

Initiate and Submit an Application (AFG-S)

Guide to applying for Assistance to Firefighters Grant (AFG) supplemental grant funding provisioned by the Coronavirus Aid, Relief, and Economic Security (CARES) Act in FEMA GO | 2020



FEMA

Version History

Revision Number	Revision Date	Page Number	Revision Summary	Name of Reviewer
V.1.0	03/18/2020	All	Initial Draft	M. Hinton
V.2.0	04/15/2020	All	AFG-S specifics	A. Cotton
V.3.0	04/22/2020	All	EA Branding	A. Cotton

Introduction

This guide will walk you through the key steps to successfully:

1. Log into FEMA GO and access the FEMA GO home page.
2. Start an application.
3. Complete sections required to submit an application.

Who is this guide for?

Organization Member

Authorized Organization Representative (AOR)

Financial Member

Programmatic Member

Grant Writer

****Note** - Screens are based on a User's Assigned Role**



FEMA

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Part 1: Log in to FEMA GO site

Step 1: Go to <https://go.fema.gov>

Recommend using Google Chrome or Firefox Browsers.

Step 2: Log in:

Remember! Only a user in one of the following roles can complete the steps in this guide.

Organization Member

Authorized Organization Representative (AOR)

Financial Member

Programmatic Member

Grant Writer

Logging in to the FEMA GO system will direct you to the FEMA GO Homepage.

If you have not created an account, please refer to the linked guide for [User Registration](#).

FEMA GRANTS OUTCOMES

Welcome to FEMA Grants Outcomes!

Grants Outcomes (GO) is FEMA's new platform for submitting, approving, and managing FEMA grants.

Log in

Email

Password

[Forgot password?](#)

Log in

[Create an account](#)

FEMA employees

Insert your PIV card into your smart card reader

[Log in with your PIV card](#)

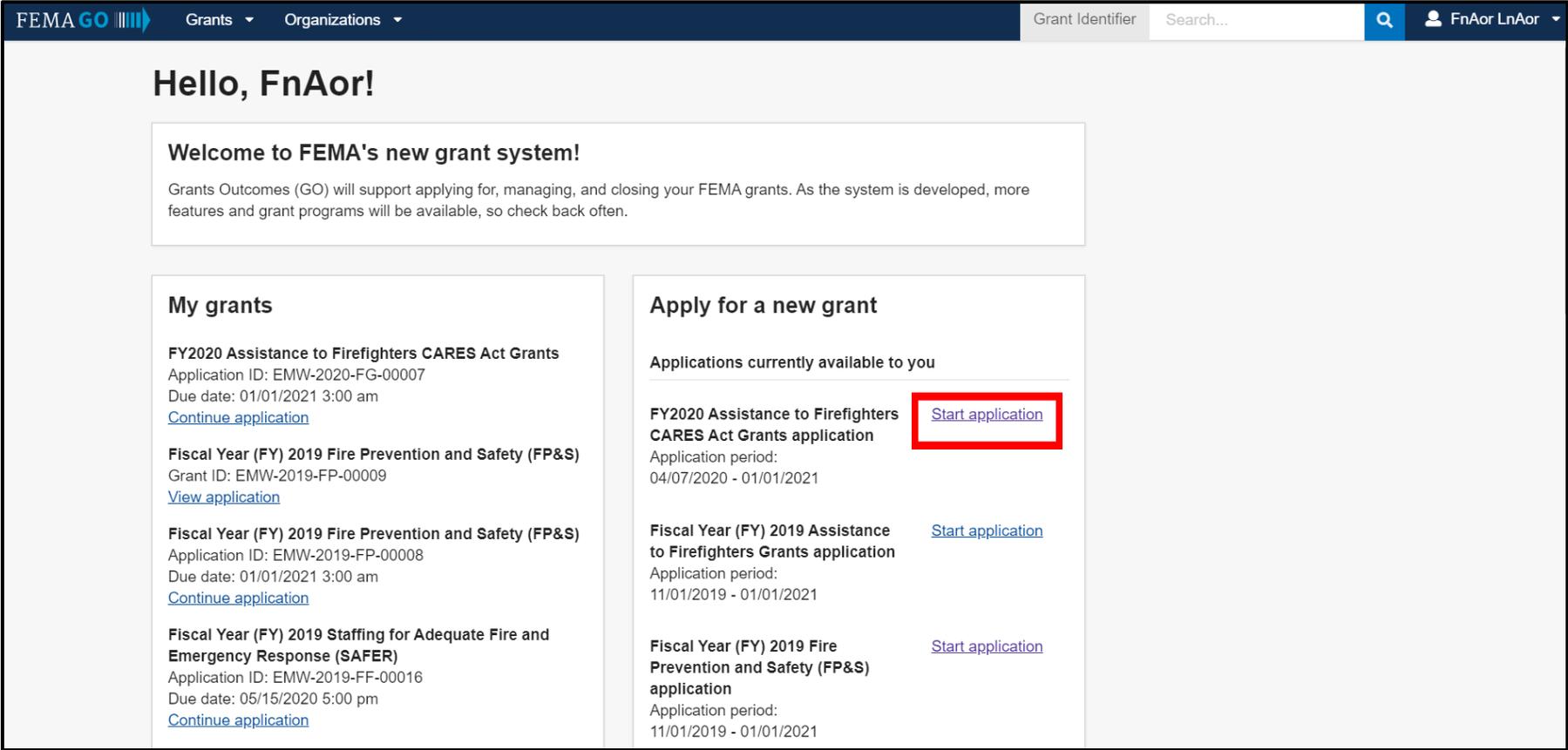
Department of Homeland Security (DHS) Consent

