

Overview

* Did you attend one of the workshops conducted by DHS's regional fire program specialist?

No, I have not attended workshop

* Was a workshop within two hours' drive?

No

* Are you a member, or are you currently involved in the management, of the fire department or non-affiliated 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 Chief Officer or long time member of the organization who will see this grant through completion. 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

Training Chief

Prefix (check one)

Mr.

* First Name

Kraig

Middle Initial

* Last Name

Stovall

* Business Phone (e.g. 123-456-7890)

303-762-2474 Ext.

* Home Phone (e.g. 123-456-7890)

303-210-3753 Ext.

Mobile Phone/Pager (e.g. 123-456-7890)

303-210-3753

Fax (e.g. 123-456-7890)

303-762-2406

* Email (e.g. user@xyz.org)

Contact Information

Alternate Contact Information Number 1

* Title	Fire Chief
Prefix	Mr.
* First Name	Andrew
Middle Initial	
* Last Name	Marsh
* Business Phone	303-762-2470 Ext.
* Home Phone	303-762-2481 Ext.
Mobile Phone/Pager	303-929-6410
Fax	303-762-2406
* Email	

Alternate Contact Information Number 2

* Title	Deputy Chief
Prefix	Mr.
* First Name	Richard
Middle Initial	
* Last Name	Petau
* Business Phone	303-762-2475 Ext.
* Home Phone	303-791-6199 Ext.
Mobile Phone/Pager	303-356-7043
Fax	303-762-2406
* Email	

Applicant Information

* Organization Name	Englewood Fire Department Fire Department/Fire District
* Type of Applicant	
* Type of Jurisdiction Served If other, please enter the type of Jurisdiction	City
Legal name of your jurisdiction Note: This information must match your SAM.GOV profile if your organization is using the DUNS number of your Jurisdiction.	Englewood Fire Department
* <u>Employer Identification Number</u> (e.g. 12-3456789) Note: This information must match your SAM.GOV profile.	84-6000583
* What is your organization's 9 digit <u>DUNS Number</u> ? If you were issued a 4 digit number (DUNS plus 4) in addition to your 9 digit number please enter it in the second box. If not, please leave the second box blank.	785260027 (call 1-866-705-5711 to get a DUNS number)
* Is your <u>DUNS Number</u> registered in SAM.gov (System for Award Management previously CCR.gov)?	Yes
* I certify that my organization/entity is actively registered at www.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.	<input checked="" type="checkbox"/>
Headquarters or Main Station Physical Address	
* Physical Address 1	3615 S. Elati St.
Physical Address 2	
* City	Englewood
* State	Colorado
* Zip	80110 - 3519 Need help for ZIP+4?
Mailing Address	
* Mailing Address 1	3615 S. Elati St.
Mailing Address 2	
* City	Englewood
* State	Colorado
* Zip	80110 - 3519 Need help for ZIP+4?
* Please describe all grants that you have received from DHS, for example, 2008 AFG grant for a vehicle or 2010 HSGP grant for exercises. (Enter N/A if Not Applicable).	
2002 AFG Grant, FEMA, Fire Safety Education Equipment and Training	
2003 AFG Grant, FEMA, Firefighter Safety Program, Training Equipment and Programs, Gas Detectors	
2004 AFG Grant, FEMA, Wireless Incident Recording System	

2009 AFG Grant, FEMA, Upgrade Emergency Generator for Fire/Police Facility, replace aging Gas Detectors and purchase of WMD detector

2011 AFG Grant, FEMA, Replace Aged Source Capture Vehicle Exhaust Extraction System and Radiological Module for WMD detector

Account Information

Note: This 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 121000248
- * Your account number 4159685353

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
- * If awarded the AFG grant, will your organization expend more than \$500,000 in Federal funds during your organization's fiscal year? 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)

* Are you a member of a Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property?	No
* What kind of organization do you represent?	All Paid/Career
If you answered combination, above, what is the percentage of career members in your organization?	%
If you answered volunteer or combination or paid on-call, how many of your volunteer Firefighters are paid members from another career department?	
* What type of community does your organization serve?	Urban
* Is your Organization considered a Metro Department?	No
* What is the square mileage of your first-due response area? Primary/First Due Response Area is a geographical area proximate to a fire or rescue facility and normally served by the personnel and apparatus from that facility in the event of a fire or other emergency and does not include daily or seasonal population surges.	7
* What percentage of your response area is protected by hydrants?	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?	Arapahoe County
* Does your organization protect critical infrastructure of the state?	Yes
* How much of your jurisdiction's land use is for agriculture, wildland, open space, or undeveloped properties?	5 %
* What percentage of your jurisdiction's land use is for commercial and industrial purposes?	35 %
* What percentage of your jurisdiction's land is used for residential purposes?	60 %
* How many occupied structures (commercial, industrial, residential, or institutional) in your jurisdiction are more than three stories tall? Do not include structures which are not regularly occupied such as silos, towers, steeples, etc.	28
* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served?	32000
*Do you have a seasonal increase in population?	No
If "Yes" what is your seasonal increase in population?	
* How many active firefighters does your department have who perform firefighting duties?	55
* How many members in your department/organization are trained to the level of EMT-I or higher?	18
Do you have Community Paramedics ?	No
* How many stations are operated by your organization?	3
* 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)? Note: You will be required to report to NFIRS for the entire period of the grant.	Yes
If you answered yes above, please enter your FDIN/FDID	000545

- * What percent of your active firefighters are trained to the level of Firefighter I? 100 %
- * What percent of your active firefighters are trained to the level of Firefighter II? 100 %

If you answered less than 100% to either question above, are you requesting for training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

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 FF II level in this application! Please describe in the box to the right your training program and your plans to bring your membership up to Firefighter II.

- * What services does your organization provide?

Structural Fire Suppression		Haz-Mat Operational Level
Wildland Fire Suppression	Basic Life Support	Haz-Mat Technical Level
	Advanced Life Support	Rescue Operational Level
	Formal/Year-Round Fire Prevention Program	Rescue Technical Level

- * Please describe your organization and/or community that you serve. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

The City of Englewood is an urban, full-service community which borders the city of Denver Colorado on the south side. The city is located near the intersection of two state highways, the South Platte River, and is an employment site for close to 80,000 people during the work-day. The city is home to Swedish Health One – a regional level 1 trauma center, and Craig Hospital, a world recognized spinal rehabilitation hospital. The city occupancies include a mix of light industry, commercial and residential properties.

The Englewood Fire Department [EFD] is a full-service urban career department serving the citizens, work force, and visitors of the city of Englewood. The Fire Department provides the following services:

- Fire suppression / investigations
- ALS-level EMS treatment and transport
- Hazardous Materials response / mitigation
- Technical Rescue – confined space / trench / rope
- Code Enforcement – IFC / IBC code enforcement
- Fire Prevention & Safety Education programs

The Fire Department is an active member in the Arapahoe/Douglas County Regional Hazardous Materials Response Team, and the regional technical rescue response team. The department cooperates in automatic aid and mutual aid agreements with its surrounding jurisdictions. Additionally, the department maintains a local training center in cooperation with the City of Littleton Fire Department.

The City of Englewood covers 7 square miles. Heavy and light rail lines run through the city at a rate of 15 trains per day. Approximately 200,000 vehicles travel the city's two major highways each day. The city contains four buildings of ten stories or more, and twenty-eight of four or more stories.

The city is home to 31,727 residents as of the last census. The Fire Department consists of three stations, fifty-one line personnel and six administrative staff. The department staffs two engine companies, one heavy rescue engine, and two ALS medic units. The department also houses a haz mat response unit, a mobile air/light trailer, and a utility/support response vehicle. Shift personnel work a modified Berkeley schedule and average 4,300 responses per year, or twelve calls per day. Administrative staffing includes the Fire Chief, Deputy Chief of Operations, Training Chief, EMS/Emergency Management Coordinator, and an Executive Administrative Assistant.

