

Entire Application

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 25.205, 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 a correct and active at time of submission.
- * I certify that the applicant organization has consulted the appropriate Funding Opportunity Announcement 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 11/03 to 12/05/2014 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/assets/documents/30521?id=6906>
- * 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 Tracy L. Hanger on 2014-12-05

Overview

<p>*Did you attend one of the workshops conducted by an AFG regional fire program specialist?</p> <p>No, I have not attended workshop</p> <p>*Did you participate in a webinar that was conducted by AFG?</p> <p>No</p> <p>*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?</p> <p>Yes, I am a member/officer of this applicant</p>

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

Preparer Information

- * Preparer's Name
- * Address 1
- Address 2
- * City
- *State
- * Zip [Need help for ZIP+4?](#)

In the space below please list the person your organization has selected to be the primary point of contact (POC) for this grant. This should be a department officer or member of the organization who will see this grant through completion, to include 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 reach the POC.

Primary Point of Contact

- * Title Assistant Chief
- Prefix (select one) N/A
- * First Name Tracy
- Middle Initial L.
- * Last Name Hanger
- * Primary Phone(e.g. 123-456-7890) 757-727-2288 Ext. Type work
- * Secondary Phone (e.g. 123-456-7890) 757-810-8754 Ext. Type cell
- Optional Phone (e.g. 123-456-7890) Type Select
- Fax (e.g. 123-456-7890) 757-727-6094

* Email (e.g. user@xyz.org)

thanger@hampton.gov

Contact Information

	Alternate Contact Information Number 1
* Title	Chief
Prefix (select one)	N/A
* First Name	David
Middle Initial	E
* Last Name	Layman
* Primary Phone	757-727-6448 Ext. Type work
* Secondary Phone	757-759-5835 Ext. Type cell
Optional Phone	Type
Fax	757-727-6094
* Email	dlayman@hampton.gov

	Alternate Contact Information Number 2
* Title	Deputy Chief
Prefix (select one)	N/A
* First Name	Jason
Middle Initial	H
* Last Name	Monk
* Primary Phone	757-727-1205 Ext. Type work
* Secondary Phone	757-897-7081 Ext. Type cell
Optional Phone	Type
Fax	757-727-1207
* Email	jmonk@hampton.gov

Applicant Information

EMW-2014-FO-05980

Originally submitted on 12/05/2014 by Robert Brylewski (Userid: police)

Contact Information:

Address: 22 Lincoln Street 6th Floor

City: Hampton

State: Virginia

Zip: 23669

Day Phone: 7577271246

Evening Phone: 7578976302

Cell Phone: 7578976302

Email: rbrylewski@hampton.gov

Application number is EMW-2014-FO-05980

- * Organization Name Hampton Division of Fire and Rescue
- * Type of Applicant Fire Department/Fire District
- * Fire Department/District, Nonaffiliated EMS, and Regional applicants, select type of Jurisdiction Served City
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 Hampton, City of

SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.

* 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 22 Lincoln Street, 6th Floor

Mailing Address 2

* City Hampton

* State Virginia

* Zip 23669 - 3522
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* Employer Identification Number (e.g. 12-3456789)

Note: This information must match your

SAM.gov profile.

* 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 select Yes above)

* What is your 9 digit DUNS number? 066019902
(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 22 Lincoln Street, 6th Floor

Physical Address 2

* City Hampton

* State Virginia

* Zip 23669 - 3522
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Mailing Address

* Mailing Address 1 22 Lincoln Street, 6th Floor

Mailing Address 2

* City Hampton

* State Virginia

* Zip 23669 - 3522
[Need help for ZIP+4?](#)

Bank Account Information

* The bank account being used is: (Please select one from right) Note: If this is selected, a 4 digit DUNS plus 4 is required if you answered "YES" to using the DUNS number of your Jurisdiction.
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 051406543

* Your account number 126620901

Additional Information

* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request? No

* If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization may be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application. Yes

* 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:

Hampton Division of Fire and Rescue has one year remaining on a SAFER grant at approximately \$1,000,000.

