

RESOLUTION NO. 94-2024

Introduced by Monty Tapp

A RESOLUTION AUTHORIZING A GRANT APPLICATION SUBMISSION BY THE HURON FIRE DEPARTMENT TO THE ASSISTANCE TO FIREFIGHTER GRANT PROGRAM IN THE AMOUNT OF EIGHTY-SIX THOUSAND SIXTY-TWO AND 00/100 DOLLARS (\$86,062.00); AND FURTHER AUTHORIZING THE CITY MANAGER TO ACCEPT THE GRANT AWARD IN AN AMOUNT NOT TO EXCEED EIGHTY-SIX THOUSAND SIXTY-TWO AND 00/100 DOLLARS (\$86,062.00) AND ENTER INTO AN AGREEMENT WITH THE ASSISTANCE TO FIREFIGHTER GRANT PROGRAM, SHOULD THE APPLICATION BE SUCCESSFUL.

WHEREAS, The City of Huron Fire Department desires to utilize funding opportunities available through the Assistance to Firefighter Grant (AFG) Program to obtain potential funding to be used for equipment replacement;

WHEREAS, the City will submit an application to AFG requesting funding for replacement of outdated fire hose(s) at a cost of \$90,366.00, which includes the required 5% local match. The total equipment cost less the 5% local match brings the total funds requested to \$86,062.00; and

WHEREAS, the City staff believes making application for these grant funds is proper and beneficial to the City.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF HURON, OHIO:

SECTION 1. That the City Manager's approval of the submission of an Assistance to Firefighter Grant (AFG) application by the Huron Fire Department for potential grant funding to be used for equipment replacement in the amount of Eighty-Six Thousand Sixty-Two and 00/100 Dollars (\$86,062.00) is hereby authorized.

SECTION 2. That if grant funds are awarded, authorization is given to the City Manager to execute any necessary contract with the Assistance to Firefighter Grant Program to be eligible for funding under the program, accept the grant award of up to Eighty-Six Thousand Sixty-Two and 00/100 Dollars (\$86,062.00), and to obligate the funds required to meet the matching requirements of the program in an amount not to exceed Four Thousand Three Hundred Four and 00/100 Dollars (\$4,304.00).

SECTION 3: That this Council hereby finds and determines that all formal actions relative to the adoption of this Resolution were taken in an open meeting of the Council and that all deliberations of this Council and of its committees, if any, which resulted in formal action, were taken in meetings open to the public in full compliance with applicable legal requirements, including O.R.C. §121.22 of the Revised Code.

SECTION 4: This Resolution shall be in full force and effect from and immediately following its adoption.



Monty Tapp, Mayor

ATTEST:



Clerk of Council

ADOPTED:

10 DEC 2024

Assistance to Firefighters Grants Application Checklist

Completing this checklist will help you prepare your Assistance to Firefighters Grant (AFG) application. Collecting this information beforehand will reduce the time and energy needed to complete your application when the next grant cycle opens.

AFG Program Application Checklist Table 1: SAM.gov Profile

SAM.gov Profile		
<input type="checkbox"/> Is your System for Award Management (SAM) registration current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> What is the expiration date for your SAM registration?		
<input type="checkbox"/> Do you know your Unique Entity Identifier (UEI) number issued by SAM?		
<input type="checkbox"/> Has your E-Business point of contact in SAM established your organization in the FEMA Grants Outcomes (FEMA GO) System?		
<input type="checkbox"/> Have you registered in the FEMA GO System?		
<p>Search the SAM.gov website to confirm you UEI number matches your SAM.gov registration. You will also find your expiration date through this search. Click here for help with FEMA GO registration.</p>		

AFG Program Application Checklist Table 2: Applicant Characteristics

Applicant Characteristics	
<input type="checkbox"/> Applicant type?	<input type="checkbox"/> Fire Department <input type="checkbox"/> Nonaffiliated Emergency Medical Service (EMS) <input type="checkbox"/> State Fire Training Academy (SFTA)
<input type="checkbox"/> Is this grant application a Regional request? <p>If yes, please list all eligible participating partners POC name(s), POC phone number(s), Employer Identification Number for each partner.</p> <p>Do you have a Memorandum of Understanding (MOU) with the participating partners? If yes, please upload the MOU with your application.</p> <p><i>Note: Community identification characteristic (e.g., Rural, Urban, Suburban) and the organizational status of the host applicant (e.g., Career, Combination, Volunteer) will be entered and used for the Regional application,</i></p>	



