and, when transmitted or interpreted on scene or en route, has been shown to shorten time to in-hospital treatment by roughly 30 to 60 minutes. The receiving Emergency Department can prepare for immediate patient assessment and rapid treatment with thrombolytic therapy or percutaneous transluminal coronary angioplasty (PTCA). Patients may also benefit from triage and transport to the most appropriate facility. Documentation of transient or intermittent arrhythmias (irregular heart beat) and other electrophysiologic events that occur in the prehospital setting can assist in diagnosis and treatment decisions in the Emergency Department. The prehospital 12-lead ECG not only provides a diagnostic quality ECG for use in the detection of AMI but also allows the knowledgeable paramedic to determine the area of myocardial injury, anticipate associated potential complications, and implement treatment strategies accordingly.

The additional capability of CO detection to our existing response capabilities would greatly enhance our ability to expeditiously make the proper field diagnosis and render the appropriate care and transport decisions, thus reducing morbidity and mortality from CO intoxication for both the public and firefighters.

The procurement of this equipment will allow the Department to meet 4 target capabilities. These capabilities include Emergency Triage and Pre-Hospital Treatment, Medical Surge, 12 lead telemetry and increased Responder Safety and Health.

This request meets the priorities of the Assistance to Firefighters Grant, in that the greatest benefits of funding will be achieved by supporting department's existing mission and to replace used or obsolete equipment.

We sincerely thank you for your consideration of our request, and hope for a favorable reply to replace our obsolete equipment for ALS service.

FEMA Form 080-0-2b

Budget

Budget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0

d. Equipment	\$ 529,282
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0

Federal and Applicant Share

Federal Share	\$ 481,166
Applicant Share	\$ 48,116
Applicant Share of Award (%)	10

* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 48,116)

a. Applicant	\$ 48,116
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**\$ 529,282**

FEMA Form 080-0-2b

Narrative Statement

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

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

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

Note: Fields marked with an * are required.

O.M.B Control Number 4040-0007

Assurances Non-Construction Programs

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

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

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

provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by **JEFFREY DAVIDSON** on **10/08/2018**

Form 20-16C

You must read and sign these assurances.

Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.

Note: Fields marked with an * are required.

O.M.B Control Number 1660-0025

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when 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 JEFFREY DAVIDSON on 10/08/2018

FEMA Standard Form LLL

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

Submit Application

Application 100% complete, Submitted

Please click on any of the following links to visit a particular section of your application. Once all areas of your application are complete, you may submit your application.

Application Area	Status
Applicant's Acknowledgements	Complete
Overview	Complete
Contact Information	Complete
Applicant Information	Complete
Applicant Characteristics (I)	Complete
Applicant Characteristics (II)	Complete
Department Call Volume	Complete
Request Information	Complete
Request Details	Complete
Budget	Complete
Assurances and Certifications	Complete

PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.

- **YOU WILL NOT BE ALLOWED TO EDIT THIS APPLICATION ONCE IT HAS BEEN SUBMITTED.** If you are not yet ready to submit this application, save it, and log out until you feel that you have no more changes.
- **When you submit this application, you, as an authorized representative of the organization applying for this grant, are certifying that the following statements are true:**

To the best of my knowledge and belief, all data submitted in this application are true and correct.

This application has been duly authorized by the governing body of the applicant and the applicant will comply to the Assurances and Certifications if assistance is awarded.

To sign your application, check the box below and enter your password in the space provided. To submit your application, click the Submit Application button below to officially submit your application to FEMA.

Note: The primary contact will be responsible for signing and submitting the application. Fields marked with an asterisk (*) are required.

I, JEFFREY B DAVIDSON, am hereby providing my signature for this application as of 16-Oct-2018.