You are about to access a Department of Homeland Security computer system. This computer system and data therein are property of the U.S. Government and provided for official U.S. Government information and use. There is no expectation of privacy when you use this computer system. The use of a password or any other security measure does not establish an expectation of privacy. By using this system, you consent to the terms set forth in this notice. You may not process classified national security information on this computer system. Access to this system is restricted to authorized users only. Unauthorized access, use, or modification of this system or of data contained herein, or in transit to/from this system, may constitute a violation of section 1030 of title 18 of the U.S. Code and other criminal laws. Anyone who accesses a Federal computer system without authorization or exceeds access authority, or obtains, alters, damages, destroys, or discloses information, or prevents authorized use of information on the computer system, may be subject to penalties, fines or imprisonment. This computer system and any related equipment is subject to monitoring for administrative oversight, law enforcement, criminal investigative purposes, inquiries into alleged wrongdoing or misuse, and to ensure proper performance of applicable security features and procedures. DHS may conduct monitoring activities without further notice.

Part 2: Start an Application

A non-FEMA user with a role under AFG, SAFER, or FP&S may start a grant application within FEMA GO.

On the FEMA GO Homepage, all grants with open application periods will be listed under “Apply for a new grant.” Locate the grant that you are applying for and click the “Start Application” link.



Screens may vary based on your role (displayed role is Authorized Organization Member).

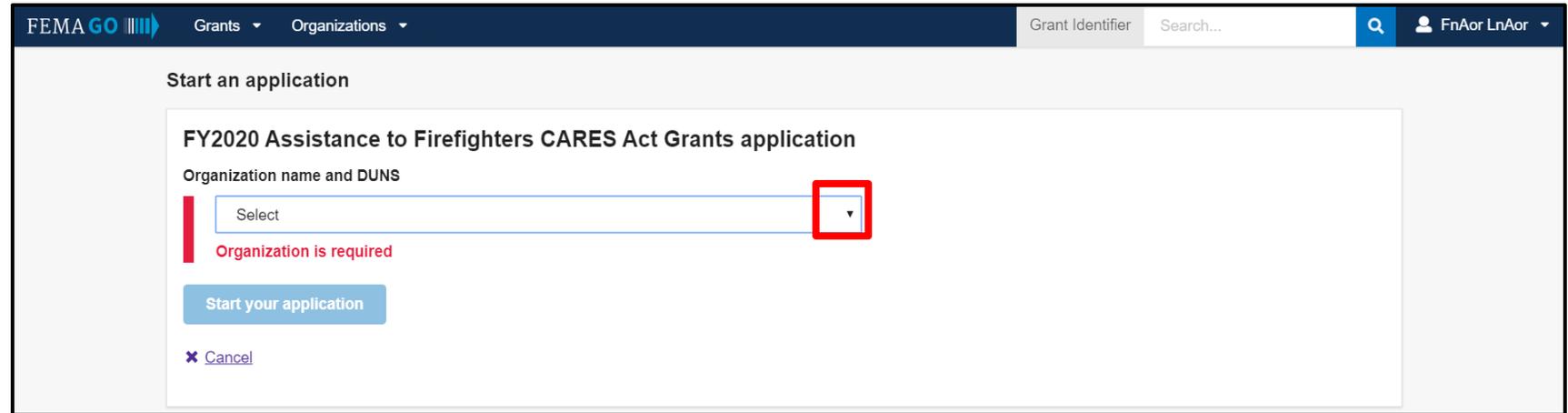
Part 2: Start an Application

From the drop down, select your organization/DUNS.