FEMA

Applicant Characteristics	
<i>regardless of the composition of the participating partners. For additional information on Regional applications and MOU requirements, please refer to the AFG Program Notice of Funding Opportunity.</i>	
<input type="checkbox"/> What kind of organization do you represent?	<input type="checkbox"/> All Paid/Career <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination (Majority Career) <input type="checkbox"/> Combination (Majority Volunteer)
<input type="checkbox"/> How many active firefighters does your department have who perform firefighting duties?	
<input type="checkbox"/> How many of your active firefighters are trained to the level of Firefighter I or equivalent?	
<input type="checkbox"/> Are you requesting training funds in this application to bring 100% of your firefighters into compliance with National Fire Protection Association (NFPA) 1001?	
<input type="checkbox"/> Which of the following standards does your organization meet regarding physicals? If physicals are not required, do not select any option.	<input type="checkbox"/> Meets NFPA or 1582 Standard <input type="checkbox"/> Meets National Transportation Safety Board (NSTB) or U.S. Department of Transportation (DOT) standard
<input type="checkbox"/> How many members in your department are trained to the level of Emergency Medical Responder or Emergency Medical Technician (EMT), Advanced EMT, or Paramedic?	
<input type="checkbox"/> Does your department have a Community Paramedic program?	
<input type="checkbox"/> How many stations are operated by your department?	
<input type="checkbox"/> Does your organization protect critical infrastructure of the state?	
<input type="checkbox"/> Do you currently report to the National Fire Incident Reporting System (NFIRS)? You will be required to report to NFIRS for the entire period of the grant. If yes, make note of your Fire Department Identifier (FDID) number.	
<input type="checkbox"/> Do you offer live fire training?	

AFG Program Application Checklist Table 3: Operating Budget

Operating Budget			
<input type="checkbox"/> What is your operating budget for the current and two previous fiscal years?			
<input type="checkbox"/> What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?			
<input type="checkbox"/> Does your department have any rainy-day reserves, emergency funds, or capital outlay? If yes, what is that			
<input type="checkbox"/> The percentage of your budget derived from: (whole percentage)			
Taxes		%	%

Operating Budget			
Bond issues	%	%	%
EMS billing	%	%	%
Grants	%	%	%
Donations	%	%	%
Fund drives	%	%	%
Fee for service	%	%	%
Other (please explain 'Other' portion of the budget)	%	%	%
<p>Total percentage must equal 100%</p> <p><i>Use the information above in your financial narrative. It is important that your application remain consistent throughout. When breaking down the budget, be sure to account for all funding received.</i></p> <p><i>(Budget breakdown should account for 100% of the budget.)</i></p>			
<p>Financial Need Narrative</p> <p>Describe your financial need and how consistent it is with AFG's intent. Include details describing your organization's financial distress such as summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of your control.</p> <p><i>This section must be no more than 4,000 characters.</i></p> <p>Click here for additional guidance in developing your narrative.</p>			
<input type="checkbox"/> Does your organization intend to apply for an Economic Hardship Waiver? Please attach your request for a waiver to your application.		<input type="checkbox"/> Cost Share <input type="checkbox"/> Maintenance of effort	
<p>Guidance for requesting waivers can be found here: https://www.fema.gov/sites/default/files/2020-04/Eco_Hardship_Waiver_FPS_SAFER_AFG_IB_FINAL.pdf </p>			
Other Funding Sources			
<input type="checkbox"/> This fiscal year, are you receiving federal funding from any other grant program for the same purpose for which you are applying for this grant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> This fiscal year, are you receiving federal funding from any other grant program regardless of purpose?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

AFG Program Application Checklist Table 4: Applicant and Community Trends

Applicant and Community Trends			
Injuries and fatalities	Most recent full calendar year e.g., 2023	Previous calendar year e.g., 2022	A year before the previous calendar year e.g., 2021
<input type="checkbox"/> What is the total number of fire-related civilian fatalities in your jurisdiction over the past three calendar years?			
<input type="checkbox"/> What is the total number of fire-related civilian injuries in your jurisdiction over the past three calendar years?			
<input type="checkbox"/> What is the total number of line-of-duty member injuries in your jurisdiction over the past three calendar years?			
<input type="checkbox"/> What is the total number of members with self-inflicted fatalities over the past three calendar years?			

