

Department name: _____ County: _____ ISO Rating: _____

APPLICATION FOR FY12 FIRE PROTECTION GRANT
Applications will be accepted from July 15 to September 15, 2011

Eligibility:

All fire departments currently certified and funded by the New Mexico State Fire Marshal's Office are eligible to participate in the fire protection grant process.

Note: Any fire department that is awarded a grant and consequently loses its qualification to participate in the Fire Protection Funding process shall return the apparatus and/or equipment to the State Fire Marshal for redistribution as per 59A-53 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC.

Maximum Award and Matching Funds

The maximum amount awarded to a single applicant will not exceed \$100,000, with a minimum matching funds commitment from the department of 20%. Costs exceeding the grant amount shall be the responsibility of the local government. State fire funds may be used for this purpose with proper approval from the New Mexico State Fire Marshal's Office.

The fire chief and the fiscal agent for the local government must sign the application; in addition the fiscal agent must sign the Fiscal Agent Commitment Statement indicating a commitment of these funds for the awarded project and a commitment of the 20% matching funds.

The Grant Council has established the following minimum requirements:

NFIRS Reporting

All applicants **shall be** in compliance with the reporting requirements of the New Mexico State Fire Marshal's Office utilizing the National Fire Incident Reporting System (NFIRS) as per 59A-52 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC. Each certified fire department shall complete the reporting requirement by the 10th day of each month following the month for which the report is prepared. (e.g., the report of January is due by February 10th).

Pump Testing

All rated fire pumps shall undergo annual pump tests to ensure proper function and firefighter safety; therefore, the Fire Protection Grant Council is requiring apparatus pump tests be conducted on each apparatus with rated fire pumps and documentation submitted with the application. All annual pump tests shall be in accordance with NFPA 1901 and the Insurance Service Office (ISO) requirements. Copies of most recent pump test records must accompany this application (up to 3 years).

For additional information, please visit the New Mexico State Fire Marshal's Office web page <http://www.nmprc.state.nm.us/sfm.htm> or contact Vernon Muller, Deputy Fire Marshal Fire Service Support Bureau at 505-476-0165.

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ACKNOWLEDGEMENT/SIGNATURES		
Name of Department/District:	County:	
Name of Fire Chief (please print)	Signature of Fire Chief	Date
Name/Title of County/Municipal Fiscal Agent (please print)	Signature of Fiscal Agent	Date
<p>All applications must be mailed or hand delivered to:</p> <p style="text-align: center;">NM Fire Marshal's Office Attention: Fire Protection Grant Application PO Box 1269 Santa Fe, New Mexico 87504</p> <p>All original applications must be received by 5 pm on September 15, 2011. No exceptions. Email and fax applications <u>will not</u> be accepted.</p>		

This application may be downloaded from the following website:

<http://www.nmprc.state.nm.us/sfm.htm>

Please answer all questions in this application.
Incomplete or illegible applications will not be considered.

NEEDS/REQUESTS				
<input type="checkbox"/> Class A or Urban interface Pumper <input type="checkbox"/> Water Tanker – _____ gallons <input type="checkbox"/> Personal Protective Equipment (PPE) <input type="checkbox"/> Communication/Radio Equipment <input type="checkbox"/> Pump Testing Equipment <input type="checkbox"/> Wildland apparatus <input type="checkbox"/> Other – please specify _____	Please provide and attach an estimated project budget to specify # of units and cost per unit using the example below:			
	Qty	Item	Unit Cost	Total Cost
	15 sets	PPE	\$1300	\$19,500
	_____	_____	_____	_____
	<u>EXAMPLE</u>			_____
	_____	_____	_____	_____
	Subtotal:			19,500
Less 20% Matching:			(3,900)	
Grant Amount Requested:			\$15,600	

Amount Requested:	\$ _____	Not to exceed \$100,000
Do you have funds to put toward this need? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How much?	\$ _____	Minimum 20% matching

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GENERAL INFORMATION

Applicant Name (Fire Department)		<input type="checkbox"/> County _____ <input type="checkbox"/> Municipal _____	
Applicant's Mailing Address			
Phone Number:	Fax Number:	Email Address:	
Telephone in Fire Station? <input type="checkbox"/> Yes <input type="checkbox"/> No			
# Volunteer Firefighters	# Paid Firefighters	Total number of members:	# Active members:
Are you currently NFIRS Compliant? Compliance is reporting by the 10th day of the month following the month for which the report is prepared. Attach 2011 summary report. Add additional sheets as necessary <input type="checkbox"/> Yes How often? _____ <input type="checkbox"/> No Explain why not. _____ _____			
Name of Person Completing this application:		Title:	

COMMUNITY INFORMATION

Name of Community Protected:	Population of Community Served:
Number of homes protected in fire district:	Number of commercial buildings protected in fire district?
List adjacent automatic aide fire districts (with written agreements)	
1. _____	
2. _____	
3. _____	
4. _____	

FIRE HISTORY in 2010 calendar year

# of Structure Fires	# of EMS Responses	# of Haz Mat Responses	# of Wildland Responses	# Other responses

WATER AVAILABILITY

Total Capacity of available water storage:	Community Hydrant System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Water storage tank with fire hydrant @ station? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe additional water source(s):		
1. _____ Capacity _____		
2. _____ Capacity _____		
3. _____ Capacity _____		
4. _____ Capacity _____		

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TRAINING	
# of Firefighters qualifying per NM Firefighters Task Book:	Average # of training hours per Firefighter per month:
Average # of training hours per Firefighter per year:	
How many training opportunities has this department offered in the 2010 calendar year? Provide and attach a list of training opportunities and dates. _____	
# Firefighters who are Firefighter I certified:	# Firefighters who have Firefighter I IFSAC accreditation:

CURRENT EQUIPMENT

List Class A Pumper(s)

Are pump tests conducted annually on apparatus? Yes No **Explain why not.**
Copies of most recent pump tests records must be attached (up to 3 years).

Year	Make	Model	Tank capacity	Pump capacity	Date Pump Tested	Passed/Failed Pump Test
1.						
2.						
3.						
4.						
5.						

List Tankers/Tenders

Year	Make	Model	Tank capacity	Pump capacity	Date Pump Tested	Passed/Failed Pump Test
1.						
2.						
3.						
4.						
5.						

PERSONAL PROTECTIVE EQUIPMENT: Are all PPE inspected annually per NFPA 1851? Yes No

Qty	Age (years)	Condition			Standard Compliance			
		Fair	Poor	Good	1981	1997	2002	2007

COMMUNICATION EQUIPMENT: Describe communication equipment/system.

List Communication equipment interoperability with adjacent entities:

Neighboring departments. _____

Law Enforcement _____

Emergency Medical Service(s) _____

Other _____

HAZARDS/THREATS

Describe the threat to the community (i.e., fuel storage bulk plants, railroads, high hazard occupancies, etc.)

FUNDING SOURCES

List any outside funding (any grants, FEMA, State Capital Outlay) this department has received in the past 5 years?

Funding Source	Year Received	Type of allocation	Amount Received	Amount Available Now
1.				
2.				
3.				
4.				

On the following pages, please respond to each of the following statements:

List **in priority order**, and explain the equipment needs of your department and the total cost of fulfilling the need.

ISO Rating: Provide a detailed description of how these funds, if awarded, will impact your department/district’s ISO rating.

Request: Provide a detailed description of what the request does, how the dollars will be spent and explain the need.

Problem: Provide a detailed description of the problem your department/district is addressing with this grant application.

Analysis of Benefits: Provide a detailed description of how department/district performance will be improved and how this compares to the proposed expenditure.

Consequences: Provide a detailed description of consequences of not funding this grant request.

Local Commitment: Provide a detailed description and contribution to this effort (e.g., how your community will continue the effort).

Department name: _____ County: _____ ISO Rating: _____

List in **priority order**, and explain the equipment needs of your department and the total costs of fulfilling the needs.

1.

2.

3.

What (specifically) will you purchase if awarded this grant? _____ _____ _____
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ISO Rating: Provide a brief description of how these funds, if awarded, will impact your department/district's ISO rating?

Department name: _____ County: _____ ISO Rating: _____

Request: Provide a brief description of what the request does, how the dollars will be spent and explain the need.

Problem: Provide a brief description of the problem your department/district is addressing with this grant application.

Department name: _____ County: _____ ISO Rating: _____

Analysis of Benefits: Provide a brief description of how the department/district performance will be improved and how this compares to the proposed expenditure.

Consequences: Provide a brief description of consequences of not funding this grant request. If your department does not receive the requested grant, what will the department do?

Local Commitment: Provide a brief description of the community contribution to this effort. What has the community done toward this effort, and how will your community continue the effort?

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ESTIMATED PROJECT BUDGET

Qty	Item(s)	Unit Cost	Total Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____
Less Matching (20% minimum required): (_____)
Grant Amount Requested: \$ _____

Is the requested project shovel ready? Yes No

FISCAL AGENT COMMITMENT STATEMENT:

I, as Fiscal Agent for the _____ department, certify that a minimum of 20% in matching funds are committed to the project for which this application is submitted.

Name of County/Municipal Fiscal Agent (please print) Title

Signature of County/Municipal Fiscal Agent Date