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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#** | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |
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| 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 Fire Describe 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 Fire Describe 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 Fire Describe 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 Fire Describe 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 Fire Describe 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 Fire Describe 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: |  |