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| Utah Fire Department Assistance Grant (UFDAG) Application 2024 |
| 1. | Department: |       | 2. | FDID # |       | Fed Employer ID # |       |
|  |  |  |  | UEI # |       | CFDA # | 10.668 |
| 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 # & UEI’s # or Fed EIN # if UEI’s is not available) | **Dept. Name** | **FDID** | **UEI’s** | **Fed EIN#** |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
| 14.  | Is Department NIMS compliant? | **Yes** |  | **No** |   |
| 15. | If your department includes members who have not been trained and certified, does this application request assistance for training and/or certification? | **Yes** |  | **No** |  |
|  | If yes, how many new wildland qualified members do you expect to add through this request? |       |
| 16. | What is the percentage of the department personnel that are on call only? |       |
| 17. | Number of NWCG Wildland Firefighter II or NFPA Wildland Firefighter I? |       |
| 18. | Total number of department Personnel? |       |
| 19. | How many qualified NWCG single resource and above personnel? |       |
| 20. | Does this request include the buildup of FEPP Equipment?  | **Yes** |  | **No** |  |
| 21.  | A. Does this Department participate in the State Wildland fire UWRMOU Program? | **Yes** |  | **No** |  |
|  | B. Does this request include items to meet provisions of the State Wildland UWRMOU Program or NWCG standard? | **Yes** |  | **No** |  |
|  | C. Does this request include items to bring the Department to NFPA Standards? | **Yes** |  | **No** |  |
|  | D. Does Department participate in the Utah Cooperative Wildfire System? (CWS) | **Yes** |  | **No** |  |
| 22. | Does this Request Build your wildland firefighting capacity? | **Yes** |  | **No** |  |
|  | If Yes, How?**200 Words Max** |       |
| **Beginning in 2024 the in-kind match requirement is no longer the responsibility of the requesting department.** **You will not need to provide any matching documentation or in-kind worksheets** |
| 23. | **A. Does the Department serve a rural population?** ***Check only One:***(Refer to application instructions for assistance in selection of appropriate category) | **Category 1** |  | **Category 2** |  | **Category 3** |  |
|  |  | **Category 4** |  | **Category 5** |  |  |
|  | **B.If your Department serves an area in Category 2,3, or 4, List them** |       |
| 24.. | Check all categories that apply below |
|  | A. Border Federal lands |   | B. Border State Lands |   | C. Does not respond to Federal Lands |   |  |
| 25. | 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** |   |  |
| 26. | A. Total wildfire responses in 2023 |       | 27. | A. Wildfire responses in area to DOI lands 2023 |       |
|  | B. Total all incident responses in 2023 |       |  | B. Wildfire responses in area to USFS lands 2023 |  |
|  |  |  |  | C. Wildfire responses in area to State lands 2023 |  |
| 28. | A. Does Department currently have **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?  | **Yes** |   | **No** |   |
|  | C. If No, how many members are ***not***equipped with PPE? |       |
| 29. | 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] | **Yes** |   | **No** |   |
|  | C. How many seated positions? |       |  |
| 30. | 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** |  |
| 31. | Is your Department listed on a Community at Risk (CAR) list? | **Yes** |  | **No** |  |
| 32. | How many CWPPs are in your fire protection jurisdiction?  |       |
| 33. | Is this a new Fire Department? | **Yes** |   | **No** |   |
| 34. | 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 |
| 35.  | Describe in 200 words or less: **See Program Guidance**. |
|       |
| 36. | How will project improve/extend existing conditions or circumstances? |
|        |
| 37. | **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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| 38. | 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. |
| 39.  | Describe in 200 words or less: **See Program Guidance**. |
|       |
| 40. | How will project improve/extend existing conditions or circumstances. |
|       |
| 41. | **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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| 42. | Prepared by: (Please Print) |       | Title: |       |
| Signature: |       | Date: |       |

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| **Section II cont.** |
| Communications– Wildland FireDescribe your department’s Communications request. |
| 43.  | Describe in 200 words or less: **See Program Guidance**. |
|       |
| 44. | How will project improve/extend existing conditions or circumstances. |
|       |
| 45. | **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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| 46. | 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. |
| 47.  | Describe in 200 words or less: **See Program Guidance**. |
|       |
| 48. | How will project improve/extend existing conditions or circumstances. |
|       |
| 49. | **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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| 50. | Prepared by: (Please Print) |       | Title: |       |
| Signature: |       | Date: |       |

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| **Section II cont.** |
| Fire Prevention – Wildland FireDescribe your departments Fire Prevention request. |
| 51.  | Describe in 200 words or less: **See Program Guidance**. |
|       |
| 52. | How will project improve/extend existing conditions or circumstances. |
|       |
| 53. | **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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| 54. | 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. |
| 55.  | Describe in 200 words or less: **See Program Guidance**. |
|       |
| 56. | How will project improve/extend existing conditions or circumstances. |
|       |
| 57. | **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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| 58. | Prepared by: (Please Print) |       | Title: |       |
| Signature: |       | Date: |       |