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? Combination

If you answered "Combination" above, what is the percentage of career members in your organization? 67 %

If you answered "Volunteer", "Combination" or "Paid on-call", how many of your volunteer Firefighters are paid members from another career department? 12

* What type of community does your organization serve? Urban

* Is your Organization considered a Metro Department? No

* What is the square mileage of your first-due response area? Primary/First Due Response Area is a geographical area proximate to a fire or rescue facility and normally served by the personnel and apparatus from that facility in the event of a fire or other emergency and does not include daily or seasonal population surges. 54

* What percentage of your primary response area is protected by hydrants? 100 %

* 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? Hampton

* Does your organization protect critical infrastructure? Yes

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

Critical national infrastructure makes Hampton unique in terms of its potential as a possible target of a weapon of mass destruction incident. The Hampton Roads Bridge Tunnel connects the city to the Norfolk / Virginia Beach metropolitan area. The City of Hampton also protects and serves several Federal and State assets on its land and shores. Langley Air Force Base is located on the east side of Hampton and has been a significant part of this community for more than 90 years. Langley Air Force Base, now part of Joint Base Langley-Eustis has, and will continue to, provide strategic military defense of our nation's freedom and our personal liberty for the foreseen future. Hampton provides protection for historic Fort Monroe, a newly designated National Park. Hampton is also home to the Hampton Veterans Administration Medical Center and NASA Langley Research Center. In addition, Hampton also lies just outside the 10-mile Emergency Protective Zone of the Surry Nuclear Power Plant.

* How much of your primary response area is for agriculture, wildland, open space, or undeveloped properties? 15 %

* What percentage of your primary response area is for commercial and industrial purposes? 46 %

* What percentage of your primary response area is used for residential purposes? 39 %

* How many occupied structures (commercial, industrial, residential, or institutional) in your primary response area are more than three(3) stories tall? Do not include structures which are not regularly occupied such as silos, towers, steeples, etc. 20

* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? 137436

* Do you have a seasonal increase in population? No

If "Yes" what is your seasonal increase in population? 0

* How many active firefighters does your department have who perform firefighting duties? 420

* How many members in your department/organization are trained to the level of EMT-I or EMT-Advanced? 243

Does your department have a Community Paramedic program? No

How many personnel are trained to the Community Paramedic level? 0

* How many stations are operated by your organization? 11

* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)? Yes

* Do you currently report to the National Fire Incident Reporting System (NFIRS)? Yes

Note: You will be required to report to NFIRS for the entire period of the grant.

If you answered "Yes" above, please enter your FDIN/FDID 65000

* How many of your active firefighters are trained to the level of Firefighter I? (Include all personnel who have attained Firefighter I) 100 %

* How many of your active firefighters are trained to the level of both Firefighter I and Firefighter II? 99 %

If you answered less than 100% to either question above, are you requesting for training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001? No

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the FF 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.

Funds are allocated in the operating budget to train all operational firefighting personnel to the Firefighter II level. Training of new members is on-going.

* What services does your organization provide?

Advanced Life Support	Formal/Year-Round Fire Prevention Program	Rescue Operational Level
	Haz-Mat Operational Level	Rescue Technical Level
Basic Life Support	Haz-Mat Technical Level	Structural Fire Suppression
	Maritime Operations/Firefighting	

* Please describe your organization and/or community that you serve.

The Hampton Division of Fire and Rescue is a combination Fire and Rescue Organization comprised of 285 career medic/firefighters and officers, 135 volunteer firefighters and EMS providers, and 12 support staff. These members staff eleven fire stations, an Operations Section, a Suppression Branch, an EMS and Special Events Branch, a Community Risk Reduction Section, Fire Marshall Group, a Professional Standards Branch. The responding crews typically handle in excess of 24,000 emergency and non-emergency responses annually. The department has an annual budget of 18 million dollars with the majority of funding committed to personnel services.

The City of Hampton is historically profound and geographically unique. The city is touted as America's first English-speaking settlement and is the site for many historically-relevant events. Located on Virginia's Peninsula at the confluence of the Chesapeake Bay and the harbor of Hampton Roads, it is both a military and industrial nexus. As such, the city is viewed by the Department of Justice as a likely target opportunity for possible terrorist or WMD attacks.

The City of Hampton also protects and serves several Federal and State assets on its land and shores. Langley Air Force Base is located on the east side of Hampton and has been a significant part of this community for more than 90 years. Langley Air Force Base, now part of Joint Base Langley-Eustis has, and will continue to, provide strategic military defense of our nation's freedom and our personal liberty for the foreseen future.

NASA Langley Research Center (NASA LaRC) is located on the north edge of the city and is the oldest of NASA's field centers. It directly borders Poquoson, Virginia, and Langley Air Force Base, and provides a distinct research benefit to the aeronautical and space industry. Although NASA LaRC focuses primarily on aeronautical research, the Apollo Lunar Lander was flight-tested at the facility and a number of high-profile space missions have been planned and designed on-site.

Hampton Veterans Administration Medical Center is located at the southern tip of the city overlooking the Harbor of Hampton Roads. The Hampton Veterans Administration Medical Center is the fourth-oldest medical center in the VA health care system and proudly provides quality, compassionate healthcare to our Nation's heroes.

Historic Fort Monroe is located within the city at the southern tip of the Virginia Peninsula at Old Point Comfort. The six-sided stone fort was the oldest active military fort in the United States until being decommissioned in late 2011. On November 1, 2011, under the pen of President Obama, the fort became a national monument. This act ensures that citizens and visitors of this region will be able to learn the rich historical legacy of this national treasure.

In addition to the military and government presence with the boundaries of Hampton, the city is located just across the Hampton Roads Harbor from the Naval Station Norfolk, the largest such facility in the world.

Critical national infrastructure also makes Hampton unique in terms of its potential as a possible target of a weapon of mass destruction incident. The Hampton Roads Bridge Tunnel connects the city to the Norfolk / Virginia Beach metropolitan area. Likewise, the Monitor-Merrimac Memorial Tunnel and the nearby James River Bridge serve as major gateways to western Hampton Roads and northern North Carolina. The city also contains a major rail corridor that services two major private coal export facilities, which are adjacent to a containerized cargo and brake of bulk port operated by the Commonwealth of Virginia. In addition, Hampton also lies just outside the 10-mile Emergency Protective Zone of the Surry Nuclear Power Plant.

Fire Department Characteristics (Part II)

	2013	2012	2011
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	2	4	3
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	11	10	10
* 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?	2	3	1
* Over the last three years, what was your organization's average operating budget?	3479691	3056398	2830808
* What percentage of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	81.1%	81.5%	81.3%
* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%	2013	2012	2011
<u>Taxes?</u>	100 %	100 %	100 %
Bond Issues	0 %	0 %	0 %
<u>EMS Billing?</u>	0 %	0 %	0 %
Grants?	0 %	0 %	0 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
<u>Fee for Service?</u>	0 %	0 %	0 %
Other?	0 %	0 %	0 %
If you entered a value into Other field (other than 0), please explain	N/A		
Does your organization intend to provide a cost share greater than the required amount? (If applying for a Micro Grant, please select "N/A")	No		
If yes, how much additional funding in excess of the required cost share is your organization willing to contribute? Enter the amount in the box to the right. Note: This figure will not affect the budget calculations .	\$		

* Please describe your organization's need for Federal financial assistance.

Hampton Division of Fire and Rescue's annual operating budget barely covers the annual cost of operations. There is no "extra" in the budget to cover items such as health and wellness initiatives, replacement cardiac monitor/defibrillators, or outdated personal protective equipment replacement. Aid to localities such as Fire Programs and Four for Life funds assist with some of these purchases, but do not cover the full amount needed. Hampton Division of Fire and Rescue relies on Federal financial assistance for high dollar equipment purchases of this type. Revenue from EMS Fee for Service is returned to the General Fund and is used to balance the city budget.