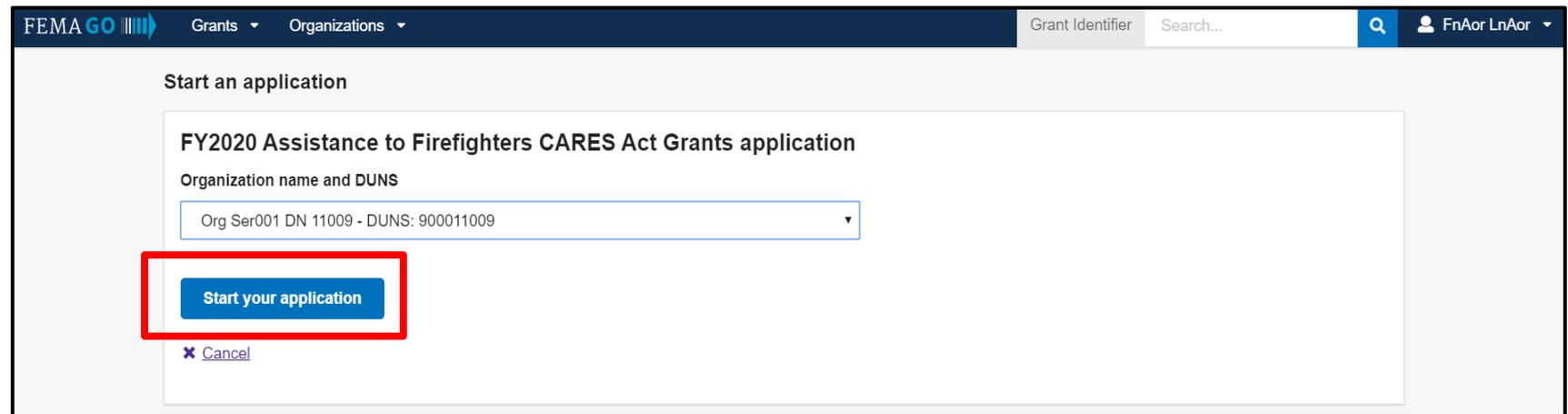
Click the “Start your application button”.

Screen will move to the “My grant” page.

****Proceed to slide 11****
Slides 7-9 will show how to continue an application.



The screenshot shows the FEMA GO interface for starting an application. The header includes the FEMA GO logo, navigation tabs for 'Grants' and 'Organizations', a search bar for 'Grant Identifier', and a user profile 'FnAor LnAor'. The main content area is titled 'Start an application' and contains a form for 'FY2020 Assistance to Firefighters CARES Act Grants application'. The 'Organization name and DUNS' field is a dropdown menu currently showing 'Select', which is highlighted with a red box. Below the dropdown, a red error message reads 'Organization is required'. At the bottom of the form, there is a blue 'Start your application' button and a purple 'Cancel' link.



The screenshot shows the same FEMA GO interface, but the dropdown menu now displays the selected organization: 'Org Ser001 DN 11009 - DUNS: 900011009'. The 'Start your application' button is now highlighted with a red box, indicating it is the next step in the process. The error message is no longer present.

Part 3: Continue an Application – Resume an application that has already been started

You can only continue an application that has not yet been submitted.

Step 1: Click EITHER “View all grants” (at the bottom of the My grants box) OR the Grants tab at the top of the screen to view all of your grants. Both selections will bring you to the same screen.

The screenshot shows the FEMA GO Grants page. At the top, the 'Grants' tab is highlighted with a red box. Below the navigation bar, there is a welcome message and a 'My grants' section. The 'My grants' section lists five grants, each with a 'View application' link. At the bottom of the 'My grants' section, there is a 'View all grants' link, which is also highlighted with a red box. To the right of the screenshot, a list of grants is shown, each with a 'View application' link.

FEMA GO ||||| **Grants** Team

Welcome to FEMA's new grant system!
Grants Outcomes (GO) will support applying for, managing, and closing grants. New features and grant programs will be available, so check back often.

My grants

- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FH-10029
[Manage grant](#)
- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FH-10093
[View application](#)
- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FH-10137
[Manage grant](#)
- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FH-10224
[View application](#)
- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FH-10224
[View application](#)

[View all grants](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-12244
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-17734
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-19922
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-20491
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-22137
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-24574
[View application](#)

Part 3: Continue an Application – Resume an application that has already been started

You can only continue an application that has not yet been submitted.

Step 2: Scroll or SEARCH for your grant using the box to the right.

This search function will filter your results in real-time as you type.

The screenshot shows the FEMA GO Grants management interface. At the top, there is a navigation bar with 'FEMA GO', 'Grants', and 'Team' tabs. A search bar is located on the right side of the navigation bar, with the text 'Grant Identifier Search...' and a magnifying glass icon. The user's email address 'member@google.test' is visible in the top right corner.

Below the navigation bar, there is a section titled 'Select an organization' with a dropdown menu showing 'TheGoodPlay DBAName'. Below this, there is a table of grants. The table has three columns: 'FUNDING OPPORTUNITY', '344 DAYS REMAINING IN THE APPLICATION PERIOD', and 'I WANT TO...'. The first column contains the text 'Fiscal Year (FY) 2019 Assistance to Firefighters Grants' and a 'GRANT ID' link. The second column contains the text '344 DAYS REMAINING IN THE APPLICATION PERIOD' and 'STATUS Pending submission'. The third column contains a dropdown menu with the text 'Select an action'.

On the right side of the interface, there is a 'Search' section with a search bar containing the text 'EMW-2019-'. Below the search bar, there is a 'Filters' section with two dropdown menus: 'Grant program' and 'Fiscal Year'. Below the filters, there is a 'Sort' section with a 'Sort by' dropdown menu set to 'Fiscal Year' and two radio buttons: 'Ascending (A-Z)' (selected) and 'Descending (Z-A)'.

FUNDING OPPORTUNITY	344 DAYS REMAINING IN THE APPLICATION PERIOD	I WANT TO...
Fiscal Year (FY) 2019 Assistance to Firefighters Grants GRANT ID EMW-2019-FG-00035 (manage grant)	- STATUS Pending submission STATUS DATE 01/15/2020	Select an action
Fiscal Year (FY) 2019 Assistance to Firefighters Grants GRANT ID EMW-2019-FG-00037 (manage grant)	- STATUS Pending submission STATUS DATE 01/15/2020	Select an action
Fiscal Year (FY) 2019 Assistance to Firefighters Grants GRANT ID EMW-2019-FG-00048 (manage grant)	- STATUS Pending submission STATUS DATE 01/21/2020	Select an action

Part 3: Continue an Application – Resume an application that has already been started

You can only continue an application that has not yet been submitted.

Step 3: Click the dropdown under “I WANT TO...” and select “Continue application”.

The screenshot shows the FEMA GO interface with the 'Grants' tab selected. A dropdown menu is open for the 'Albany Sioux Tribe' organization. Below, a table lists two funding opportunities. The first row is highlighted, and its 'I want to...' dropdown menu is open, showing the 'Continue application' option selected and highlighted with a red box.

FUNDING OPPORTUNITY	276 days remaining in the application period	STATUS	STATUS DATE	I want to...
Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S) GRANT ID EMW-2019-FP-01060 (manage grant)		Pending submission	03/31/2020	Select an action Continue application View application
Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S) GRANT ID EMW-2019-FP-01061 (manage grant)		Pending submission	03/31/2020	Select an action

Part 4: My Application

Page will display program information, application ID, status, OMB number & expiration date.

FY2020 Assistance to Firefighters CARES Act Grants

Status: Pending submission

Application ID: EMW-2020-FG-00009

OMB number: 1660-0054, Expiration date: 11/30/2022 [View burden statement](#)

There is also a link to view the burden statement.

Office of Management and Budget (OMB) Burden Statement

OMB Number: 1660-0054

Expiration date: 11/30/2022

Public reporting burden for this data collection is estimated to average 9 hours per response for FEMA Form 080-0-2 " AFG Application (General Questions and Narrative) ". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

Close

Part 4: My Application

Page will display a navigation pane to the left (“left nav”) containing each section of the application.

The screenshot shows the FEMA GO application interface. At the top, there is a navigation bar with 'FEMA GO' logo, 'Grants' and 'Organizations' dropdown menus, and a user profile 'FnAor LnAor'. The main content area is titled 'FY2020 Assistance to Firefighters CARES Act Grants' with a status of 'Pending submission'. Below the title is the 'Application ID: EMW-2020-FG-00009' and a link for 'View burden statement'. A section titled 'System for Award Management (SAM.gov) profile' contains instructions and a table of organization information.

