

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

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

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average 9 hours per response for FEMA Form 080-0-2 "AFG Application (General Questions and Narrative)". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

---

**Applicant's Acknowledgements**

- \* I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.
- \* As required per 2 CFR § 25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.
- \* I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's one (1) year Period of Performance (POP).
- \* I certify that the applicant organization is aware that this application period is open from 12/26/2017 to 02/02/2018 and will close at 5 PM EST; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.
- \* I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: [http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd\\_ehp\\_screening\\_form\\_51815.pdf](http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd_ehp_screening_form_51815.pdf)
- \* I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

Signed by **Mark Corso** on **2018-01-17 14:57:37.0**

---

**Overview**

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

Yes, I have attended workshop

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

Yes

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

No, I am a grant writer or otherwise not affiliated with this applicant

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

## Preparer Information

## Preparer's Name

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

City

State

\* Title

Zip

Prefix (select one)

\* First Name

Middle Initial

\* Last Name

\* Primary Phone

\* Secondary Phone

Optional Phone

Fax

\* Email

## FireGrantsHelp

2946 Greenwood St  
Ste. 200

San Francisco

California

Chief Financial Officer

Need help for ZIP+4?

N/A

Mark

Corso

415-558-3417 Ext. Type work

415-558-3400 Ext. Type cell

Type

mark.corso@sfgov.org

FEMA Form 080-0-2

## Contact Information

## Alternate Contact Information Number 1

\* Title

Assistant Deputy Chief

Prefix (select one)

N/A

\* First Name

Shane

Middle Initial

\* Last Name

Francisco

\* Primary Phone

415-558-3680 Ext. Type work

\* Secondary Phone

415-558-3400 Ext. Type cell

Optional Phone

Type

Fax

\* Email

shane.francisco@sfgov.org

## Alternate Contact Information Number 2

\* Title

Deputy Chief

Prefix (select one)

N/A

\* First Name

Jeanine

Middle Initial

\* Last Name

Nicholson

\* Primary Phone

415-558-3411 Ext. Type cell

\* Secondary Phone

415-558-3258 Ext. Type work

Optional Phone

Type

Fax

\* Email

jeanine.nicholson@sfgov.org

FEMA Form 080-0-2

**Applicant Information**

---

EMW-2017-FO-06421

Originally submitted on 02/02/2018 by Joanne Hayes-White (Userid: mariotrevino)

**Contact Information:**

Address: 698 Second Street

City: San Francisco

State: California

Zip: 94107

Day Phone: 4155583417

Evening Phone: 4155583417

Cell Phone: 4155583417

Email: mark.corso@sfgov.org

**Application number is EMW-2017-FO-06421**

\* Organization Name

San Francisco Fire Department

\* Type of Applicant

Fire Department/Fire District

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

Other (explain)

If "Other", please enter the type of Jurisdiction

City &amp; County

**SAM.gov (System For Award Management)**\* What is the legal name of your Entity as it appears in [SAM.gov](#)?Note: This information must match your [SAM.gov](#) profile if your organization is using the DUNS number of your Jurisdiction.

SAN FRANCISCO FIRE DEPARTMENT

\* 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

698 Second Street

Mailing Address 2

\* City

San Francisco

\* State

California

\* Zip

94107 - 2015

[Need help for ZIP+4?](#)\* [Employer Identification Number](#) (e.g. 12-3456789)

94-6000417

Note: This information must match your [SAM.gov](#) profile.

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

No, we have our own DUNS number separate from our Jurisdiction.

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

\* What is your 9 digit [DUNS number](#)?

033428819

(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](https://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](https://sam.gov) record.

**Headquarters or Main Station Physical Address**

- \* Physical Address 1 698 Second Street
- Physical Address 2
- \* City San Francisco
- \* State California
- \* Zip 94107 - 2015  
[Need help for ZIP+4?](#)

**Mailing Address**

- \* Mailing Address 1 698 Second Street
- Mailing Address 2
- \* City San Francisco
- \* State California
- \* Zip 94107 - 2015  
[Need help for ZIP+4?](#)

**Bank Account Information**

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

Maintained by my Jurisdiction

Note: The following banking information must match your [SAM.gov](https://sam.gov) profile.

- \* Type of bank account
- \* Bank routing number - [9 digit](#) number on the bottom left hand corner of your check 121000358
- \* Your account number 0066180050

**Additional Information**

- \* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?

