FEMA

AFG Application Checklist

Are you planning to apply to the Assistance to Firefighters Grant program?

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

SAM.gov registration status		
☐ Is your System for Award Management (SAM) registration current?	☐ Yes ☐ No	
• Applicant registration in the System for Award Management (SAM) *is free*! To register, please visit https://www.sam.gov/portal/public/SAM/. • SAM registration is only active for one year and must be renewed annually. • If your organization's registration is expired or inactive, **do not call AFG**, the organization must get the registration reset by calling the *Federal Service Help Desk managed by the General Services Administration (GSA)* at (866) 606-8220. • Please ensure your organization's name, address, DUNS number, and EIN are up to date in SAM and that the DUNS number in SAM is the same one used to apply for all FEMA grants. • Your organization's name in SAM.gov must also match the organization name provided on the 1199a. Payments are contingent on the information provided in SAM; therefore, it is imperative the information is correct.		

Department Characteristics I		
☐ Square mileage of first-due response area?		sq mi
☐ Percentage of first-due area covered by hydrants?		%
☐ Critical infrastructure protected?	☐ Yes ☐ No	
☐ Percentage of land used for:		
☐ **a.** Agriculture, wild land, open		%
☐ **b.** Commercial/Industrial		%
☐ **c.** Residential		%
☐ Permanent resident population of first-due response area?		#
☐ Seasonal increase in population?	☐ Yes ☐ No	
☐ If yes, what is the increase?		#

☐	Are you compliant with the National Incident Management System?	☐ Yes ☐ No
☐	What is your FDIN/FDID number?	#
☐	Number of active firefighters who perform firefighting duties?	#
☐	What percentage of your active firefighters is trained to FF1?	%
☐	What percentage of your active firefighters is trained to FF2?	%
☐	If less than 100% to either question above, are you requesting funds to bring 100% of your firefighters in compliance to NFPA 1001?	☐ Yes ☐ No
☐	What services does your organization provide?	☐ Structural Fire Suppression ☐ Haz-Mat Operational Level ☐ Basic Life Support ☐ Airport Rescue Firefighting (ARFF) ☐ Rescue Operational Level ☐ Formal/Year-Round Fire Prevention Program ☐ Maritime Operations/Firefighting ☐ Emergency Medical Responder ☐ Wildland Fire Suppression ☐ Haz-Mat Technical Level ☐ Advanced Life Support ☐ Occasional Fire Prevention ☐ Rescue Technical Level Program ☐ Community Paramedic

Department Characteristics II

		20____	20____	20____
☐	Number of fire-related civilian fatalities in your first-due jurisdiction for each of the past three years?			
☐	Number of fire-related civilian injuries in your first-due jurisdiction for each of the past three years?			
☐	Number of on-duty member fatalities in your jurisdiction for each of the past three years?			
☐	Number of on-duty member injuries in your jurisdiction for each of the past three years?			
☐	Your average operating budget for the past three years? (whole dollars)			
☐	The percentage of your budget dedicated to personnel costs? (whole percentages)	%	%	%
☐	The percentage of your budget derived from: (whole percentage)			
☐	**a.** Taxes	%	%	%
☐	**b.** EMS billing	%	%	%
☐	**c.** Grants	%	%	%

		20____	20____	20____
☐	**d.** Donations	%	%	%
☐	**e.** Fee for service	%	%	%
☐	**f.** Other	%	%	%
		Total percentage must equal 100% *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.* *(Budget breakdown should account for 100% of budget.)*		

☐ **Vehicle Inventory** *List the number of:*	Front Line	Reserve	Seated Positions
Engines or Pumpers			
Ambulances			
Tankers or Tenders			
Aerial Apparatus			
Brush/Quick Attack			
Rescue Vehicles			
Additional Vehicles			

Your organization's first due call volume for your primary response area (for the three years):

	20____	20____	20____
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			
Community Paramedic Response Calls			
Vehicle Accidents w/o Extrication			
Vehicle Extrications			
Other Rescue			
Hazardous Condition/Materials Calls			
Service Calls			
Other Calls and Incidents			
What is the total acreage of all vegetation fires?			

Department mutual aid call volume: How many times did your organization:	20____	20____	20____
☐ Receive mutual aid?			
☐ Receive automatic aid?			
☐ Provide mutual aid?			
☐ Provide automatic aid?			

	20____	20____	20____
☐　　Total Mutual/Automatic Aid?			
☐　Total calls?			

Equipment Inventory	Years Old	# of items
☐　If you are requesting PPE (any PPE other than SCBA), what is the ages of your PPE in years?	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16 or more	

Number of Members Without PPE *Combined total should equal total PPE in your inventory.*	

☐　If you are requesting SCBA, to which edition(s) of the NFPA standard are your SCBA compliant?

Year	Current Inventory			Edition Being Replaced		
	SCBA	*Cylinder*	*Face Piece*	*SCBA*	*Cylinder*	*Face Piece*
2013 Edition						
2007 Edition						
2002 Edition and older						