AFG Program Application Checklist Table 5: Vehicle Inventory

Vehicle Inventory			
<p>How many vehicles does your organization have in each of the type or class of vehicle listed below?</p> <p>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.</p> <p><i>Front Line Vehicle: a vehicle that is fully equipped and ready to respond to emergency calls (first due, second due, ready-reserve vehicle). Reserve Vehicle: a vehicle that is not fully equipped and not ready to respond. Do not list vehicles that are permanently out of service.</i></p>			
Vehicle Inventory <i>List the number of:</i>	Front Line	Reserve	Seated Positions
Engines or Pumpers			
Ambulances			
Tankers or Tenders			
Aerial Apparatus			
Brush/Quick Attack			
Rescue Vehicles			
Additional vehicles			

How many Advanced Life Support response vehicles are in your fleet?			
<input type="checkbox"/> Is your department facing a new risk, expanding service to a new area, or experiencing an increased call volume? If yes, please explain.			

AFG Program Application Checklist Table 6: Community Description

Community Description	
<input type="checkbox"/> Type of jurisdiction served	
<input type="checkbox"/> What type of community does your organization serve?	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural
<input type="checkbox"/> What is the square mileage of your first due response zone/jurisdiction served?	
<input type="checkbox"/> What percentage of your primary response area is protected by hydrants?	%
<input type="checkbox"/> What percentage of your primary response area is for the following:	
Agriculture, wild land, open space, or undeveloped properties	%
Commercial/industrial	%
Residential	%
<input type="checkbox"/> What is the permanent resident population of first-due response area?	
<input type="checkbox"/> Do you have a seasonal increase in population?	
If yes, what is your seasonal increase in population (number of people)?	
Community Description Narrative Please describe your organization and/or community that you serve. <i>This section must be no more than 4,000 characters.</i> Click here for additional guidance in developing your narrative.	

AFG Program Application Checklist Table 7: Call Volume

Call Volume
Please provide the total number of incidents that your organization responded to for each year of the previous three calendar year period. Include only those alarms which your organization was a primary responder and not second due or giving mutual aid.

Call Volume			
Note: Each incident must be counted only once regardless of the number of units or agencies that responded to that incident (e.g., a vehicle fire with entrapment and injuries may be counted as a vehicle fire or a rescue call or an EMS call, but not all three).			
Summary			
*How many responses per year by category? (Enter whole number(s) only. If you have no calls for any of the categories, enter 0)	Most recent full calendar year e.g., 2023	Previous calendar year e.g., 2022	A year before the previous calendar year e.g., 2021
NFIRS Series 100: Fire			
NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)			
NFIRS Series 300: Rescue & Emergency Medical Service Incident			
NFIRS Series 400: Hazardous Condition (No Fire)			
NFIRS Series 500: Service Call			
NFIRS Series 600: Good Intent Call			
NFIRS Series 700: False Alarm & False Call			
NFIRS Series 800: Severe Weather & Natural Disaster			
NFIRS Series 900: Special Incident Type			
Fire			
* How many responses per year by category? (Enter whole number(s) only. If you have no calls for any of the categories, Enter 0)	Most recent full calendar year e.g., 2023	Previous calendar year e.g., 2022	A year before the previous calendar year e.g., 2021
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111- 123)?			
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?			
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140- 143)?			
What is the total acreage of all vegetation fires? Enter whole numbers only. If you have no vegetation fires, enter 0.			
Rescue and Emergency Medical Service Incidents			
* How many responses per year by category? (Enter whole number(s) only. If you have no calls for any of the categories, Enter 0)	Most recent full calendar year e.g., 2023	Previous calendar year e.g., 2022	A year before the previous calendar year e.g., 2021
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?			
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?			
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?			

Call Volume			
How many EMS-BLS Response Calls?			
How many EMS-ALS Response Calls?			
How many EMS-BLS Scheduled Transports?			
How many EMS-ALS Scheduled Transports?			
How many Community Paramedic Response Calls?			
Mutual and Automatic Aid			
<i>* How many responses per year by category? (Enter whole number(s) only. If you have no calls for any of the categories, enter 0)</i>	Most recent full calendar year e.g., 2023	Previous calendar year e.g., 2022	A year before the previous calendar year e.g., 2021
How many times did your organization receive mutual aid?			
How many times did your organization receive automatic aid?			
How many times did your organization provide mutual aid?			
How many times did your organization provide automatic aid?			
Of the Mutual and Automatic Aid responses, how many were structure fires?			

