

**2017 Fire Grant – 95% of cost is grant and 5% is local**

This rather lengthy survey is designed to provide us with the information we need in order to help you with the most competitive grant possible. Please answer all questions on first three pages and put N/A by the items that do not apply to you and your project. **Due back to SICOG by December 15, 2017.** **NOTE: If you applied in 2016 with SICOG, we have much of the general information. However, fill in what you can. Also, it is necessary that your department, or if you are under a City, your City must be registered with sam.gov. This process can take some time, so do not delay. If you need to set up a FEMA grant account or make sure the password is active, go to www.fema.gov/firegrants.**

Official Name of fire department as listed in your SAM registration: \_\_\_\_\_  
 Address as listed in the SAM registration: \_\_\_\_\_  
 AFG grant user name: \_\_\_\_\_ Password: \_\_\_\_\_

At least three contacts needed, a main, secondary, and third: please fill all boxes:

Name and position	Daytime phone	Evening phone (must be different)	E-mail

**Department information:**

Current # of active firefighters: \_\_\_\_\_ # that are also EMTs or First Responders: \_\_\_\_\_  
 # that are trained to Firefighter I: \_\_\_\_\_ # that are trained to Firefighter II: \_\_\_\_\_  
 How many members are ALS level trained? \_\_\_\_\_  
 Number in training right now or planned for 2018: \_\_\_\_\_  
 What was the NFIRS # for your dept? \_\_\_\_\_ ISO rating? \_\_\_\_\_  
 Are any members paid for firefighting? \_\_\_\_\_  
 Size in square miles of service area: \_\_\_\_\_ Number of people served: \_\_\_\_\_  
 Percentage of your service area protected by hydrants within one mile: \_\_\_\_\_

Please circle your specialty areas or areas where your dept has training/certification:

- Structural**                      **Wildland**                      **Emergency Medical Responder**                      **BLS**    **ALS**
- HAZMAT Technical**        **HAZMAT Operational**                      **Ambulance/Transport**
- Occasional Fire Prevention program**                      **Year round fire prevention program**
- Rescue Technical**                      **Rescue Operational**

**Department Account Information (must be the same used in SAM.gov):**

Bank Account Number: \_\_\_\_\_ Routing #: \_\_\_\_\_  
 Federal or Employer ID #: \_\_\_\_\_ DUNS #: \_\_\_\_\_

**Partner Organizations: Please list the fire departments you are under contract to assist and circle the nature of the partnership to the right.**

_____	Mutual Aid	Automatic Aid
_____	Mutual Aid	Automatic Aid
_____	Mutual Aid	Automatic Aid
_____	Mutual Aid	Automatic Aid
_____	Mutual Aid	Automatic Aid
_____	Mutual Aid	Automatic Aid
_____	Mutual Aid	Automatic Aid
_____	Mutual Aid	Automatic Aid

*More on next page*

**Information about Past Experiences:**

Please list the following table of statistics – number in each box in your district:

	2016	2015	2014
Total # fire-related civilian fatalities			
Total # fire-related civilian injuries			
Total # line of duty member fatalities			
Total # line of duty member injuries			

Please fill this in for call volumes for the past three years IN YOUR SERVICE AREA:

Number of calls	2016	2015	2014
Working Structural Fires			
False Alarms/Good Intent Calls			
Vehicle Fires			
Vegetation Fires			
EMS-BLS Response Calls			
EMS-ALS Response Calls			
EMS-BLS Scheduled Transports			
EMS-ALS Scheduled Transports			
Vehicle Accidents w/o Extrication			
Vehicle Extrications			
Other Rescue			
Hazardous Condition/Materials Calls			
Service Calls			
Other Calls and Incidents			
Total			

ACRES	2016	2015	2014
Total acreage of all vegetation fires in your service area			

**MUTUAL AND AUTOMATIC AID CALLS:**

Number of calls	2016	2015	2014
Your department received aid			
Your department provided aid			
# of these aid calls due to structural fires			

Please describe your fire departments situation and trials you have had, awards received, certifications and successes you've had, etc. in the past five years in the box or separate page:

NEXT PAGE PLEASE FOR MORE QUESTIONS

**Budget and Expenses:**

Over the past three years, what was your organization’s average budget? \$ \_\_\_\_\_

Please attach a copy of the department’s current or last year’s budget showing expenses

What are the current or last year’s sources and amounts of income to operate?

Source 1: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source 2: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source 3: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source 4: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Donations and fundraisers total used for general operating? \$ \_\_\_\_\_

Are any donations or memorials set aside for matching this grant or other needs? \_\_\_\_\_ If yes, amount and purpose: \_\_\_\_\_

Does the department have a reserve account(s)? \_\_\_\_\_ If yes, amount: \$ \_\_\_\_\_

Please in the box below or on separate paper describe specifically why the department needs the grant money – specific local issues and budget issues:

**Vehicle Information: Required for all applicants:**

Type of apparatus	# Front line vehicles	# reserve vehicles	# seated or riding positions by type
Pumper			
Ambulance			
Tanker/Tender			
Aerial			
Brush/Quick Attack			
Rescue			
Others			

**Overall department goals or strategies for the next five years - box below or on separate paper**

PLEASE SEE THE SEPARATE SURVEY(S) FOR THE KIND(S) OF ITEMS YOU WANT TO PURCHASE WITH THE GRANT