* 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. listed below?** (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	14	4	108
Ambulances for transport and/or emergency response:	9	6	45
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	4	1	24
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	1	0	2
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	4	0	8
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	31	2	66

Fire Department Call Volume

	2013	2012	2011
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, Enter 0)			
Structural Fires	201	293	232
False Alarms/Good Intent Calls	1620	1596	1599
Vehicle Fires	80	71	100
Vegetation Fires	59	101	98
EMS-BLS Response Calls	3893	4432	3837
EMS-ALS Response Calls	14311	13295	11185
EMS-BLS Scheduled Transports	0	0	0
EMS-ALS Scheduled Transports	0	0	0
Community Paramedic Response Calls	0	0	0
Vehicle Accidents w/o Extrication	1336	1197	1212
Vehicle Extrications	3	7	6
Other Rescue	51	46	50
Hazardous Condition/Materials Calls	856	793	980
Service Calls	1040	1327	1621
Other Calls and Incidents	1973	3237	1945
Total	25423	26395	22865
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, Enter 0)			
What is the total acreage of all vegetation fires?	1	3	2
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
In a particular year, how many times does your organization receive Mutual Aid?	7	3	5
In a particular year, how many times does your organization receive Automatic Aid?	4	4	2
In a particular year, how many times does your organization provide Mutual Aid?	5	4	8
In a particular year, how many times does			

your organization provide Automatic Aid?	3	2	1
Total Mutual / Automatic Aid (please total the responses from the previous two blocks)	19	13	16
Out of the Mutual / Automatic Aid responses, how many were structure fires?	7	2	12

Request Information

1. Select the program for which you are applying. You can apply for as many activities within a program as you need. If you are interested in applying under Vehicle Acquisition or Operations and Safety, you will need to submit separate applications.

Program Name

Operations and Safety

2. Will this grant directly benefit more than one organization?

No

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

\$0

* 4. Are you requesting a Micro Grant? A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.	No
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Request Details

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

Activity	Number of Entries	Total Cost	Additional Funding
Equipment	1	\$ 0	\$ 0
Modify Facilities	0	\$ 0	\$ 0
Personal Protective Equipment	0	\$ 0	\$ 0
Training	0	\$ 0	\$ 0
Wellness and Fitness Programs	1	\$ 190,865	\$ 0

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

\$0

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

Monitor/Defibrillator-15 leads

* Please provide a detailed description of the item selected.

Monitor/defibrillator, adaptive biphasic with manual and AED modes, color LCD, 100 mm printer, noninvasive pacing, metronome, trending, SpO2, NIBP, 15-Lead ECG capability, EtCO2, carbon monoxide and Bluetooth, power base, batteries, power cord, redi-charge adapter tray, rainbow DCI adult sensor, NIBP cuffs in infant, child, large adult, and extra large adult, carry case with sides and top pouch, point of service contract for 3 years

2. Number of units:

0 (whole number only)

3. Cost per unit:

\$ 37545

(whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

4. The equipment purchased under this grant program will:

Replace obsolete or damaged equipment that can no longer meet the applicable standards

If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.

10 years

5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc?
In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

Yes

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)? Funding for requested training shall be entered in the corresponding Additional Funding section. (Under the Action column select Update Additional Funding)

No

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

Yes

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

The Hampton Division of Fire and Rescue seeks AFG funding to purchase twenty (20) modern 15-lead capable cardiac monitor/defibrillators. We are also requesting funds to purchase necessary accessories such as batteries, external chargers, reusable blood pressure cuffs, protective carrying cases, AC power cords, rainbow sensors, and a three-year onsite comprehensive coverage service contract. The Division solicited bids from local sales representatives to update our cardiac monitoring capability. A budgetary quote was provided that addressed all of our needs. The expected costs are \$37,545 per monitor (with necessary accessories and service package), for a total project cost of \$750,900. Our Division commits to the 10% match, in the amount of \$68,264 should the grant be awarded. In addition, the Division commits to all training required to keep the units in a high state of readiness.