No

- \* Is the applicant [delinquent on any Federal debt?](#)

No

If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:

FEMA Form 080-0-2

**Fire Department/Fire District Department Characteristics (Part I)**

- \* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property?

No

- \* What kind of organization do you represent?

All Paid/Career

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

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

\* What type of community does your organization serve?

Urban

\* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)

Yes

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

48

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

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?

San Francisco

\* Does your organization protect critical infrastructure?

Yes

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

San Francisco is home to a variety of critical infrastructure, both for the City itself, but also for State, National, and International interests. Within the San Francisco Fire Department (SFFD)'s response area is an array of critical infrastructures including National monuments and famous landmarks, bridges, sports arenas, postal facilities, fuel tanks, water treatment facilities, under bay fuel transmission lines, power and energy infrastructure, educational (129 schools, 27 colleges/universities), medical (14 hospitals), research, financial, biotech-research, technological industries and home to over 30 international financial institutions including a Federal Reserve.

The SFFD services a major international airport and is home to a regional Federal Reserve Bank. San Francisco is ranked one of the top seven Tier 1 Urban Area Cities, and the Port of San Francisco is identified as a Group 1 Port at highest risk for terrorist attack. San Francisco makes up a large component of the Bay Area Rapid Transit (BART) system, which has an underwater Transbay railway tube serving over 400,000 commuters each week. The City is also a large hub for a variety of other regional transit systems that service the rest of the Bay Area and the State of California, such as Cal Train and the Bay Ferry System, which will transport 6.5 million riders per year.

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

31 %

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

25 %

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

44 %

\* What is the permanent resident population of your [Primary/First-Due Response Area or jurisdiction served](#)? (whole numbers only)

852469

\* Do you have a seasonal increase in population?

No

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

\* How many active firefighters does your department have who perform firefighting duties? (whole numbers only)

1436

\* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only)

1698

Does your department have a [Community Paramedic](#) program?

Yes

How many personnel are trained to the [Community Paramedic](#) level? (whole numbers only)

2

\* How many stations are operated by your organization? (whole numbers only)

44

\* 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. AFG does not require NFIRS reporting for nonaffiliated

EMS Organizations and State Fire Training Academy.

If you answered "Yes" above, please enter your [FDIN/FDID](#) 38005

\* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only) 1436

\* How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I) 1436

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

No

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the Firefighter II level in this application, please describe in the box below your training program and your plans to bring your membership up to Firefighter II.

\* What services does your organization provide?

Advanced Life Support	Emergency Medical Responder	Rescue Operational Level
Airport Rescue Firefighting (ARFF)	Haz-Mat Operational Level	Rescue Technical Level
Basic Life Support	Haz-Mat Technical Level	Structural Fire Suppression
<a href="#">Community Paramedic</a>	Maritime Operations/Firefighting	Wildland Fire Suppression

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

The City and County of San Francisco has an extremely diverse, multi-national population of 864,816, a 7% increase from 2010, comprised of 49 square miles with 29 miles of coastline. It is ranked as the second most densely populated major city in the United States, yielding roughly 18,451 persons/square mile with its resident population alone. In 2015, 18 million tourists visited San Francisco and with hundreds of thousands of commuters entering the City every day, the average daily population swells to over 1.5 million during the week. The City, surrounded by water on 3 sides, has two major bridges, the Golden Gate Bridge and the Bay Bridge, and together these two bridges will see 83 million vehicles per year.

San Francisco is ranked as one of the top seven Tier 1 Urban Area Cities and the Port of San Francisco, which has ferry and cruise ship terminals, is identified as a Group 1 Port at highest risk for terrorist attack. The cruise ship terminal will see 80 cruise ship port calls per year. San Francisco is experiencing a commercial boom with new high rises currently under construction that will add to the existing inventory of high rises. In addition, two major construction projects are underway in San Francisco, for its version of the "Big Dig". The central subway/underground is under construction with a 1.7-mile extension that will provide underground rail access to additional neighborhoods. Secondly, a new Transbay Transit Center will replace the old train/bus station, extend the current train line, and accommodate California's new high-speed rail project.