AFG Program Application Checklist Table 8: Grant Request Details

Grant Request Details		
<input type="checkbox"/> Are you requesting a Micro Grant? A Micro Grant is limited to \$50,000 in federal resources.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Add Activity to Request Details	<input type="checkbox"/> Equipment <input type="checkbox"/> Modify Facilities <input type="checkbox"/> Personal Protective Equipment (PPE) <input type="checkbox"/> Training <input type="checkbox"/> Wellness and Fitness <input type="checkbox"/> Grant Writer Fee <input type="checkbox"/> Vehicle Acquisition	
<p><i>Please note that Fire Department and nonaffiliated EMS applicants applying for Operations and Safety Activities (Equipment, PPE, Modify Facilities, Wellness and Fitness, and Training) and that wish to apply for a vehicle must start a separate application. The number of applications that can be submitted in the same application cycle is limited based on the type of applicant/application selected. Please refer to the AFG funding notice for details.</i></p>		

Grant Request Details	
<input type="checkbox"/> Add Narratives to the Selected Activity <i>Note: each narrative section must be no more than 4,000 characters.</i> Click here for additional guidance in developing your narrative.	<input type="checkbox"/> Project Description and Budget Narrative <input type="checkbox"/> Cost Benefit Narrative <input type="checkbox"/> Statement of Effect on Operations Narrative
<input type="checkbox"/> Add Item(s) to Selected Activity	Select items based on Activity (add quantity, unit price, budget class and description of item requested). Please see examples of questions below.
<input type="checkbox"/> Answer additional questions based on Activity/item selected	Additional questions vary based on the item and activity selected. Please see examples of questions below.

AFG Program Application Checklist: Examples of Additional Questions Based on Selected Activity

Additional Questions Table 1: Equipment Activity

Equipment Activity		
1. Add Item to Equipment Activity Add quantity, unit price, budget category and description of the item.		
What is the purpose of this request?	<input type="checkbox"/> Obtain equipment to achieve minimum operational and deployment standards for existing missions <input type="checkbox"/> Replace noncompliant equipment to current standard <input type="checkbox"/> Obtain equipment for new mission <input type="checkbox"/> Upgrade technology to current standard	
<input type="checkbox"/> Will the equipment being requested bring the organization into voluntary compliance with a national standard? In your narrative statement, please explain how this equipment will bring the organization into voluntary compliance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> At what level of service will this equipment be used if awarded this grant?	Select appropriate option	
<input type="checkbox"/> Is your department trained in the proper use of the equipment being requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Are you requesting funding to be trained for this item(s)? (Funding for requested training should be requested as additional funding.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Questions Table 2: Modify Facilities Activity

Modify Facilities Activity			
1. Add Project to Modify Facilities Activity <i>Note: Additional Funding project must complement the Facility project. Do not select Additional Funding only.</i>			<input type="checkbox"/> Facility <input type="checkbox"/> Additional Funding
Facility Identification			
Does this facility have a fire alarm system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this facility have a fire sprinkler system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this facility have a diesel/smoke removal system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> When did the last major renovation to this facility occur? Please enter date built if no renovations have occurred.			MM/DD/YYYY
2. Add Item to the selected Project		<input type="checkbox"/> Air Quality System(s) <input type="checkbox"/> Generator(s) (fixed/primary/backup) <input type="checkbox"/> Source Capture Exhaust System(s) <input type="checkbox"/> Sprinkler System(s) <input type="checkbox"/> Smoke/Carbon Monoxide/Alarm System(s)	
<input type="checkbox"/> What is the square footage of the area that your modification will directly affect?			
<input type="checkbox"/> Does the facility you wish to modify have a drive-through bay?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What is the age of the facility that is being modified?			
<input type="checkbox"/> What type of facility will be modified?		<input type="checkbox"/> Station with sleeping quarters (to include marine fire facilities) <input type="checkbox"/> Station without sleeping quarters <input type="checkbox"/> Training facilities <input type="checkbox"/> Dispatch, administrative, maintenance, storage	
<input type="checkbox"/> What is the level of occupancy for the facility you wish to modify? <i>Note: The occupancy is defined by the number of hours the facility is used within a single 24-hour time period.</i>		<input type="checkbox"/> Full-Time (24/7) <input type="checkbox"/> Part-Time (daily, but not 24/7) <input type="checkbox"/> Occasional	
If requesting Source Capture Exhaust System: <input type="checkbox"/> Will the installation of this unit upgrade, replace, or refurbish an existing system in place?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Questions Table 3: PPE Activity