Enhancing existing missions require better equipment: Pre hospital ECGs have become the standard of care across the nation and are included in our cardiac pre-hospital protocols. Non-invasive carbon monoxide screening has also become a national standard. With our current equipment, personnel on fire apparatus are unable to transmit data directly to receiving hospital. Additionally, our current cardiac monitors lack the ability to screen for carbon monoxide exposure.

Our existing monitors are antiquated and obsolete. Our current cardiac equipment, purchased between 2004 and 2008, are well past the manufacturer's recommended eight-year life expectancy. The manufacturer no longer produces our current monitors and parts are becoming scarce. The lack of parts and service will render these units inoperable. It is vital for our Division to secure new monitors so we can continue to provide advanced life support care from our first response units.

The new monitor/defibrillators will allow our personnel to transmit 12-lead and 15-lead cardiac information and other important patient data from the field to receiving hospitals through a cloud-based network. Purchasing the new monitor/defibrillators will also enable our Division to provide non-invasive carbon monoxide screening to firefighter personnel during rehabilitation at fire scenes, as recommended by NFPA 1584. Other useful features of the new monitors include improved sensors to monitor pulse oximetry and capnography, an external power capability, and improved lithium ion batteries. This equipment will also meet all current National Standards in cardiac monitoring: ASTM F1651-95, NFPA 450, and NFPA 473.

The new cardiac monitors will be placed in service immediately on all division Engines, Ladders, Squads, Trucks, and Marine units that are staffed daily by ALS certified personnel. Regular training will be conducted by our Professional Standards Branch to ensure Division personnel are fluent with all new features and obtain a high degree of operational readiness.

* 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 costs incurred? Are the costs reasonable? Provide justification for the budget items relating to the costs of the requested items. *4000 characters

The City of Hampton, Virginia has experienced decreased revenues for the past 5 years due to lowered real estate assessments and the economic downturn. Flat or reduced budgets provide limited resources to support new initiatives and capital improvement projects. Grants available at the local and state level will not support the level of investment needed to provide upgraded monitor/defibrillators. Hampton Division of Fire and Rescue's annual operating budget barely covers the annual cost of operations and does not support an investment of \$750,900 to purchase new monitor/ defibrillator devices.

In the past 12 months, Hampton Fire and Rescue personnel have used outdated cardiac monitor/defibrillators to gather vital signs on 14,391 persons, capture and analyze 8,470 12-lead ECGs, defibrillate 108 persons, perform external pacing for 14 persons, and perform synchronized cardioversion on 3 persons. The Division of Fire and Rescue responds to approximately 24,000 Fire and EMS calls annually where cardiac monitoring is used 60% of the time.

Long-term value: New cardiac monitors have a life span of eight years per the manufacturer. As a projection based on the previous 12 months, we would use the new cardiac monitors at least 115,128 times over their eight year lifespan. Therefore, the expected cost of the monitors per actual call would be \$6.52.

The new cardiac monitor/defibrillators will improve our emergency service response to a population of 137,436 residents, increase the safety of our firefighters, and ensure compliance with national guidelines and practices. Securing new cardiac monitors will reduce the time between EMS dispatch and definitive cardiac care. In the Sekulic Study of 2005, "Catherizations and Cardiovascular Interventions," it was determined that the average, door-to-balloon time, with a pre-hospital 12-lead provided to the receiving hospital was 44 minutes when compared with the previous historical data that was 88 minutes without pre-hospital 12 Lead EKG's. Results from this study found a decrease in length of stay for patients with acute Myocardial Infarction. More lives will be saved and the quality of life for survivors will be improved if definitive treatment is provided earlier.

