

IF YOU WANT TO PURCHASE PERSONAL PROTECTIVE EQUIPMENT (PPE), PLEASE COMPLETE THIS SURVEY (see the AFG website for definition of PPE and priorities)

ONLY INCLUDE HIGH PRIORITY ITEMS FROM THE GUIDANCE. THEY WILL NOT FUND ANYTHING THAT IS NOT HIGH PRIORITY. ALSO, NOTICE FROM THE GUIDANCE THE EDITION YEAR REQUIREMENTS FOR NFPA STANDARD EQUIPMENT. IF YOUR EXISTING PPE IS TOO NEW, THEY WILL NOT FUND REPLACEMENTS. There is no limit on what you buy, except that it cannot exceed the number of appropriately trained fire department members. **Please provide at least one written quote for each item and verify how many quotes you attempted to get.**

If you are going with full set of turnout gear, you can list as one item, rather than boots, gloves, helmet, etc., separately. You can list spare cylinders with SCBA purchase as one item or separate.

ITEM 1:

PPE You Want to Buy:

Brief description of item: _____ Quantity: _____

More detailed description of item (if needed): _____

Cost per unit: \$ _____

How many of this PPE do you have right now: _____

How many of these PPE meet applicable standards and will not be replaced? _____

How many members need this PPE in total in order to meet your missions/risks? _____

What percentage of active members and/or seated positions will have the necessary PPE after the grant is awarded: _____%

Please checkmark the ONE main reason for the need for the new PPE:

_____ Purchase PPE for the first time (do not currently own what we are buying)

_____ Replace old and obsolete equipment

_____ Replace torn, tattered, or damaged equipment

_____ Replace contaminated equipment

_____ Meet a new risk

_____ Replace worn but functional equipment

_____ Replace used equipment

_____ Equip responders to a new mission

_____ Increase available supply of the equipment

Will the new PPE be used for wildland firefighting purposes? _____

How can it benefit other departments or be used by them? _____

What NFPA or OSHA standard will be met by this purchase? _____ Edition Year: _____

If you will replace PPE with Item 1:

Please describe in years or by year of manufacture the age(s) of the equipment you want to replace. Fill out the ITEM 1 inventory on next page.

Questions 3: What specific improvements do you see to your department's operations with the purchase of this PPE? Use box below or other paper if you need:

Question 4: What specific improvements to firefighter safety and property protection do you see with this PPE? Use box below or other paper if you need:

Question 5: What other unique facts or information do you want me to know for the grant? Use box below or other paper if you need: