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| Utah Fire Department Assistance Grant Application 2019 |
| 1. | Department: |       | 2. | FDID # |       | Fed Employer ID # |       |
|  |  |  |  | DUN’S # |       | CFDA # | 10.664 |
| 3.  | Address: |       | 4.  | City: | 5. | Zip Code: | 6. | County: |
|  |  |  |       |       |       |
| 7.  | Contact Person: |       | 8.  | Title: |       | 9. | Daytime Phone: |       |
| 10.  | Cellular Phone: |       | 11. | Fax: |       | 12. | Email: |       |
| 13. Group Application(Enter each additional Dept’s Name, FDID # & DUN’s # or Fed EIN # if DUN’s is not available) | **Dept. Name** | **FDID** | **DUN’s** | **Fed EIN#** |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
| 14.  | Is Department NIMS compliant? | **Yes** |  | **No** |   | 15.  | Participates in Utah Certification Program?  | **Yes** |  | **No** |  |
| 16. | If your Department includes members who have not been trained and certified, does this application request assistance for training and/or certification? | **Yes** |  | **No** |  |
| 17. | Does Department report Fire Incidents to the Utah State Fire Marshal’s Office (NFIRS)? | **Yes** |  | **No** |  |
| 18. | Number of NWCG Wildland Firefighter II: |       | 19. | Number of certified Structural Firefighter I/II:  |       |
|  |  |  |  | Number of Department Personnel: |       |
| 20. | Does Department have qualified NWCG single resource and above personnel? | **Yes** |  | **No** |  |
| 21. | Does Department have possession of FEPP Equipment?  | **Yes** |  | **No** |  |
| 22.  | A. Does Department participates in the State Wildland fire UWRA Program? | **Yes** |  | **No** |  |
|  | B. Does this request include items to meet provisions of the State Wildland UWRA Program or NWCG standard? | **Yes** |  | **No** |  |
|  | C. Does this request include items to bring the Department to NFPA Standards? | **Yes** |  | **No** |  |
|  | D. Does Department participates in the Utah Wildland Fire Management Program? (Fire Policy) | **Yes** |  | **No** |  |
| 23.  | Total Current Dept. operating budget: |       | 24. | Current budget allocation to training: |       |
| 25. | Current budget allocation to safety/PPE: |       | 26. | Current budget allocation to equipment: |       |
| 27.  | How will Dept. provide matching portion? | In-kind Services/Donated Labor |   | Dept. Budget/Donated Funds |   |
| 28. | If your Department is selected for a grant, the grant will be a 100% match, this equates to dollar for dollar. |
| 29. | **Does the Department serve a rural population?** ***Check only One:***(Refer to application instructions for assistance in selection of appropriate category) | Category 1 |   | Category 3 |   | None of Above  |   |
|  |  | Category 2 |   | Category 4 |   |  |  |
|  | **If your Department serves an area in category 2,3, or 4 List them** |       |
| 30. | A. Does the Department assist a Department of Interior (DOI) agency with initial attack wildland fire suppression? DOI agencies include the Bureau of Land Management, the US Fish and Wildlife Service and the National Park Service. Check the categories that apply. |
|  | Border Federal lands |   | Do not respond to Federal agency fires |   |  |
| 31. | A. Does the Department respond to wildland fires on DOI lands? | Yes |   | No |   |  |
|  | B. Does the Department respond to wildland fires on USFS lands? | Yes |   | No |   |  |
| 32.  | Total wildfire responses in 2018 |       | 33. | A. Wildfire responses in area to DOI lands 2018 |       |
| 34.  | Total all incident responses in 2018 |       |  | B. Wildfire responses in area to USFS lands 2018 |  |
| 35. | A. Does Department currently has **complete and fully approved (NWCG)** wildland personal protective equipment (PPE) for all members? | Yes |   | No |   |
|  | B. If No, does this application request NWCG wildland PPE? |       |
|  | C. If not, how many members are ***not***equipped with PPE? |       |
| 36. | A. Does Dept. have interoperable VHF radio communications for all seated positions in all apparatus?  | Yes |   | No |   |
|  | B. If no, will this request be used for radio communication needs?[Refer to radio spec sheet for communication purchases]  | Radios (P 25 compliant) |  |
|  | C. How many seated positions? |       |  |
| 37. | A. Did you receive a grant from this program last year? | Yes |   | No |   |
|  | B. If so, did you complete the projects/purchases that were funded? | Yes |   | No |   |
| 38. | Is your Department listed on a Community at Risk (CAR) list? | Yes |   | No |   |
| 39. | How many CWPPs are in your fire protection jurisdiction?  |       |
| 40. | Is this a new Fire Department? | Yes |   | No |   |
| 41. | Is the lack of requested equipment hampering your efforts to suppress wildfires? | Yes |   | No |   |

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| **Section II cont.** |
| Training – Wildland FireDescribe your departments training request |
| 42.  | Describe in 200 words or less: **See Program Guidance**. |
|       |
| 43. | How will project improve/extend existing conditions or circumstances? |
|        |
| 44. | **Itemized Grant Request** Include materials, equipment, books, per-diem, lodging, mileage, etc. | **Wildland** |
| Description | Quantity | Cost | Total |
| 1 |       |       |       | $ 0.00 |
| 2 |       |       |       | $ 0.00 |
| 3 |       |       |       | $ 0.00 |
| 4 |       |       |       | $ 0.00 |
| 5 |       |       |       | $ 0.00 |
| 6 |       |       |       | $ 0.00 |
| 7 |       |       |       | $ 0.00 |
| 8 |       |       |       | $ 0.00 |
| 9 |       |       |       | $ 0.00 |
| 10 |       |       |       | $ 0.00 |
| 11 |       |       |       | $ 0.00 |
| 12 |       |       |       | $ 0.00 |
| 13 |       |       |       | $ 0.00 |
| 14 |       |       |       | $ 0.00 |
|  | Total Training – Wildland Fire Request | $ 0.00 |

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| 45. | Prepared by: (Please Print) |       | Title: |       |
| Signature: |       | Date: |       |

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| **Section II cont.** |
| Personal Protective Equipment– Wildland FireDescribe your departments Fire Equipment and Apparatus request. |
| 46.  | Describe in 200 words or less: **See Program Guidance**. |
|       |
| 47. | How will project improve/extend existing conditions or circumstances. |
|       |
| 48. | **Itemized Grant Request**  | **Wildland** |
| Description | Quantity | Cost | Total |
| 1 |       |       |       | $ 0.00 |
| 2 |       |       |       | $ 0.00 |
| 3 |       |       |       | $ 0.00 |
| 4 |       |       |       | $ 0.00 |
| 5 |       |       |       | $ 0.00 |
| 6 |       |       |       | $ 0.00 |
| 7 |       |       |       | $ 0.00 |
| 8 |       |       |       | $ 0.00 |
| 9 |       |       |       | $ 0.00 |
| 10 |       |       |       | $ 0.00 |
| 11 |       |       |       | $ 0.00 |
| 12 |       |       |       | $ 0.00 |
| 13 |       |       |       | $ 0.00 |
| 14 |       |       |       | $ 0.00 |
|  | Total PPE–Wildland Fire Request | $ 0.00 |

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| 49. | Prepared by: (Please Print) |       | Title: |       |
| Signature: |       | Date: |       |

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| **Section II cont.** |
| Communications– Wildland FireDescribe your department’s Communications request. |
| 50.  | Describe in 200 words or less: **See Program Guidance**. |
|       |
| 51. | How will project improve/extend existing conditions or circumstances. |
|       |
| 52. | **Itemized Grant Request**  | **Wildland** |
| Description | Quantity | Cost | Total |
| 1 |       |       |       | $ 0.00 |
| 2 |       |       |       | $ 0.00 |
| 3 |       |       |       | $ 0.00 |
| 4 |       |       |       | $ 0.00 |
| 5 |       |       |       | $ 0.00 |
| 6 |       |       |       | $ 0.00 |
| 7 |       |       |       | $ 0.00 |
| 8 |       |       |       | $ 0.00 |
| 9 |       |       |       | $ 0.00 |
| 10 |       |       |       | $ 0.00 |
| 11 |       |       |       | $ 0.00 |
| 12 |       |       |       | $ 0.00 |
| 13 |       |       |       | $ 0.00 |
| 14 |       |       |       | $ 0.00 |
|  | Total Communications – Wildland Fire Request | $ 0.00 |

