

### GRANT APPLICATION SUMMARY SHEET

**Grant Name:** 2017 Assistance to Firefighters Grant 18-19

**Department:** FIRE DEPARTMENT

**Grantor:** U.S. DEPARTMENT OF HOMELAND SECURITY

**Pass-Through Grantor (If applicable):**

**Total Applied** \$477,555.00

**Metro Cash Match:** \$47,755.00

**Department Contact:** Mike Armistead  
862-5485

**Status:** NEW

**Program Description:**

The 2017 Assistance to Firefighters grant provides tactical rescue, hazmat monitoring equipment and personal protective equipment for NFD Special Operations Division.

**Plan for continuation of services upon grant expiration:**

The equipment will replace existing end of life equipment. Some maintenance costs will be continuous, but they will be covered by existing budget for maintenance of equipment.

**APPROVED AS TO AVAILABILITY OF FUNDS:**

**APPROVED AS TO FORM AND LEGALITY:**

*Jodner* *2-2-18*  
 Director of Finance # Date

*mks/g* *2/2/18*  
 Metropolitan Attorney Date

**APPROVED AS TO RISK AND INSURANCE:**

*B. CW* *2/2/18*  
 Director of Risk Management Date  
 Services

*[Signature]* *2.2.18*  
 Metropolitan Mayor Date  
 (This application is contingent upon approval of the application by the Metropolitan Council)

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.

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**Applicant's Acknowledgements**

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- \* 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 **AI Thomas** on **2018-01-18 19:21:41.0**

This application is contingent upon approval of the application by the Metropolitan Council.

Overview

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

No, I have not attended workshop

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

No

\* 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?

Yes, I am a member/officer of 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  
 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 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.

Primary Point of Contact

\* Title Chief  
 Prefix (select one) Mr.  
 \* First Name Al  
 Middle Initial  
 \* Last Name Thomas  
 \* Primary Phone 615-862-5281 Ext. Type work  
 \* Secondary Phone 615-862-5420 Ext. Type home  
 Optional Phone Type  
 Fax  
 \* Email al.thomas@nashville.gov

**Applicant Information**

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\* Organization Name Nashville Fire Department  
Fire Department/Fire District

\* Type of Applicant

\* Fire Department/District, Non-Affiliated EMS, and Regional applicants, select type of Jurisdiction County Served :  
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 SAM.gov profile if your organization is using the DUNS number of your Jurisdiction. Nashville 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 63 Hermitage Ave.

Mailing Address 2

\* City Nashville

\* State Tennessee

\* Zip 37210 - 2195  
[Need help for ZIP+4?](#)

\* Employer Identification Number (e.g. 12-3456789)

Note: This information must match your SAM.gov profile. 62-0694743

\* 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 selected Yes above)

\* What is your 9 digit DUNS number? 078217668

(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.

Yes

**Contact Information**

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## Alternate Contact Information Number 1

\* Title Engineer  
Prefix (select one) Mr.  
\* First Name Michael  
Middle Initial  
\* Last Name Armistead  
\* Primary Phone 615-862-5485 Ext. Type work  
\* Secondary Phone 615-456-6453 Ext. Type cell  
Optional Phone Type  
Fax  
\* Email michael.armistead@nashville.gov

## Alternate Contact Information Number 2

\* Title Finance Manager  
Prefix (select one) Ms.  
\* First Name Leigh Anne  
Middle Initial  
\* Last Name Burtchael  
\* Primary Phone 615-862-5424 Ext. Type work  
\* Secondary Phone 615-478-6634 Ext. Type cell  
Optional Phone Type  
Fax  
\* Email leighanne.burtchael@nashville.gov

Applicant Information

\* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?

\* 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

63 Hermitage

Physical Address 2

\* City

Nashville

\* State

Tennessee

\* Zip

37210 - 2195

Need help for ZIP+4?

Mailing Address

\* Mailing Address 1

63 Hermitage

Mailing Address 2

\* City

Nashville

\* State

Tennessee

\* Zip

37210 - 2195

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 profile.