Fire Department Characteristics (Part II)

	2012	2011	2010
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three years?	0	0	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three years?	3	2	0
* What is the total number of line of duty member fatalities in your jurisdiction over the last three years?	0	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three years?	24	16	21
* Over the last three years, what was your organization's average operating budget?		7056551	
* What percentage of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?		91 %	
* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%			
Taxes?	100 %		
EMS Billing?	0 %		
Grants?	0 %		
Donations?	0 %		
Fund drives?	0 %		
Fee for Service?	0 %		
Other?	0 %		

If you entered a value into Other field (other than 0), please explain

Does your organization intend to provide a financial match greater than the required amount? No

If yes, how much additional funds is you department/agency willing to contribute? Please fill in the amount in the box to the right. \$

* Please describe your organization's need for Federal financial assistance. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

During the past several years the City of Englewood has experienced an economic recession. Sales tax revenues have been flat or slightly decreased as revenues have steadily increased. As recently as 2011 city salaries were frozen and all city employees were furloughed four work-days. In 2012, while employee costs rose slightly, the city was forced to reduce its budgeted operating fund 2% below the initially approved amount. In 2013, early promising increases in revenue diminished significantly during April and May. In June, the city anticipated a shortfall of approximately 1 million by year's end. All departments were directed to again reduce budgets by 2%. Increased personnel costs, which comprise 91% of the fire department's operating budget, have continued to rise each year as revenues have remained static. The fire department currently has three openings that we will not be authorized to fill until September 2014 if revenues remain flat. The city anticipates a revenue vs. expenditure differential of between 1.5 and 2 million by the end of 2014. Significant capital expenditures for infrastructure, such as this grant seeks to provide, are virtually impossible to obtain in the current economic environment. In this instance, fire department is in need of updating its current pool of base station, mobile and portable radios to bring them into compliance with current P25 standards as set by the FCC. These updates will not happen without grant assistance. Without the updated equipment,

interoperability with neighboring jurisdictions and other emergency services will be compromised. Compromised communications will impact automatic and mutual aid agreements and operations.

* How many vehicles does your organization have in each of the types 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	3	2	20
Ambulances for transport and/or emergency response	2	1	9
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	0	0	0
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	0	0	0
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	2	0	6
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	4	0	12

Department Call Volume

	2012	2011	2010
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
Structural Fires	21	19	14
False Alarms/Good Intent Calls	247	269	258
Vehicle Fires	12	8	10
Vegetation Fires	10	16	14
EMS-BLS Response Calls	0	0	60
EMS-ALS Response Calls	3160	2970	2735
EMS-BLS Scheduled Transports	0	0	0
EMS-ALS Scheduled Transports	0	0	0
Community Paramedic Response Calls	0	0	0
Vehicle Accidents w/o Extrication	200	152	200
Vehicle Extrications	0	0	0
Other Rescue	4	12	5
Hazardous Condition/Materials Calls	84	105	42
Service Calls	117	97	122
Other Calls and Incidents	636	617	451
Total	4491	4265	3911
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
What is the total acreage of all vegetation fires?	0	0	0
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
In a particular year, how many times does your organization receive mutual aid?	116	43	47
In a particular year, how many times does your organization receive automatic aid?	0	0	0
In a particular year, how many times does your organization provide mutual aid?	45	41	81
In a particular year, how many times does your organization provide automatic aid?	0	0	0
	161	84	128

Total Mutual / Automatic Aid
(please total the responses
from the previous two blocks)

Out of the mutual/automatic aid
responses, how many were
structure fires?

0

1

0

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, please explain in your narrative statement and list the organization(s) in the form below.

You must enter the Organization name, POC and Phone number and extension (optional).

Organization Name	First Name	Last Name	Phone Number	Action
South Metro Fire Rescue Auth.	Dan	Qualman	720-488-7200 Ext:	View
Littleton Fire Rescue	John	Mullin	303-795-3800 Ext:	View

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

\$0

* From the requested activities, what is the total dollar amount requested for EMS equipment, supplies, training, etc in the Request Details of this application? If none of the items requested are for fire-based EMS, then enter \$0.	\$ 247,200
* 4. If you are filing for a micro grant (\$25,000 federal share) or less please click the radio button and answer "YES". Please remember that your total request will be limited to \$25,000 or less in Federal funds in the Operations and Safety portion only.	N/A
5. By answering yes to question #4 you are giving up the option to apply under Operations & Safety (Equipment, Modifications to Facilities, Personal Protective Equipment, Training and Wellness & fitness) for more than \$25,000 of Federal funding. Do you agree to this? Do you fully understand this option?	