Improved operations and safety: Carbon monoxide exposure is a leading cause of death at fire scenes and is the most commonly encountered contaminant found in environmental studies of firefighters. Although SCBAs provide protection, firefighters are often exposed to dangerous carbon monoxide during the overhaul aspect of a fire operation. Because of this risk, early detection of carbon monoxide exposure must occur during firefighter rehabilitation. The requested new monitors cardiac monitors would allow us to screen for carbon monoxide exposure within seconds, and bring us into compliance with NFPA, AHA, Department of Homeland Security, and CFR national recommendations and standards.

* 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

The new cardiac monitor/defibrillators will improve our emergency service response to a population of 137,436 residents, increase the safety of our firefighters, and ensure compliance with national guidelines and practices. Securing new cardiac monitors will reduce the time between EMS dispatch and definitive cardiac care. We work very closely with local hospitals on early identification and transport of patients with myocardial infarctions. The new cardiac monitor/defibrillators will be placed into immediate service on all division Engines, Ladders, Squads, Trucks, and Marine units that are staffed daily by ALS certified personnel. The upgraded equipment will replace aging equipment and bring the fire apparatus into line with the newest cardiac care technology.

Funding this project will greatly enhance fireground safety by providing early detection of carbon monoxide exposure to firefighters and fire victims. The availability of carbon monoxide monitoring will also enhance identification and access to advanced treatment for victims of carbon monoxide exposure from faulty or improperly operated equipment. We anticipate future budget impact due to increased cost of service and maintenance contracts. Funding will be requested in the annual operating budget to offset this cost. We are not requesting funding for training. Training on the new equipment will be conducted by our Professional Standards Branch. This request will also fulfill the Department of Homeland Security's guidance that the greatest priority funding should be used to support or expand a department's existing mission, and to replace used or obsolete equipment. Thank you for your consideration in funding Hampton Division of Fire and Rescue's request for assistance.

Program Area
The activities below are Priority 1

Does your organization currently offer this activity?	Are you requesting funding for this activity in this application?	Will this activity be mandatory?	Will this activity be offered to all members?
#Yes	#No	#Yes	#Yes
#Yes	#No	#Yes	#Yes
#Yes	#No	#Yes	#Yes
#Yes	#No	#Yes	#Yes

- * Initial Physical Exam
- * Job Related Immunization Program
- * Periodic Physical Exam/Health Screening
- * Behavioral Health NFPA 1500 or equivalent

Behavioral health programs are described in NFPA 1500 chapter 11. If you have any questions call the AFG help desk at 866-274-0960.

Fire Department/Fire District Wellness and Fitness Program

Wellness and Fitness Details

- 1* . Which program will your organization offer during the requested grant's period of performance (POP)? Formal fitness and injury prevention program
- 2* . Does your organization currently offer this activity? No
- 3* . Are you requesting funding for a priority 2 activity with this application? Yes
- 4* . Will this program be mandatory? Yes
- 5* . Will this program be offered to all? Yes

Budget Item - Formal fitness and injury prevention program

- *Item Physical Trainers
- *Please provide a detailed description of the item selected above. 25 personnel will be trained to a level of IAFF/IAFC Peer Fitness Trainer. 6 of those will receive and advanced certification, known as Senior Peer Fitness Trainer
- * Select Object Class Personnel
- If you selected other above, please specify
- * Number of units 25 (Whole number only)
- * Cost per unit \$ 800 (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

Budget Item - Formal fitness and injury prevention program

- *Item Fitness Assessments and Counseling
- *Please provide a detailed description of the item selected above. Peer Fitness Trainers will receive standardized fitness kits and manuals for firefighter training members about fitness, nutrition, injury prevention and self care
- * Select Object Class Supplies
- If you selected other above, please specify
- * Number of units 25 (Whole number only)
- * Cost per unit \$ 488 (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