\* Type of bank account

Checking

\* Bank routing number - 9 digit number on the bottom left hand corner of your check

064005203

\* Your account number

178089290

**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:

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

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\* 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)

526

\* 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?

Davidson

\* Does your organization protect critical infrastructure?

Yes

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

In our county we have several oil refineries, the Tennessee Bureau of Investigation, the Federal Bureau of Investigation-Nashville Office, and the Tennessee Emergency Management Agency. AT&T Headquarters, Bridgestone Headquarters, Ingram Barge Company (Largest inland waterway transportation group) International Airport. Colonial fuel pipeline hub and Marathon Oil hub. We are also part of FEMA's Region 4 and part of District 5 UASI team. In addition, we have the elite Urban Search and Rescue II and are one of 46 Departments in the United States designated by the Department of Homeland Security.

Within Nashville Davidson County are four major transportation routes that pass through the area; including I-40, I-440, I-65, and I-24. Also woven within our county are several freight lines to include CSX, Southern rail and MTA. Disruption of these lines affects the southeast region of the country.

There is one public school systems that has 139 schools and 76,000 students and we have another 48,000 students that attend home schools or private institutions. Moreover, our school system has on record as having over 136 different languages spoken in our classrooms.

Nashville also has seven (7) mayor hospitals, and several colleges and several major universities.

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

35 %

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

42 %

- \* What percentage of your primary response area is used for residential purposes? 23 %
- \* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only) 626000
- \* Do you have a seasonal increase in population? Yes
- If "Yes" what is your seasonal increase in population? 280000
- \* How many active firefighters does your department have who perform firefighting duties? (whole numbers only) 800
- \* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only) 300
- Does your department have a Community Paramedic program? No
- How many personnel are trained to the Community Paramedic level? (whole numbers only)
- \* How many stations are operated by your organization? (whole numbers only) 39
- \* 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 19532
- \* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only) 800
- \* 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) 800
- 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
	Haz-Mat Operational Level	Rescue Technical Level
Basic Life Support	Haz-Mat Technical Level	Structural Fire Suppression
	Maritime Operations/Firefighting	Wildland Fire Suppression

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

The Nashville Fire Department (NFD) is located in the Central region in the state of Tennessee. We are the service provider for the entire population of Davidson County. According to the Census Bureau there are 626,000 residents with a population growth of 2 percent per year and we cover 526 square miles.

We are a metropolitan fire department. We have 39 fire stations, and 1148 personnel. NFD has 55 pieces of first responder emergency equipment and in 2017 the department had over 110,000 calls for service that resulted in over 208,000 thousand responses. A response is one single piece of equipment responding to an emergency.

The Nashville NFD provides fire suppression, advanced life support, basic life support and EMS transport. In addition, we provide specialized operations that include Technical Rescue, Hazardous Material response and specialized rescue units that are specifically trained to deal with any event to include dive rescue, cave rescue and high-rise rescues. Our jurisdiction has adopted the 2012 IFC code and our Inspectors conduct inspections and enforce the code in over 36,000 commercial and industrial occupancies.

FEMA Form 080-0-2

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**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?	11	9	23
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	16	5	17
* 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?	4	1	0
* Over the last three years, what was your organization's operating budget?	115496266		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	105131833		
Does your department have any rainy day reserves, emergency funds, or capital outlay?	Yes		
If Yes, what is the total amount currently set aside?	21000000		
If Yes, describe the planned purpose of this fund	Construction of fire stations to replace aging outdated buildings.		
* What percentage of your annual operating budget is derived from:	2016	2015	2014
Enter numbers only, percentages must sum up to 100%			

	2016	2015	2014
Taxes?	100 %	100 %	100 %
Bond Issues?	0 %	0 %	0 %
EMS Billing?	0 %	0 %	0 %
Grants?	0 %	0 %	0 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
Fee for Service?	0 %	0 %	0 %

\* 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.

Over the last few years, the Metropolitan Government of Nashville and Davidson County has asked ALL departments to reduce their budgets. Cuts have been as low as 1% and as high as 15%. The fire department reductions have been between 1 and 2 percent. The department's average personal costs are 91%, leaving only 9% of our operating budget for equipment, materials, and programs relating to accountability and reporting. The department response volume is in the top 20 or 30 in the nation, and as you can see our greatest expenditure is personnel costs. Due to the enormous amount of building construction taking place in

our county over the last five years, we are behind the curve for demand for calls for service, codes enforcement, and especially medical responses. We have increased the number of ALS transport units from 19 to 26 in just two years, without adding additional staff. The personnel to staff those increased units came from reductions in other costs, and our fire suppression and codes enforcement staff, while our operating budget has not increased greatly over the last three years.

\* 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	39	12	243
Ambulances for transport and/or emergency response:	26	10	72
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	12	6	84
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	7	1	16
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	6	2	32
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	6	32

Fire Department Call Volume

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	4237	3661	1918
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	99	93	44
Rescue & Emergency Medical Service Incident - NFIRS Series 300	79901	72190	35969
Hazardous Condition (No Fire) - NFIRS Series 400	2943	2733	992
Service Call - NFIRS Series 500	3722	3643	1683
Good Intent Call - NFIRS Series 600	5104	5091	5336
False Alarm & False Call - NFIRS Series 700	9140	8879	6448
Severe Weather & Natural Disaster - NFIRS Series 800	20	22	23
Special Incident Type - NFIRS Series 900	82	61	123

**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)	2017	1634	475
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	511	545	316
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	225	183	206
What is the total acreage of all vegetation fires?	139	127	86

**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)	8305	6828	2468
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	378	715	1033
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	0	0	0
How many EMS-BLS Response Calls	0	0	0
How many EMS-ALS Response Calls	79901	72190	35969
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?	0	0	0
How many times did your organization receive Automatic Aid?	0	0	0
	0	0	0

How many times did your organization provide Mutual Aid?			
How many times did your organization provide Automatic Aid?	0	0	0
Of the Mutual and Automatic Aid responses, how many were structure fires?	0	0	0

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:

The department has been designated by the Department of Homeland Security as an UASI unit and we work with several departments. Our program will be made available to all of the departments within our jurisdiction and to those who are considered neighboring departments. One of the components of this grant is that it will allow our department to formally train our personnel and other departments on the same standards. This will prevent command errors and duplication of efforts when working together on mutual aid calls.

Another component that this grant will improve is our formal mutual aid agreements the department has with the other departments. Finally, training in the same standards will result in efficiency and reduction in injuries to our personnel.

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

Yes

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

In the last three years the County/City has seen a dramatic increase in population, building and traffic. We've had more industry move into the region and have seen an increase in mutual aid for HazMat incidents to surrounding counties. With the growth we're also seeing growing numbers for Special Events in the city. An event with 150,000 to 250,000 is the norm now.

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

\$0

\* 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

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.

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**Request Details**

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

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	36	\$ 420,910	\$ 0	<a href="#">View Details</a> <a href="#">View Additional Funding Narratives</a>
Modify Facilities	0	\$ 0	\$ 0	<a href="#">View Details</a>
Personal Protective Equipment	9	\$ 104,400	\$ 0	<a href="#">View Details</a> <a href="#">View Additional Funding Narratives</a>
Training	0	\$ 0	\$ 0	<a href="#">View Details</a>
Wellness and Fitness Programs	0	\$ 0	\$ 0	<a href="#">View Details</a>

~~Grant writing fee associated with the preparation of this request. \$0~~

**Budget**

Budget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 525,310
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0

Federal and Applicant Share

Federal Share	\$ 477,555
Applicant Share	\$ 47,755
Applicant Share of Award (%)	10

\* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 47,755)

a. Applicant	\$ 47755
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** **\$ 525,310**

**Assurances and Certifications**

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**FEMA Form SF 424B**

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**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

## Assurances and Certifications

- 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 **AI Thomas** on **02/01/2018**

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**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 grantee's 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 AI Thomas on 02/01/2018

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**FEMA Standard Form LLL**

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

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