

IF YOU WANT TO PURCHASE A VEHICLE, PLEASE COMPLETE THIS SURVEY (see the AFG website for vehicle priorities)

ONLY INCLUDE HIGH PRIORITY ITEMS FROM THE GUIDANCE. THEY WILL NOT FUND ANYTHING THAT IS NOT HIGH PRIORITY. ALSO, WE LEARNED AT TRAINING THIS YEAR THAT IF YOUR VEHICLE YOU ARE REPLACING IS LESS THAN ABOUT 20 YEARS OLD YOU ARE VERY UNLIKELY TO BE FUNDED. SICOG WILL PUT A LOWER PRIORITY IN HELPING YOUR DEPARTMENT IF YOU ARE REPLACING A VEHICLE THAT IS LESS THAN 18 YEARS OLD. Please limit the application to one vehicle for this year. **Please provide at least one written quote for the vehicle and verify how many quotes you attempted to get.**

Please describe the kind of vehicle you want to purchase with this grant:

Type or class: _____ Size of tank(s) in gallons: _____
 Size of largest or main pump (GPM): _____ If applicable, total pump capacity (GPM): _____
 Other main features of the vehicle (year, model, etc.) and items that help meet your needs: _____

Total price of the vehicle: \$ _____ *Attach a quote.*
 What NFPA standard will the purchased vehicle meet? _____
 Does the department have compliant driver/operator training? _____
 The vehicle we want to purchase is (circle one): **new used refurbished**
 Will this purchase replace an existing apparatus? _____ If so, which one(s)? _____

Specific apparatus you want to replace:

Type or class of main vehicle you want to replace? _____ Year of vehicle? _____
 Is this vehicle an “open cab” design? _____
 Does this vehicle have seatbelts for all seated positions? _____
 Will this vehicle be permanently removed from fire service (it must be)? _____
 How long has department owned the vehicle? _____ yrs
 Was it originally designed for firefighting? _____
 How many calls was this vehicle used in 2016? _____ Is it used as a first-out vehicle? _____
 What is this vehicle’s VIN and model? _____

Misc Vehicle Information

How much of annual budget is being used for vehicle replacement over time? \$ _____
 How much of reserve account goes to vehicle replacement? \$ _____

Please fill out the following information about vehicles in your fleet:

Type of vehicle	Age or year	GPM of total pump capacity	Gallons of total tank capacity
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

If you have more than 10 vehicles, please attach paper.

Narrative Questions: SICOG will develop the narratives for this grant, but we need good information about the needs of the department and the benefits that the vehicle will provide before we can do it. Please provide some insight into the following items:

Question 1: Please provide horror stories and details about the problems with your vehicle you want to replace. Tell the truth but give specifics about the problems the current vehicle has or risks it offers because it is a substandard vehicle. Use box below or other paper if you need:

Question 2: What are some benefits of the new truck to your department and average number of calls to which it will be used per year in the future? Use box below or other paper if you need:

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

See the next page for final 2 questions.

Question 4: What specific improvements to firefighter safety and property protection do you see with this vehicle? 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: