

CITY COUNCIL AGENDA ITEM COVER MEMO

Agenda Item Number: _____

Meeting Type: Regular

Meeting Date: Jan 28, 2016

Action Requested By: Fire and Rescue

Agenda Type: Resolution

Subject Matter:

Approval to apply for a grant.

Exact Wording for the Agenda:

Resolution authorizing the Mayor to apply for a grant with the US Department of Homeland Security (DHS) regarding the FY 2015 AFG Assistance to Firefighters grant program.

Note: If amendment, Please state title and number of the original

Item to be considered for: Action

Unanimous Consent Required: No

Briefly state why the action is required; why it is recommended; what council action will provide, allow and accomplish and; any other information that might be helpful.

This grant application is being submitted for the purchase of commercial washer/extractor equipment. This equipment will bring us into compliance with NFPA 1851 and 1581 regarding the cleaning of turnout gear and contaminated station wear and linens.

Associated Cost: 10% match

Budgeted Item: Not Applicable

MAYOR RECOMMENDS OR CONCURS: Yes

Department Head: *AW McFarley*

Date: 1-5-16

**ROUTING SLIP
CONTRACTS AND AGREEMENTS**

Originating Department: Fire and Rescue

Council Meeting Date: ~~1/11/2016~~ 1/28/2016

Department Contact: Lesley Easter

Phone # 256-427-5053

Contract or Agreement: Agreement

Document Name: 2015 AFG Grant Application

City Obligation Amount:

Total Project Budget:

Uncommitted Account Balance:

Account Number: TBD

Procurement Agreements

Not Applicable	Not Applicable
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Grant-Funded Agreements

Federal Other	Grant Name:
DHS 2105 AFG	

Department	Signature	Date
1) Originating	<i>BW McFarley</i>	1-5-16
2) Legal	<i>Mary Cates</i>	1-20-16
3) Finance <i>LC</i>	<i>M. Barger</i>	1-20-16
4) Originating	<i>BW McFarley</i>	1-5-16
5) Copy Distribution		
a. Mayor's office (1 copies)		
b. Clerk-Treasurer (Original & 2 copies)		

RESOLUTION NO. 16-

WHEREAS, the Department of Homeland Security (hereinafter "DHS"), through the Federal Emergency Management Agency (hereinafter "FEMA"), is offering financial aid under the 2015 AFG (Assistance to Firefighters) Grant program; and

WHEREAS, a grant for Federal financial assistance if awarded will impose certain obligations upon the City of Huntsville in that the there is a 10% match in the amount of \$9,927.

NOW THEREFORE, BE IT RESOLVED by the City Council of Huntsville, Alabama, that the Mayor is authorized to execute the grant application, assurances, and certification documents on behalf of the City of Huntsville with DHS/FEMA's 2015 AFG Grant Program for the purchase of Commercial Washer/Extractor Equipment consisting of twenty-five(25) pages attached hereto and identified as "2015 AFG Grant Application"; and

BE IT FURTHER RESOLVED, in the event a grant is awarded, the Mayor of the City of Huntsville is authorized, requested, and directed, on behalf of the City of Huntsville, Alabama, to enter into such grant agreement with the DHS/FEMA, submit any required supporting and collateral materials, and file all reporting as required.

ADOPTED this the 28th Day of January 2016.

President of the City Council
City of Huntsville, Alabama

APPROVED this the 28th Day of January 2016.

Mayor
City of Huntsville, Alabama

"2015 AFG Grant Application"

Entire Application

Applicant's Acknowledgements

- * 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 12/07/2015 to 01/15/2016 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
- * 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 **Lesley P Easter** on **2016-01-15**

Overview

<p>* Did you attend one of the workshops conducted by an AFG regional fire program specialist?</p> <p>Yes, I have attended workshop</p>
<p>* Did you participate in a webinar that was conducted by AFG?</p> <p>Yes</p>
<p>* 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?</p> <p>Yes, I am a member/officer of this applicant</p>

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

 President of the City Council
 of the City of Huntsville, Alabama
 Date: _____

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 Public Safety Support Services Manager
 Prefix (select one) Ms.
 * First Name Lesley
 Middle Initial P
 * Last Name Easter
 * Primary Phone 256-427-5053 Ext. Type work
 * Secondary Phone 256-457-2036 Ext. Type cell
 Optional Phone Type
 Fax 256-427-5261
 * Email lesley.easter@huntsvilleal.gov

Contact Information

Alternate Contact Information Number 1

* Title Fire Chief
 Prefix (select one) Mr.
 * First Name Howard
 Middle Initial W
 * Last Name McFarlen
 * Primary Phone 256-427-6767 Ext. Type work
 * Secondary Phone 256-508-5994 Ext. Type cell
 Optional Phone Type
 Fax 256-427-4737
 * Email howard.mcfarlen@huntsvilleal.gov

Alternate Contact Information Number 2

* Title Deputy Fire Chief
 Prefix (select one) Mr.
 * First Name David
 Middle Initial

* Last Name	McComb
* Primary Phone	256-650-4730 Ext. Type work
* Secondary Phone	256-656-3385 Ext. Type cell
Optional Phone	Type
Fax	256-427-4737
* Email	david.mccomb@huntsvilleal.gov

Applicant Information

EMW-2015-FO-04427

Originally submitted on 01/14/2016 by Lesley Easter (Userid: Cbehrjr)

Contact Information:

Address: 308 Fountain Circle

City: Huntsville

State: Alabama

Zip: 35801

Day Phone: 2564275053

Evening Phone: 2564572036

Cell Phone: 2564572036

Email: lesley.easter@huntsvilleal.gov

Application number is EMW-2015-FO-04427

* Organization Name City of Huntsville Huntsville Fire and Rescue

* Type of Applicant Fire Department/Fire District

* **Fire Department/District, nonaffiliated EMS, and Regional applicants**, select type of Jurisdiction Served : City

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. City of Huntsville, Alabama

* 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 1 308 Fountain Circle

Mailing Address 2

* City Huntsville

* State Alabama

* Zip 35801 - 5821
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* **Employer Identification Number (e.g. 12-3456789)**

Note: This information must match your [SAM.gov](#) profile. 63-6001296

* 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)



072093727

* What is your 9 digit DUNS number?

(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.

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

Yes

* 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

308 Fountain Circle

Physical Address 2

* City

Huntsville

* State

Alabama

* Zip

35801 - 5821

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Mailing Address

* Mailing Address 1

PO Box 308

Mailing Address 2

* City

Huntsville

* State

Alabama

* Zip

35804 - 0308

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Bank Account Information

* The bank account being used is: (Please select one from 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

052001234

* Your account number

12345678901234

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?

* If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application.

* Is the applicant delinquent on any Federal debt?

If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:

We received a 2014 AFG award for SCBA which will exceed \$750,000

Fire Department/Fire District Department Characteristics (Part I)

* 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?

* What kind of organization do you represent?

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?

* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)

* What is the square mileage of your first-due response area? (whole number only)

* What percentage of your response area is protected by hydrants? (whole number only)

* 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?

* Does your organization protect critical infrastructure?

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

- 7 Colleges and Universities
- 54 City Schools also used as PODs
- 21 Private Schools
- 32 Huntsville Utilities Facilities plus substations and gas mains
- Huntsville Madison County Solid Waste Disposal Authorities Waste to Energy Plant
- 64 Huntsville Water Pollution Control Facilities

- Daycares
- TVA Substations and Distribution Lines
- Public Communications Systems
- North Alabama Gas Distributors
- Madison County Health Department Facility
- 8 Hospitals
- 4 Dialysis Centers
- 8 Mortuary Facilities
- Economic and Commercial Key Facilities
- Rail Transportation Systems
- High Density Public Places and Events
- Huntsville International airport
- Critical Government Facilities (i.e. Federal Courthouse, NASA, US Postal Facilities, Redstone Arsenal)
- Critical Government Support Contractor Facilities/Research Parks
- 911 Center
- Approximately 200 Municipal Owned Facilities
- Approximately 20 Nursing Home Facilities
- Public Safety communication Towers and Systems
- Alabama Department of Transportation Roadways and Facilities

- * What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties?
- * What percentage of your primary response area is for commercial and industrial purposes?
- * What percentage of your primary response area is used for residential purposes?

* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only)

* Do you have a seasonal increase in population?

If "Yes" what is your seasonal increase in population?

* How many active firefighters does your department have who perform firefighting duties? (whole numbers only)

* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only)

Does your department have a Community Paramedic program?

How many personnel are trained to the Community Paramedic level? (whole numbers only)

* How many stations are operated by your organization? (whole numbers only)

* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?

* 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. 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

* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only) 350

* 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) 350

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
Basic Life Support	Haz-Mat Operational Level	Rescue Technical Level
	Haz-Mat Technical Level	Structural Fire Suppression
		Wildland Fire Suppression

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

Huntsville is a large urban community in North Alabama encompassing an area of approximately 210 square miles. Recent land annexations have moved our city limits into Limestone County and significantly increased the demands for all city services and infrastructure. 4,310.88 acres have been annexed into Huntsville over the past five years. It is significant to point out that our first due response area is larger than Atlanta which has only 132 square miles.

The recent Department of Defense Base Realignment and Closure BRAC process is estimated to provide 4700 federal jobs at the Redstone Arsenal and an additional 10,000 ancillary jobs. In 2007, the University of Alabama published a report detailing the impact of the BRAC on Huntsville. The findings show we anticipate our population will increase by 14.6 percent from the last census.

Technology, space, and defense industries have a major presence here with the Army's Redstone Arsenal, NASA's Marshall Space Flight Center, and Cummings Research Park. Home to several Fortune 500 companies, Huntsville also offers a broad base of manufacturing, retail and service industries. Huntsville's agricultural land base is quickly changing to residential and commercial in support of the activities at Redstone Arsenal. There are many new commercial and residential developments underway.

A significant commercial development on Redstone Arsenal is underway. The City of Huntsville has entered into an agreement with Redstone Arsenal whereby 879 acres of federal property have been annexed into Huntsville to allow the provision of public safety services to this commercial development which is in support of national defense. Huntsville Fire and Rescue will provide first response fire and emergency medical response to 340 acres of unsecured area at this newly annexed property. Additionally, we provide mutual aid to all of Redstone Arsenal.

Huntsville Fire and Rescue provides fire suppression, basic life support first response, technical rescue, and life safety education within the City of Huntsville. Huntsville also provides regional hazardous material response as a part of the Alabama Mutual Aid System. Additionally, Huntsville Fire and Rescue has been recently certified as a Regional Training Facility by the Alabama Fire College. We instruct students at a statewide level and have also had attendees from out of state.

With all these positive attributes, Huntsville has been able to maintain a level of stability through this national recession by buckling down our finances. As a result, there are no funds for capital expenditures which is further explained in our need for Federal financial assistance.

Fire Department Characteristics (Part II)

	2014	2013	2012
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	0	3	3
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	0	13	12
* 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?	0	1	3
*Over the last three years, what was your organization's operating budget?	1317521		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	30796444		

Does your department have any rainy day reserves, emergency funds, or capital outlay?

If yes, what is the total amount currently set aside?

* What percentage of your annual operating budget is derived from:	2014	2013	2012
--	------	------	------

Enter numbers only, percentages must sum up to 100%

<u>Taxes?</u>	80 %	80 %	80 %
Bond Issues?	0 %	0 %	0 %
<u>EMS Billing?</u>	0 %	0 %	0 %
Grants?	1 %	1 %	1 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
<u>Fee for Service?</u>	19 %	19 %	19 %

* 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.

The City of Huntsville experienced financial stress from the national recession in 2008 and 2009. Since that time, departmental equipment budgets used to fund purchases like the Huntsville Fire & Rescue's apparatus, turnout gear and SCBA were virtually eliminated in favor of maintaining adequate personnel and operational cost budgets. We did just receive an award under the 2014 Assistance to Firefighters grant program to replace our obsolete SCBA. The specifications are currently being prepared for the competitive bid process.