The SFFD's approximately 1,700 Firefighting and Emergency Medical personnel are part of the Metropolitan Medical Response System (MMRS), Urban Search and Rescue (USAR), and Regional Task Force (RTF) response for Chemical, Biological, Radiological Nuclear, Explosive (CBRNE) incidents. The SFFD, the California Office of Emergency Services (Cal-OES), and the surrounding eight Bay Area Counties have developed the first Regional Disaster Response Plan for responding to a catastrophic man-made or natural disaster, such as a paralyzing major earthquake or pandemic. In 2017, the SFFD responded to over 140,000 calls for service. All SFFD Firefighters are 100% compliant in NFPA 1001/1002 Standards (FFI & FFII). For 2015, Firehouse Magazine ranked the SFFD's Engine 3 as the busiest Engine in the country with 10,853 runs and Truck 3 also ranked as the 3rd busiest Ladder Truck with 5,246 runs. The City has approximately 380,971 housing units; 67% of those units are multi-unit structures. With 14,000 Victorian houses, much of the City's housing stock is old and primarily constructed of wood; 50% of the City's residential housing was built before 1940 and 25% was built between 1940 and 1959. SFFD responds to this community with 44 Engines and 20 Trucks divided into two Divisions, with ten Battalion Districts. Specialty units of the SFFD include: 2 Heavy Rescue Squads, 2 Coastal Rescue units (Cliff & Surf), 1 Rescue Boat, 2 Rescue Water Craft, 3 Fireboats, a Mobile Command Vehicle, 2 Multi-Casualty Units, a Hazardous Materials Unit, a CO2 unit, and a Mobile Air Unit.

The SFFD has been a contributor to the State of California Master Mutual Aid Agreement since its inception in 1950, providing mutual aid to 49 counties within the State, as well as parts of southern Oregon and western Nevada. The SFFD also provides water response mutual aid under the same agreement to the Counties of Alameda, San Mateo, Contra Costa, Marin, Solano and Sonoma Counties.

FEMA Form 080-0-2

## Fire Department Characteristics (Part II)

2016

2015

2014

\* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?

5

5

7

\* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?

29

30

59

\* 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?

217

234

527

\* Over the last three years, what was your organization's operating budget?

368055524

\* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?

316886268

Does your department have any rainy day reserves, emergency funds, or capital outlay?

No

If Yes, what is the total amount currently set aside?

If Yes, describe the planned purpose of this fund

\* What percentage of your annual operating budget is derived from:  
Enter numbers only, percentages must sum up to 100%

2016

2015

2014

<a href="#">Taxes?</a>	88 %	86 %	87 %
Bond Issues?	0 %	0 %	0 %
<a href="#">EMS Billing?</a>	8 %	9 %	9 %
Grants?	0 %	0 %	0 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
<a href="#">Fee for Service?</a>	4 %	5 %	4 %

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

The SFFD's Fiscal Year 2016-17 Operating budget is approximately \$375 million. 75% derived from the City's General Fund. The remaining 25% is funded through State sales tax revenue (13%), EMS Ambulance revenue (8%), Fire Prevention fees (3%), and other fees for services (1%). Of the total operating budget, 92% is for personnel costs, including salaries, overtime, and fringe benefits. That leaves only 8% to cover all the on-personnel costs for the Department.

While the SFFD's total budget has increased each of the past three fiscal years, this is due primarily to costs beyond the SFFD's controls, such as MOU changes and increases to health benefit costs and the City's contribution to the retirement and pension system. The scarcity of general fund dollars has led to the reality of competing interests in the City for funding. At first glance, the health of the City's economy in recent years seems robust. The City's general fund, however, has seen a large negative impact to its ability to fund City Departments and programs due to the cost of expenditures outpacing revenues. It has been extremely difficult to fund needed projects for equipment and health resources, especially for the fire department where cost are already very high for the City.

At the onset of the current budget process, the City of San Francisco is looking at a fiscal year with a projected shortfall of approximately \$88 million for Fiscal Year 2018-19 and \$173 million for Fiscal Year 2019-20. Without major changes, the City is looking at a budget deficit of approximately \$709 million in FY2021-22.

Last fiscal year (FY2016-17), the Department was requested to reduce its general fund support by 3.0%. This was in addition to mandated reductions in prior years, and is anticipated to occur again in the upcoming years. The Department is also prepared for the potential of mid-year cuts this fiscal year given current projections as well as the impacts of the local, State and national policy changes.

Given the realities of this fiscal environment, the SFFD is not able to procure sufficient funds for equipment such as cardiac monitors and extrication tools. As the City of San Francisco attempts to grapple with structural issues such as rising personnel and benefit costs, the City's economic outlook presents many challenges for a Department such as the SFFD that relies on support from the City's general fund to make up its operating budget. While still amid a healthy local economy, the City's economic growth factors have slowed considerably, while projected personnel costs are anticipated to grow at accelerated rates, resulting in a larger and larger deficit. The City, like many other



jurisdictions, is dealing with large future pension obligations along with rising health benefit costs for its employees. With these constraints, requests for increases to non-personnel items, such as equipment, is nearly impossible.

While fortunate to not have laid off any members during the most recent economic downturn, the Department was unable to properly fund infrastructure needs, including equipment, training, and contract services. The Department has requested funding for equipment in its annual operating budget request for the past few years, but funding that was allocated has been mainly designated to address an aging fleet that has not been refreshed in years. We are aggressively seeking alternative funding sources such as grants with mixed results. Presently, the AFG appears to be our only viable option. If given the opportunity, SFFD is committed to the necessary matching funds (15%) next fiscal year for this project to come to fruition.

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

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	44	16	176
Ambulances for transport and/or emergency response:	54	0	108
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	1	1	2
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	20	5	100
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	4	0	8
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	5	2	20
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	26	5	38

FEMA Form 080-0-2

### Fire Department Call Volume

2016

2015

2014

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

Fire - NFIRS Series 100	4558	4210	5055
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	105	124	125
Rescue & Emergency Medical Service Incident - NFIRS Series 300	112015	107527	96876
Hazardous Condition (No Fire) - NFIRS Series 400	1666	1564	1611
Service Call - NFIRS Series 500	6177	5861	5223
Good Intent Call - NFIRS Series 600	1703	1822	1656
False Alarm & False Call - NFIRS Series 700	14457	13903	13814
Severe Weather & Natural Disaster - NFIRS Series 800	15	28	45
Special Incident Type - NFIRS Series 900	294	276	261



**FIRES**

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

Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	1494	1317	1351
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	264	313	286
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	137	126	93
What is the total acreage of all vegetation fires?	0	0	0

**RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS**

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

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	2709	2775	2100
Of the NFIRS Series 300 calls, how many are "Extractions from Vehicles" (NFIRS Code 352)	44	56	46
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	107904	103518	93738
How many EMS-BLS Response Calls	57596	54138	47642
How many EMS-ALS Response Calls	54419	53389	49234
How many EMS-BLS Scheduled Transports	0	0	0
How many EMS-ALS Scheduled Transports	0	0	0
How many Community Paramedic Response Calls	0	0	0

**MUTUAL AND AUTOMATIC AID**

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

How many times did your organization receive Mutual Aid?	7	13	10
How many times did your organization receive Automatic Aid?	4	2	16
How many times did your organization provide Mutual Aid?	5	5	18
How many times did your organization provide Automatic Aid?	8	10	64
Of the Mutual and Automatic Aid responses, how many were structure fires?	0	2	5

FEMA Form 080-0-2

**Request Information**

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

Program Name

Operations and Safety

2. Will this grant benefit more than one organization?

Yes

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

We provide mutual and automatic to neighboring departments. If funded, all departments will benefit from this award.

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

No

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

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

\$1500

\* 5. 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

FEMA Form 080-0-2

**Request Details**

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

**Activity Specific Questions for AFG Operations and Safety Applications**

OMB No.: 1660-0054

Expiration Date: August, 31 2019

**PAPERWORK BURDEN DISCLOSURE NOTICE**

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

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

Activity	Number of Entries	Total Cost	Additional Funding
Equipment	2	\$ 2,520,000	\$ 485,450
Modify Facilities	0	\$ 0	\$ 0
Personal Protective Equipment	0	\$ 0	\$ 0
Training	0	\$ 0	\$ 0
Wellness and Fitness Programs	0	\$ 0	\$ 0

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

\$1500

**Equipment****Equipment Details**

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

Cutter/Spreader

\* Please provide a detailed description of the item selected above.

Extrication set including cutters, spreaders, ram bar, hoses and a power unit

2. Number of units: (whole number only)

22

3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

\$ 35000

4. Generally the equipment purchased under this grant program will:

Replace inoperable/broken/damaged to current standard

If you selected "Replace inoperable/broken/damaged to current standard" or "Replace obsolete/non-compliant to upgraded technology" (from Q4) above, please specify the age of equipment in years.