Budget Item - Formal fitness and injury prevention program

- *Item Fitness Assessments and Counseling
- *Please provide a detailed description of the item selected above. Covers overtime costs incurred while Peer Fitness training candidate attend certification courses for Peer Fitness Trainer and Senior Peer Fitness Trainer
- * Select Object Class Personnel
- If you selected other above, please specify
- * Number of units 25 (Whole number only)
- * Cost per unit \$ 1197 (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

Budget Item - Formal fitness and injury prevention program

- *Item Fitness Assessments and Counseling
- *Please provide a detailed description of the item selected above. Three sets of required IAFF/IAFC Wellness/Fitness Initiative testing equipment
- * Select Object Class Equipment
- If you selected other above, please specify
- * Number of units 3 (Whole number only)
- * Cost per unit \$ 4280 (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

Budget Item - Formal fitness and injury prevention program

- *Item Exercise Equipment

*Please provide a detailed description of the item selected above. Commercial grade equipment for 11 fire stations. Equipment will facilitate injury prevention and personal fitness through strength, aerobic, anaerobic and functional core training during the allotted one hour on duty wellness/fitness time. Members will be trained by Senior Peer Fitness Trainers in the use of all new equipment.

* Select Object Class Equipment

If you selected other above, please specify

* Number of units 11 (Whole number only)

* Cost per unit \$ 9000 (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

Budget Item - Formal fitness and injury prevention program

*Item Periodic Physical Exam/Health Screening/Fitness Evaluation

*Please provide a detailed description of the item selected above. Initial program support costs for temporary clerical/data support to include data acquisition, management, analysis and reporting services using fire service approved database.

* Select Object Class Other

If you selected other above, please specify IT, data management and analysis

* Number of units 1 (Whole number only)

* Cost per unit \$ 15600 (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

Budget Item - Formal fitness and injury prevention program

*Item Fitness Assessments and Counseling

*Please provide a detailed description of the item selected above. Costs associated with developing program documents, supplies and printing for grant specific Occupational Health and Wellness Fitness programs

* Select Object Class Supplies

If you selected other above, please specify supplies, office supplies, printing

* Number of units 1 (Whole number only)

* Cost per unit \$ 1300 (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

Firefighting Wellness and Fitness Programs - 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

The Hampton Division of Fire and Rescue is requesting funds to provide mandatory, non-punitive, occupational wellness and fitness initiatives for all uniformed career and volunteer fire and EMS personnel.

Our goal is to certify 25 of our personnel as Peer Fitness Trainers (PFT) and 6 of those to the level of Senior Peer Fitness Trainer (SPFT)(\$20,000). In order for these Peer Fitness trainers to complete their course work, we need to provide funding to backfill their positions while they attend classes. These backfill costs will be \$29,930.

Additionally, we would provide course materials, fitness kits and manuals to those PFT trainers (\$12,200). Those materials would allow them to train all members in health maintenance, healthy eating habits, physical fitness, injury prevention and self-care. They will also establish physical goals and health maintenance programs based on individual needs and track performance through a fire service related database (15,600). Additional program documents, supplies and printing costs for grant specific materials would be \$1,300.

\$99,000 of grant funding would allow us to provide commercial grade exercise equipment at each of our eleven fire stations for members to use. Since every station has different space available and equipment needs, an extensive survey would be conducted to see which stations needs are greater. Equipment will facilitate injury prevention and personal fitness through strength, aerobic, anaerobic, and functional/core training during the allotted one hour on-duty wellness/fitness time. Members will be trained by SPFT's in the use of all new equipment.

Three sets of required IAFF/IAFC Wellness/Fitness Initiative testing equipment(\$12,840) will also be purchased to test fitness levels from baseline to annual fitness testing.

The Division is comprised of 432 career and volunteer members, 420 of which are uniformed personnel. The Division responds to an average of 24,046 emergency calls annually. In addition to fire and EMS response, the Division provides disaster mitigation, technical rescue, hazardous materials response, building inspections, fire code enforcement, and public education to a culturally diverse population of 137,436.