The City's primary source of capital funding, the Capital Improvement Fund, was reduced approximately 25 percent each year, and focused on supporting only critical capital projects. The State of Alabama eliminated its funding of major projects serving the City as the regional employment center, requiring the City to dedicate additional resources to meet these needs, and to restore some level of State matching support. Our capital budget has not been able to support the needed repair or replacement of approximately 200 city buildings. Of our 19 fire stations, 6 range from 45 to 58 years of age. To compound the issue, our annexation growth has expanded our response area outside of 5 road miles in our West District. We are currently in need of adding 3 more stations to include personnel and equipment not currently funded.

The City revenue decline during the recession has moderated and we are beginning to see a slow but steady rebound of growth to support personnel and operating needs. The City is highly reliant on activities related to federal government spending due to our community's connection with Redstone Arsenal, which is uncertain

and has been subject to holds and delays. This has resulted in limited consumer spending, the source of most City revenue, the primary contributor to recurring financial stress and limited availability of capital funds.

* 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	19	9	152
Ambulances for transport and/or emergency response:	0	0	0
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	5	0	28
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	11	0	48
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	7	0	7

Fire Department Call Volume

* Summary of responses per year by category (Enter whole number only. If you have no calls for any of the categories, Enter 0)

	2014	2013	2012
Fire - NFIRS Series 100	879	771	845
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	33	18	15
Rescue & Emergency Medical Service Incident - NFIRS Series 300	10416	9765	9132
Hazardous Condition (No Fire) - NFIRS Series 400	443	429	404
Service Call - NFIRS Series 500	340	248	214
Good Intent Call - NFIRS Series 600	2519	2404	2524
False Alarm & False Call - NFIRS Series 700	2871	2609	2399
Severe Weather & Natural Disaster - NFIRS Series 800	16	13	13
Special Incident Type - NFIRS Series 900	22	53	66

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)	273	246	267
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	157	108	149
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	153	130	251
What is the total acreage of all vegetation fires?	12	17	16

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)	2055	2072	1641
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	57	79	73
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	123	133	216
How many EMS-BLS Response Calls	0	0	0
How many EMS-ALS Response Calls	0	0	0
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	1	0
How many times did your organization receive Automatic Aid?	0	0	0
How many times did your organization provide Mutual Aid?	116	117	96
How many times did your organization provide Automatic Aid?	1	3	0
Of the Mutual and Automatic Aid responses, how many were structure fires?	10	5	5

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?

No

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

\$0

*** 4. 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

Request Details

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

Activity	Number of Entries	Total Cost	Additional Funding
Equipment	1	\$ 109,200	\$ 0
Modify Facilities	0	\$ 0	\$ 0
Personal Protective Equipment	0	\$ 0	\$ 0
Training	0	\$ 0	\$ 0
Wellness and Fitness Programs	0	\$ 0	\$ 0

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

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant? PPE Washer/Extractor/Dryer

* Please provide a detailed description of the item selected above. 20lb capacity washer extractor
25lb dryer
Stacking Rack
To include electric and plumbing connections and installation services

2. Number of units: (whole number only) 14

3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 7800

4. Generally the equipment purchased under this grant program will:

Buy equipment for the first time (never owned before)

5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc?

Yes

In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

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

Yes

7. Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested in the Equipment Additional Funding section).(Under the Action column select Update Additional Funding)

No

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

Yes

Firefighting Equipment - Narrative

*** Section # 1** Project Description: In the space provided below, include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc. ***4000 characters**

A comprehensive study by the University of Cincinnati determined that firefighters are twice as likely to develop testicular cancer and have significantly higher rates of non-Hodgkins lymphoma and prostate cancer and are at greater risk for multiple myeloma. Firefighters are exposed to life threatening chemicals, blood, body fluids, particulate matter, and known carcinogens including benzene, chloroform, soot, styrene, diesel engine exhaust, and formaldehyde. Soot, in particular, easily permeates the skin near the groin, contributing heavily to testicular cancer. Carcinogens impregnate gear during a fire can be inhaled or absorbed through the skin.