22

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 should be requested in the Equipment 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

FEMA Form 080-0-2b

**Equipment****Equipment Details**

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

Automated External Defibrillators (AEDs) BLS Level  
12-lead cardiac monitors

\* Please provide a detailed description of the item selected above.

2. Number of units: (whole number only)

50

3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

\$ 35000

4. Generally the equipment purchased under this grant program will:

Replace inoperable/broken/damaged to current standard

If you selected "Replace inoperable/broken/damaged to current standard" or "Replace obsolete/non-compliant to upgraded technology" (from Q4) above, please specify the age of equipment in years.

12

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 should be requested in the Equipment 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

FEMA Form 080-0-2b

### Firefighting Equipment - Additional Funding (optional unless you're applying for Training funds)

#### [Budget Object Class Definitions](#)

Additional Funding		
a. Personnel	<a href="#">Help</a>	\$ 0
b. Fringe Benefits	<a href="#">Help</a>	\$ 0
c. Travel	<a href="#">Help</a>	\$ 0
d. Equipment	<a href="#">Help</a>	\$ 250000
e. Supplies	<a href="#">Help</a>	\$ 0
f. Contractual	<a href="#">Help</a>	\$ 0
g. Construction	<a href="#">Help</a>	\$ 0
h. Other	<a href="#">Help</a>	\$ 0
i. Indirect Charges	<a href="#">Help</a>	\$ 0
j. State Taxes	<a href="#">Help</a>	\$ 235450

#### Explanation

Extended warranty for 50 cardiac monitors @ 5,000 each and sales tax for state of California at 8.5%.

FEMA Form 080-0-2b

### Firefighting Equipment - Narrative

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

The SFFD has done a needs assessment of equipment and has identified 1) cardiac monitors and 2) extrication equipment as the highest priorities. We believe this equipment will have a much-needed positive impact on firefighter safety and operations.

#### MONITORS:

The SFFD seeks \$1,750,000 to purchase 50 12-lead cardiac monitors to be placed on all frontline apparatus to improve emergency medical response capabilities and to enhance the life safety protection of our personnel in the field. Our Medical Director is requiring cardiac monitor/defibrillators to perform a minimum of 12 lead, NIBP, SpO2 and EtCO2 as well as CO monitoring for firefighter rehab, in addition to patient care/assessment. This project will also ensure compliance with County medical standards, and reduce cost for maintenance and repair.

In 2017, the SFFD responded to over 140,000 calls for service, of which over 110,000 were medical calls. The SFFD is projecting a 3% increase to overall medical call volume in the current year, and coupled with the 2012 decision by the State of California to re-establish the SFFD's Exclusive Operating Area for 911 emergency transports, the SFFD's dependence on its medical equipment will only increase in the coming years. After reviewing our current capabilities and needs in order to combat these issues, the SFFD is requesting all cardiac defibrillator monitors on our frontline apparatus be replaced.

Our current cardiac equipment is excessively aged, clinically unreliable and lacks technology that is consistent with current industry standards of service. Over 50% of the Department's defibrillator units are 12 years old or older, and in all 80% of our cardiac equipment is at or above the American Heart Association's recommended 5 year life span. In addition, not only are the actual units themselves of an

advanced age, the technology within many of the units is outdated as well. A number of Department cardiac monitors do not have 12-lead capabilities, which is a County mandate.

#### EXTRICATION:

The SFFD seeks \$770,000 (\$35,000/set) for 22 sets of new hydraulic extrication tools to replace old, ineffective tools. A set of these tools consists of a cutter, spreader, ram bar, hose and a power unit. These tools are carried on all 20 SFFD Truck companies and 2 Heavy Rescue Squads. The average age of the tools are well over 22 years old, equating to tools issued in 1995. Currently, 12 Trucks are using equipment from 1988 to 1995, 3 Trucks have tools from 2000 to 2001, and a few sets were so old that their age was not able to be determined.

New extrication tools will ensure safer, more efficient operations for firefighters and undoubtedly, better patient/victim outcome during the golden hour of a traumatic injury. Compliance with NFPA 1670, 2013 ed. will also be met. Department members are trained in the use of extrication tools. If awarded, manufacturer training will be incorporated into the Department's regular training curriculum to ensure safe operations.