Request Details

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

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	3	\$ 232,990	\$ 14,239	View Details View Additional Funding Narratives
Modify Facilities	0	\$ 0	\$ 0	View Details
Personal Protective Equipment	0	\$ 0	\$ 0	View Details
Training	0	\$ 0	\$ 0	View Details
Wellness and Fitness Programs	0	\$ 0	\$ 0	View Details
* Total Funding for all EMS requested in this application			\$247,200	
Grant-writing fee associated with the preparation of this request.			\$0	

Request Details

Fire Department/Fire District Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Portable Radios (must be P-25 Compliant)	30	\$ 5,044	\$ 151,320	View Details
Mobile Radios (must be P-25 Compliant)	15	\$ 3,914	\$ 58,710	View Details
Base Station	4	\$ 5,740	\$ 22,960	View Details

View Operations and Firefighter Safety - Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

* Please provide further description of the item selected from the drop down list.

Portable Radios (must be P-25 Compliant)

P25 compliant portable radios for Fire/EMS use in the Denver Metro area. Specifically Motorola model APX 6000XE, ruggedized, TDMA, with lapel mike and extra battery.

2. Number of units:

30 (whole number only)

3. Cost per unit:

\$ 5044 (whole dollar amounts only)

4.

Generally the equipment purchased under this grant program will:

Replace old, obsolete, damaged equipment with equipment that meets current standards

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

8 years

5.

Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance.

Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

Explanation

The FCC requires P25 narrowband radios for all emergency response agencies by 2017. Our current radio equipment does not meet this requirement. Compliance with this standard will ensure interoperability in accordance with the National Interoperability Field Operations Guide (NIFOG).

6.

Is your department trained in the proper use of this equipment being requested?

Yes

7.

Are you requesting funding for training? (Funding for requested training should be requested in the Equipment Additional Funding section).

No

8.

If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Yes

Close Window |

View Operations and Firefighter Safety - Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

* Please provide further description of the item selected from the drop down list.

Mobile Radios (must be P-25 Compliant)

P25 compliant mobile radios for all fire department vehicles. Specifically, Motorola Model APX 6500 with accessories and installation

2. Number of units:

15 (whole number only)

3. Cost per unit:

\$ 3914 (whole dollar amounts only)

4.

Generally the equipment purchased under this grant program will:

Replace old, obsolete, damaged equipment with equipment that meets current standards

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years. 8 years

5.

Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance.

Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

Explanation

The FCC requires P25 narrowband radios for all emergency response agencies by 2017. Our current radio equipment does not meet this requirement. Compliance with this standard will ensure interoperability in accordance with the National Interoperability Field Operations Guide (NIFOG).

6.

Is your department trained in the proper use of this equipment being requested?

Yes

7.

Are you requesting funding for training? (Funding for requested training should be requested in the Equipment Additional Funding section).

No

8.

If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Yes

Close Window

View Operations and Firefighter Safety - Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?

* Please provide further description of the item selected from the drop down list.

2. Number of units:

3. Cost per unit:

4.

Generally the equipment purchased under this grant program will:

Replace old, obsolete, damaged equipment with equipment that meets current standards

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.

Base Station

P25 compliant base station radios. Specifically, Motorola Model APX 6500 plus accessories

4 (whole number only)

\$ 5740 (whole dollar amounts only)

15 or more years

5.

Generally the equipment purchased under this grant program is:

Will bring the organization into statutory compliance.

Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.

Explanation

The FCC requires P25 narrowband radios for all emergency response agencies by 2017. Our current radio equipment does not meet this requirement. Compliance with this standard will ensure interoperability in accordance with the National Interoperability Field Operations Guide (NIFOG).

6.

Is your department trained in the proper use of this equipment being requested?

Yes

7.

Are you requesting funding for training? (Funding for requested training should be requested in the Equipment Additional Funding section).

No

8.

If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Yes

Close Window

BudgetBudget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 238,729
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 8,500
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0

Federal and Applicant Share

Federal Share	\$ 222,507
Applicant Share	\$ 24,722
Federal Rate Sharing (%)	90/10

* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 24,722)

a. Applicant	\$ 24722
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 **\$ 247,229**

Assurances and Certifications

FEMA Form SF 424B

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

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 **Kraig Stovall** on **11/26/2013**

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 grantees 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
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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 **Kraig Stovall** on **11/26/2013**

FEMA Standard Form LLL

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