We currently have no logistical ability to perform regular maintenance or contamination control on our turnout gear. We do not have spare gear which further complicates the issue and makes contracting the service out impractical as well as cost prohibitive. Our towel service is contracted out but the bed linens and station wear are taken back to our firefighters home laundry which is shared by their families. We recently issued a spare hood to each firefighter at a cost of just over \$10,000 and implemented a procedure whereby hoods are replaced on fire scenes, laundered and returned to the cache to be reissued as needed.

For the health and safety of our firefighters, Huntsville Fire and Rescue is requesting funding for commercial washer/extractors and dryers which meet NFPA 1851 guidelines which prohibit cleaning gear in home or public laundries.

Since 2009, we have constructed 5 new fire stations and equipped each with commercial laundry equipment. We are committed to installing this equipment at all new fire stations as part of the construction budget. Since there are no new or replacement stations currently being planned, we desire to add this equipment to the 14 remaining stations.

The desired washer extractors shall be commercial, energy efficient, highly programmable, front load soft mount with a microprocessor control allowing adjustment of wash and rinse temperatures, water levels, variable rotation options, and programmable extract speeds which may be customized to adapt to specific load requirements for turnout gear, station wear, and linens.

In compliance with turnout gear cleaning and decontamination requirements recommended by the NFPA, the units shall be programmable to fill without tumble action to protect reflective tape on turnout gear allowing for optimal longevity of garments. Chemical injection connections will be required for the automatic dispensing of

liquid chemicals to provide consistency and eliminate operator error. Equipment must be equipped with cycle lockout capability to ensure only the proper cycles programmed for gear and linens are used.

The desired dryer unit to be used for station wear and towels will be commercial, energy efficient, front load, soft mount either electric or gas as facilities permit by location. Turnout gear will not be dried in the tumble dryer but rather by a forced air system in compliance with NFPA recommendations.

*** Section # 2 Cost/Benefit:** In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. ***4000 characters**

Huntsville Fire and Rescue currently contracts for our towel services. The budget for this contract alone for the 14 stations that do not have laundry equipment averages \$40,000 per year. Therefore, we anticipate a return on the investment in approximately 2.5 years.

In 2009, when we installed laundry facilities at a newly constructed fire station, we were unsure how the task would be received by the firefighters. The response has been and continues to be overwhelmingly positive. The shifts have worked together extremely well to schedule the tasks. They are receiving a better quality and cleaner product. The contracted service often provides towels that come from hospital environments that are stained with bodily fluids. They can now wash their station wear and bed linens rather than taking them home to be mixed in with the family laundry.

In the event of a contamination or any significant event, these washers can handle a set of turnout gear that will be dry before their next shift.

We feel that the budget is reasonable. We did receive quotes from an electrician and plumber to connect the equipment. We realize some stations may cost a little more than others due to the location of the equipment vs the utilities and drains.

The priceless cost benefit is the health and safety of our firefighters and their families.

*** Section # 3 Statement of Effect:** How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community? ***4000 characters**

Huntsville Fire and Rescue currently contracts for our towel services. The budget for this contract alone for the fourteen stations that do not have laundry equipment averages \$40,000 per year. Therefore, we anticipate a return on the investment in approximately 2.5 years.

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The priceless cost benefit is the health and safety of our firefighters and their families.

Budget

Budget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 109,200
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	\$ 99,273
Applicant Share	\$ 9,927
Applicant Share of Award (%)	10

* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 9,927)

a. Applicant	\$ 9,927
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 **\$ 109,200**

Narrative Statement

For 2011 and on, the Narrative section of the AFG application has been modified. You will enter individual narratives for the Project Description, Cost-Benefit, Statement of Effect, and Additional Information in the Request Details section for each Activity for which you are requesting funds. Please return to the Request Details section for further instructions. You will address the Financial Need in Applicant Characteristics II section of the application. We recommend that you type each response in a Word Document outside of the grant application and then copy and paste it into the spaces provided within the application.