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| 53. | Prepared by: (Please Print) |       | Title: |       |
| Signature: |       | Date: |       |

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| **Section II cont.** |
| Fire Equipment and Apparatus – Wildland FireDescribe your departments Fire Equipment and Apparatus request. |
| 54.  | Describe in 200 words or less: **See Program Guidance**. |
|       |
| 55. | How will project improve/extend existing conditions or circumstances. |
|       |
| 56. | **Itemized Grant Request**  | **Wildland** |
| Description | Quantity | Cost | Total |
| 1 |       |       |       | $ 0.00 |
| 2 |       |       |       | $ 0.00 |
| 3 |       |       |       | $ 0.00 |
| 4 |       |       |       | $ 0.00 |
| 5 |       |       |       | $ 0.00 |
| 6 |       |       |       | $ 0.00 |
| 7 |       |       |       | $ 0.00 |
| 8 |       |       |       | $ 0.00 |
| 9 |       |       |       | $ 0.00 |
| 10 |       |       |       | $ 0.00 |
| 11 |       |       |       | $ 0.00 |
| 12 |       |       |       | $ 0.00 |
| 13 |       |       |       | $ 0.00 |
| 14 |       |       |       | $ 0.00 |
|  | Total Equipment & Apparatus– Wildland Fire Request | $ 0.00 |

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| 57. | Prepared by: (Please Print) |       | Title: |       |
| Signature: |       | Date: |       |

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| **Section II cont.** |
| Fire Prevention – Wildland FireDescribe your departments Fire Prevention request. |
| 58.  | Describe in 200 words or less: **See Program Guidance**. |
|       |
| 59. | How will project improve/extend existing conditions or circumstances. |
|       |
| 60. | **Itemized Grant Request**  | **Wildland** |
| Description | Quantity | Cost | Total |
| 1 |       |       |       | $ 0.00 |
| 2 |       |       |       | $ 0.00 |
| 3 |       |       |       | $ 0.00 |
| 4 |       |       |       | $ 0.00 |
| 5 |       |       |       | $ 0.00 |
| 6 |       |       |       | $ 0.00 |
| 7 |       |       |       | $ 0.00 |
| 8 |       |       |       | $ 0.00 |
| 9 |       |       |       | $ 0.00 |
| 10 |       |       |       | $ 0.00 |
| 11 |       |       |       | $ 0.00 |
| 12 |       |       |       | $ 0.00 |
| 13 |       |       |       | $ 0.00 |
| 14 |       |       |       | $ 0.00 |
|  | Total Prevention– Wildland Fire Request | $ 0.00 |

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| 61. | Prepared by: (Please Print) |       | Title: |       |
| Signature: |       | Date: |       |

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| **Section II cont.** |
| Special Needs / Other – Wildland FireDescribe your departments special / other needs request. |
| 62.  | Describe in 200 words or less: **See Program Guidance**. |
|       |
| 63. | How will project improve/extend existing conditions or circumstances. |
|       |
| 64. | **Itemized Grant Request**  | **Wildland** |
| Description | Quantity | Cost | Total |
| 1 |       |       |       | $ 0.00 |
| 2 |       |       |       | $ 0.00 |
| 3 |       |       |       | $ 0.00 |
| 4 |       |       |       | $ 0.00 |
| 5 |       |       |       | $ 0.00 |
| 6 |       |       |       | $ 0.00 |
| 7 |       |       |       | $ 0.00 |
| 8 |       |       |       | $ 0.00 |
| 9 |       |       |       | $ 0.00 |
| 10 |       |       |       | $ 0.00 |
| 11 |       |       |       | $ 0.00 |
| 12 |       |       |       | $ 0.00 |
| 13 |       |       |       | $ 0.00 |
| 14 |       |       |       | $ 0.00 |
|  | Total Special / Other Needs - Wildland Fire Request | $ 0.00 |

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| 65. | Prepared by: (Please Print) |       | Title: |       |
| Signature: |       | Date: |       |