PPE Activity		
1. Add Item to PPE		
Add quantity, unit price, budget category, and description of the item		
<input type="checkbox"/> What is the purpose of this request?	<input type="checkbox"/> Increase supply for new hires and/or existing firefighters that do not have one set of turnout gear (PPE) or allocated seated positions (Self-Contained Breathing Apparatus [SCBA]). This includes replacing out of service PPE-Turnout Gear and SCBA. <input type="checkbox"/> Replace in-service or in-use damaged/unsafe/unrepairable PPE/SCBA to meet current standard. <input type="checkbox"/> Replace in-service/in-use/expired/noncompliant PPE/SCBA to current standard. <input type="checkbox"/> Replace PPE and SCBA to upgrade technology	
Are you requesting for members that currently do not have above-mentioned item? (for PPE only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your department trained in the proper use of the PPE/SCBA being requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you requesting funding for training for this PPE/SCBA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are not requesting training funds through this application, will you obtain training for this PPE/SCBA through other sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many of your on-duty active members currently have PPE that meets applicable NFPA and Occupational Safety and Health Administration (OSHA) standards? Or how many of your seated riding positions currently have compliant SCBA assigned to it?		
<input type="checkbox"/> When requesting PPE (any PPE other than SCBA), what are the ages of your PPE in years?	Years Old	# of items
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	

PPE Activity				
	13			
	14			
	15			
	16			
	17			
	18			
	19			
	20			
	21			
	22			
	23			
	24			
25 or older				
When requesting SCBA, to which edition(s) of the NFPA standard are your SCBA compliant?				
Year	Current Inventory		Being Replaced	
	SCBA	Cylinder	SCBA	Cylinder
2018 Edition				
2013 Edition				
2007 Edition and older				
Obsolete/non-compliant				

Additional Questions Table 4: Training Activity

Training Activity	
1. Add Project to the Training Activity	
Provide a detailed description of the training program you selected.	
Generally, this program can best be categorized as:	<input type="checkbox"/> Training that is evaluated using national or state standards <input type="checkbox"/> Training that does not result in certification
How many personnel will be trained by this program?	
Generally, the training program provided under this grant will:	<input type="checkbox"/> Bring your department into compliance with recommended NFPA or other national standards <input type="checkbox"/> Bring your department into compliance with mandates from national, state, or local training requirements <input type="checkbox"/> Address an identified risk for your department or community

Training Activity		
Will this training enhance your ability to perform mutual aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this training include members from other fire departments and/or nonaffiliated EMS organizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this training be:	<input type="checkbox"/> Instructor-led <input type="checkbox"/> Self-directed/test-validated <input type="checkbox"/> None of the above	
2. Add Item to the selected Training Project Enter quantity, unit price, budget category, and description		

Additional Questions Table 5: Wellness and Fitness Activity

Wellness and Fitness Activity			
1. Add Project to Wellness and Fitness Activity <i>Note: Applicants that have some of the Priority 1 programs in place must apply for funds to implement the missing Priority 1 programs before applying for funds for any additional program or equipment within this activity. Please refer to the AFG funding notice for additional information.</i>			
	Does your organization currently offer this activity?	Will this program be mandatory?	Will this program be offered to all?
Initial Physical Exam	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job-Related Immunization Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Periodic Physical Exam/Health Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral Health NFPA 1500 or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer Screening Program/Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Add item to the selected Project Enter quantity, unit price, budget class, and description			

Additional Questions Table 6: Vehicle Acquisition Activity

Vehicle Acquisition Activity			
1. Add Item to Vehicle Acquisition Enter quantity, unit price, budget class, and description <i>If applying for more than one vehicle, please select 'Add item to vehicle acquisition' again for separate narrative sections and questions.</i> <i>If Additional Funding for the vehicle acquisition is needed, please use '+Add cost' link located above vehicle description.</i>			
Please provide the model year, pumping capacity, and carrying capacity for each vehicle within your organization's inventory. The list of vehicles will be prepopulated based on your inputs to the Applicant and Community trends section of the application.			
Vehicle Type or Class	Model Year (e.g., 2002)	Pumping Capacity (GPM)	Carrying Capacity (gallons)
Add Item to Vehicle Acquisition Activity			
Is the vehicle you propose to buy:		<input type="checkbox"/> Replacement of an existing apparatus <input type="checkbox"/> New purchase	
Do you have a driver-training program equivalent to national or NFPA standards?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you requesting funding for training specific to the vehicle acquisition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the recipient's apparatus must adhere to all traffic signs, signals, and state traffic regulations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this vehicle be used on Automatic and/or Mutual Aid?		<input type="checkbox"/> Automatic Aid <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Both <input type="checkbox"/> None	
<input type="checkbox"/> How many vehicles of this type or class in your fleet were manufactured prior to 2002?			
If applying for fire apparatus, was the vehicle you are requesting to replace built before the applicable NFPA vehicle standard from 1992?			<input type="checkbox"/> Yes <input type="checkbox"/> No