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 **Lesley Easter** on **01/15/2016**

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	
2503 University Drive	Huntsville	Alabama	35816 -3315	View	
4012 North Memorial Parkway	Huntsville	Alabama	35810 -2422	View	
7200 Hickory Hill Lane	Huntsville	Alabama	35802 -2526	View	
2002 Lee High Drive	Huntsville	Alabama	35811 -1940	View	
2110 Clinton Avenue	Huntsville	Alabama	35801 -3008	View	
150 Jeff Road	Huntsville	Alabama	35806 -1506	View	
911 Monte Sano Blvd	Huntsville	Alabama	35802 -6136	View	
530 Martin Road	Huntsville	Alabama	35824 -1608	View	
305 Wynn Drive	Huntsville	Alabama	35805 -1960	View	
2309 Jordan Lane	Huntsville	Alabama	35805 -3322	View	
5006 Pulaski Pike	Huntsville	Alabama	35810 -1716	View	
295 Old Highway 431	Owens Cross Roads	Alabama	35763 -9261	View	
817 Mountain Gap Road	Huntsville	Alabama	35803 -1731	View	
4801 Sparkman Drive	Huntsville	Alabama	35810 -3948	View	

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 **Lesley Easter** on **01/15/2016**

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.

This form is not applicable

You must read and sign these assurances by providing your password and checking the box at the bottom of this page.

Note: Fields marked with an * are required.

O.M.B Control Number 0348-0046

Standard Form LLL: Disclosure of Lobbying Activities

- | | |
|---|---|
| 1. * Type of Federal Action | Grant |
| 2. * Status of Federal Action | Bid/Offer/Application |
| 3. * Report Type | <input type="text" value="Initial filing"/> |

This subsection is for Material Change only

Year	2016
Quarter	1
Date of last report:	

4. * [Name and Address of Reporting Entity:](#)

*Reporting Entity Type

Tier (if known)

*Name

City of Huntsville Alabama

*Street

308 Fountain Circle

*City

Huntsville

*State

Alabama

*Zip

35804 - 0308

[Need help for ZIP+4?](#)

5. If Reporting Entity in No.4 is a Subawardee, enter name and address of Prime:

Name

Street

City

State

Zip

-

[Need help for ZIP+4?](#)

Congressional District if known

6. * [Federal Department/Agency](#)

Department of Homeland Security

7 * [Federal Program Name/Description](#)

Assistance to Firefighters

CFDA Number if known

8. Federal Action Number if known: EMW-2015-FO-04427

9. Award Amount if known: \$

10a. Name and address of Lobbying Registrant: (if individual, Last Name, First Name, MI)

Name Garboushian, Ralph
Street 1212 New York Avenue Suite 250
City DC
State District of Columbia
Zip 20005 - 3987

10b. Individuals Performing Services: (include address if different from No. 10a) (Last Name, First Name, MI)

Name
Street
City
State
Zip -

Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signed by **Lesley Easter** on **01/15/2016**

Submit Application

Application 100% complete, Submitted

Please click on any of the following links to visit a particular section of your application. Once all areas of your application are complete, you may submit your application.

Application Area	Status
Applicant's Acknowledgements	Complete
Overview	Complete
Contact Information	Complete
Applicant Information	Complete
Applicant Characteristics (I)	Complete
Applicant Characteristics (II)	Complete
Department Call Volume	Complete
Request Information	Complete
Request Details	Complete
Budget	Complete
Assurances and Certifications	Complete

PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.

- **YOU WILL NOT BE ALLOWED TO EDIT THIS APPLICATION ONCE IT HAS BEEN SUBMITTED. If you are not yet ready to submit this application, save it, and log out until you feel that you have no more changes.**
- **When you submit this application, you, as an authorized representative of the organization applying for this grant, are certifying that the following statements are true:**

To the best of my knowledge and belief, all data submitted in this application are true and correct.

This application has been duly authorized by the governing body of the applicant and the applicant will comply to the Assurances and Certifications if assistance is awarded.

To sign your application, check the box below and enter your password in the space provided. To submit your application, click the Submit Application button below to officially submit your application to FEMA.

Note: The primary contact will be responsible for signing and submitting the application. Fields marked with an * are required.

I, Lesley P Easter, am hereby providing my signature for this application as of 15-Jan-2016.