SFFD has a strong history of administrating federal grants and is committed to the guidelines set in the AFG NOFO. Included in our request is an additional 8.5% for sales tax and an extended warranty for the cardiac monitors. If awarded, SFFD will ensure the necessary matching funds (15%) are set aside next fiscal year.

#### PROJECT DETAILS:

22X Extrication Equipment (\$35,000/set) \$770,000  
50x 12-Lead Cardiac Monitors (\$35,000 ea.) \$1,750,000  
50x Extended Warranty (\$5,000 ea.) \$250,000  
CA Sales Tax (8.5%): \$235,450

TOTAL: \$3,005,450  
SFFD Share (15%): \$392,015  
FEMA Share: \$2,613,435

---

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

---

The cost-benefit of this project aligns with the priorities of the AFG to address and enhance response capabilities, safety, and operations. SFFD serves one of the most populated and bustling cities in the world. We respond to hundreds of medical calls daily and nearly a thousand vehicle accidents each year. Due to lack of funding, the Department has a large number of equipment pieces that need to be replaced and upgraded and, given our increasing call volume, the Department cannot afford to let old equipment impact our services.

#### MONITORS:

The requested monitors will be used regularly by emergency personnel on the hundreds of daily medical calls, providing arguably the highest return on investment for any piece of equipment. It will improve the Department's delivery of medical treatment to the public, including improved treatment efficiency, improved capability to clearly identify and institute lifesaving treatment for STEMI, reduce invaluable time delays and expedite definitive patient care. Positive impacts to patient outcomes and compliance to local, state and industry standards of care will also be realized.

Another vital and crucial concern these monitors address is the ability to detect occupational exposure to CO for our first responders, as well as environmental exposure to patients. The department currently has limited capability to monitor and detect CO exposures, as its few existing units are not always available.

From a fiscal perspective, this project will reduce cost for the repair and maintenance of the outdated equipment. Due to the age of many of the units, repair and the need for parts are becoming more and more frequent, resulting in increased costs to the Department both in supplies as well as staff time. In addition, a number of the older units are being phased out by the manufacturer, which means the Department will not even be able to secure replacement parts in the near future.

SFFD is also exposed to added liability. Due to age and wear, the manufacturer will not warrant or cover liability if a malfunction occurs. We currently have unreliable diagnostic capabilities to identify a STEMI and to perform 12 lead EKGs. These issues continually affect basic patient care capabilities and are extending the AHA recommended drug to door times in the diagnosis and treatment continuum of STEMI to the public and treatment of our firefighters.

#### EXTRICATION:

The extrication equipment that we wish to replace is excessively worn, unreliable, and 25+ years old. It is obsolete and non-compliant by multiple cycles of NFPA 1936 (2015 Ed.). In addition, the cutting and spreading capabilities are ineffective against modern vehicle design. Units are regularly out-of-service; parts are difficult to find; and maintenance and repair are no longer practical. Due to the age of many of the units, their failure and need for parts is becoming more frequent, resulting in increased costs to the Department both in supplies as well

as staff time.

The realized benefits of new extrication equipment will be immediate. The identified gap for firefighter safety and rescue capabilities will be addressed with long-term benefits (service-life ~15yrs.). Modern extrication equipment is estimated to be 33% lighter, have better ergonomic designs, is more reliable, and has nearly 10x the cutting/spreading force. To date, workers compensation expenses and medical claims resulting from preventable work injuries can be clearly tracked and attributed the use of these heavy, awkward, and unreliable tools. The cost of a single injury to a firefighter due to the challenges with our current extrication tools will far exceed the cost of purchasing a new set of tools. Similarly, a life saved in the event of a rescue is priceless.

---

\* **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

---

#### MONITORS:

The SFFD will be able to replace all (100%) cardiac monitors on frontline engine apparatus. This project will have positive impacts to both the emergency medical care provided to the community on an everyday basis by the Department as well as the overall health and safety of the Department's front-line firefighters. This will also allow us to meet current county medical standards for cardiac monitors.

As a direct tool for patient care, the added features on the monitors will have a positive impact on the population we serve. The new monitors will not only replace old and outdated units, but the patient care technology of current models far surpasses the technological capabilities of the Department's current units. All of these changes result in more positive patient outcomes, including increased efficiency for treatments, the ability to detect and provide additional treatments before the patient reaches the hospital, and improved interoperability for Departmental equipment. The new units will improve patient care and eliminate many of the issues the department faces with its current outdated equipment, such as failure of older equipment, unreliable diagnostic capability of current units, and inconsistency among the Department's current inventory.

In addition to improvements in patient care, the goal of this project is also to have a positive effect on the long-term health of the Department's firefighters. By utilizing the CO function, the Department hopes to be able to monitor CO levels of personnel on scene, reducing the potential for injuries from CO exposure. These monitors will improve the Department's capability to monitor cardiac-related activity of individuals, and will be available to members responding on scene as well.

#### EXTRICATION:

The Department's current inventory of heavy rescue tools is quite old with an average age of 25 years. Due to advancements in technology, as well as the impacts of wear and tear, the capabilities of the current tools deployed on Truck companies pale in comparison to the capabilities of new tools. These challenges are impacting our ability to provide adequate services especially as new car technology advances.

For example, at an auto extrication drill for the Golden Gate Bridge District, one of the Department's Rescue Squads was unable to cut a vehicle post. The Squad was forced to use the bridge district's tools, which were new and made quick work of the task. In an incident in late 2015, the SFFD responded to a double decker tour bus that crashed into several cars and a building covered in scaffolding. The hydraulic tools from 2 Truck companies and 1 Rescue Squad could not cut through the bus and a newer Volvo, and required alternative rescue methods. These equipment deficiencies prolonged the extrication and affected the critical response time to treat and tend to the patients. The requested extrication equipment will be capable of cutting and spreading new car technology and will provide safer and more efficient extrication during rescues.

The requested equipment will allow the SFFD to update its entire inventory of cardiac monitors and extrication equipment at once, something that would not be possible even if regular departmental funding for a replacement plan were available. By updating the equipment all at once, the Department will realize the advantages of uniformity throughout the City - something that continues to challenge our organization.

We hope that you find our grant request worthy of funding. Thank you for your consideration!

FEMA Form 080-0-2b

#### Budget

---

##### [Budget Object Class](#)

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 2,770,000

e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 1,500
i. Indirect Charges	\$ 0
j. State Taxes	\$ 235,450

**Federal and Applicant Share**

Federal Share \$ 2,733,591

Applicant Share \$ 273,359

Applicant Share of Award (%) 10

\* **Non-Federal Resources** *(The combined Non-Federal Resources must equal the Applicant Share of \$ 273,359)*

a. Applicant	\$ 273,359
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** **\$ 3,006,950**

FEMA Form 080-0-2b



**Narrative Statement**

---

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

## Assurances and Certifications

---

### FEMA Form SF 424B

---

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

**Note: Fields marked with an \* are required.**

**O.M.B Control Number 4040-0007**

#### Assurances Non-Construction Programs

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

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

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and

Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by **Mark Corso** on **02/02/2018**

**Form 20-16C****You must read and sign these assurances.****Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.****Note: Fields marked with an \* are required.****O.M.B Control Number 1660-0025**

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

**1. Lobbying**

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over \$100,000, as defined at 44CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

**2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)**

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. Drug-Free Workplace (Grantees other than individuals)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantees policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street

City

State

Zip

Action

If your place of performance is different from the physical address provided by you in the Applicant Information, press **Add Place of Performance** button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for DHS funding. States and State agencies may elect to use a Statewide certification.

Signed by **Mark Corso** on **02/02/2018**

**FEMA Standard Form LLL**

---

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

## Submit Application

---

**Application 100% complete, Submitted**

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

Application Area	Status
Applicant's Acknowledgements	<a href="#">Complete</a>
Overview	<a href="#">Complete</a>
Contact Information	<a href="#">Complete</a>
Applicant Information	<a href="#">Complete</a>
Applicant Characteristics (I)	<a href="#">Complete</a>
Applicant Characteristics (II)	<a href="#">Complete</a>
Department Call Volume	<a href="#">Complete</a>
Request Information	<a href="#">Complete</a>
Request Details	<a href="#">Complete</a>
Budget	<a href="#">Complete</a>
Assurances and Certifications	<a href="#">Complete</a>

**PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.**

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

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

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

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

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

I, Mark Corso, am hereby providing my signature for this application as of 02-Feb-2018.