As with many departments, Hampton has not had adequate funding to provide fitness equipment to all stations for use by members. The majority of our fire stations have exercise equipment that is more than 30 years old. Our goal is to provide new equipment and trained personnel to develop programs that meet the specific needs of individuals. Firefighter safety depends on fire service specific baseline medical and physical assessments per NFPA 1582 and NFPA 1583.

Hampton provides members with a portion of the health and wellness program, by providing medical, physical and mental health support, but has been unable to meet crucial needs like the strength, endurance and nutritional training. Since 2012, the Division has provided comprehensive annual physicals for entry level and incumbent personnel that meets NFPA 1582 standards. Behavioral health programs have become an increasing concern among fire departments across America, and as a result, the Division offers an Employee Assistance Program with easy access for members seeking treatment.

With the Assistance to Firefighters Grant, Hampton will be able to improve the health and wellness of all uniformed personnel through access to state of the art exercise equipment, healthy living and nutritional information and certified the International Association of Firefighters/ International Association of Fire Chiefs (IAFF/IAFC) peer fitness trainers.

Federal Funds: \$173,514
 Local Match Requirement: \$17,351
 TOTAL GRANT REQUEST: \$190,865

* 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 costs incurred? Are the costs reasonable? Provide justification for the budget items relating to the costs of the requested items. *4000 characters

This grant will benefit firefighters, the fire department at all levels, city government, and the citizens of Hampton and surrounding region by enabling firefighters to remain physically capable of safely responding to daily emergencies and major disasters. With the increasing service demands and required protective equipment, firefighters need a comprehensive Occupational Health and Fitness program, including potential H5N1 immunizations, to meet the physical demands from these increased risks and responsibilities.

The financial cost of preventing disease can be estimated but the impact of not being prepared to prevent controllable disease or pandemic exposure could be unfathomable. The personal impact on firefighters, their families, and the community being served would be immeasurable.

Great care has been taken to provide the most service for the least amount of funds. For example, PFT's will be able to complete a large portion of the injury prevention and fitness training on shift. This reduces the most expensive element of cost - time.

Firefighters are the department's greatest resource and expense. Through comprehensive medical care, injury prevention and rehab, and fitness, this resource can be maintained at a cost savings to the city and benefit to the citizens.

* 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

The health and financial benefits of comprehensive occupational wellness-fitness programs are extensive and well documented. First and foremost, this program will ensure that Hampton Firefighters are physically able to meet the extreme physical demands, potential deadly exposures, and inherent hazards involved in providing public safety. A comprehensive, self-sufficient, occupational health and fitness program will provide support and assurance to 420 fire fighters, as well as the communities that rely on their professional performance. The numerous regional interoperable emergency management programs will not function without healthy firefighters to implement them.

Firefighters who are healthy, fit, and injury free will enhance the effectiveness of day-to-day operations and help meet the number one goal of the fire service, protection of life and property. The occupational fitness and injury prevention programs will be effective in reducing the number, severity, and frequency of firefighter illnesses, injuries, and fatalities. Current disability costs for 2014 are estimated to be over five million dollars not including backfill cost. Any decrease in disabilities will lead to higher levels of service.

This program will provide the services needed to protect first responders-- the very backbone of public safety. This grant will broaden the focus of safety beyond equipment and training to the very personnel who are being trained and equipped. This grant will enhance our ability to complete our proposed five year goal of providing the safest and most efficient environment for daily operations under any emergency circumstances.

Budget

Budget Object Class

a. Personnel	\$ 49,925
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 111,840
e. Supplies	\$ 13,500
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 15,600
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0
Federal and Applicant Share	
Federal Share	\$ 173,514
Applicant Share	\$ 17,351
Applicant Share of Award (%)	10

* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 17,351)

a. Applicant	\$ 17,351
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 **\$ 190,865**

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 Tracy Hanger on 12/05/2014

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 Tracy Hanger on 12/05/2014

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 * are required.

I, Tracy L. Hanger, am hereby providing my signature for this application as of 07-Jul-2015.