System for Award Management (SAM.gov) profile	
Please identify your organization to be associated with this application. All organization information in this section will come from the System for Award Management (SAM) profile for that organization.	
Org Ser001 DN 11009	
Information current from SAM.gov as of:	02/03/2020
DUNS (includes DUNS+4):	900011009
Employer Identification Number (EIN):	987654000
Organization legal name:	Org Ser001 LN 11009

Part 4: My Application

Keep in mind that some sections are linked to previous sections and may require those to be input first.

Applicant and community trends



You cannot complete this section yet

You must [select an applicant type](#) before completing this section.

Part 4: My Application – SAM.gov profile

Please review SAM.gov profile and check the box to confirm information is correct. (Mandatory)

FEMA GO has a nightly update with SAM.gov (updated info should appear within 72 hours) While you may proceed to other sections, SAM.gov information **must** be correct and verified before application can be submitted.

The screenshot shows the SAM.gov profile page for 'TheGoodPlay DBAName'. The page is titled 'System for Award Management (SAM.gov) profile' and includes a navigation menu on the left with options like 'My application', 'Applicant information', 'Applicant characteristics', 'Operating budget', 'Community description', 'Applicant and community trends', 'Call volume', 'Grant request details', 'Grant request summary', 'Budget summary', 'Contact information', 'Assurances and certifications', and 'Review application'. The main content area displays organization details such as 'Information current from SAM.gov as of: 10/22/2019', 'DUNS (includes DUNS+4): 7088330830000', 'Employer Identification Number (EIN): 130871985', 'Organization legal name: The Good Place', 'Organization (doing business as) name: TheGoodPlay DBAName', 'Mailing address: 123 FIRST AVE P O Box 233 New York, NY 10017-1608', 'Physical address: 123 Park Place New York, NY 20817-1608', and 'Is your organization delinquent on any federal debt? Y'. At the bottom, there is a section for 'SAM.gov registration status: Active as of 2018-01-27 01:30:05.000 GMT' and a checkbox for 'We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date'. A red box highlights this checkbox, and a red banner below it reads 'Review bank account is required'. Another red box highlights a text area on the right side of the page that says 'Please note any corrections to this profile must be done in SAM.gov.'

Part 5: Applicant Information – Enter all required information about the applicant and main address of location impacted by this grant.

Applicant Information

Please provide the following additional information about the applicant.

Applicant name

Main address of location impacted by this grant

Main address 1

Main address 2 *Optional*

City State/territory

Zip code Zip extension *Optional*

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?

Applicant information

Please provide the following additional information about the applicant.

Applicant name

Main address of location impacted by this grant

Main address 1

Main address 2 *Optional*

City State/territory

Zip code Zip extension

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?

Part 6: Applicant Characteristics

Use dropdown to select your Applicant type. Complete any additionally required questions based on your selection.

Subsequent screens populate according to selection, but functionality is similar across selections.

Applicant characteristics

The Assistance to Firefighters Grants Program's objective is to provide funding directly to fire departments and nonaffiliated EMS organizations or a State Fire Training Academy for the purpose of protecting the health and safety of the public and first responder personnel against fire and fire-related hazards. Please review the Notice of Funding Opportunity Announcement (NOFO) for information on available program areas and for more information on the evaluation process and conditions of award.

Please provide the following additional information about the applicant.

Applicant type

Select ▼

Applicant characteristics

- Select
- Fire Department/Fire District
- Nonaffiliated EMS Organization
- State Fire Training Academy

Select Federal Emergency Management Agency ▼

Part 6: Applicant Characteristics

If you try to change your Applicant type, a warning will appear to confirm your change. Click “Confirm” to continue with the change. If you change the applicant type, you will lose any information you have entered in other associated sections.

Confirm change

If you change the applicant type, you will lose any information you have entered in the following sections: Applicant characteristics, Operating budget, Community description, Applicant and community trends, Call volume, and Grant request details. Are you sure you want to make this change?

Confirm

[✕ Cancel](#)

Part 7: Operating Budget

Enter the current FISCAL YEAR (FY) into the top text box. From this entry, the last three years (including current FY) will populate under the Fiscal Year column.

Enter the Operating Budget for each year, respectively.

Enter percentage of declared operating budget dedicated to personnel costs.

Operating budget

What is the cumulative operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) of all participating organizations in this project dedicated to expenditures for day-to-day activities for the current (at time of application) fiscal year, as well as the previous two fiscal years?

Current Fiscal Year

Fiscal Year	Operating budget
2019	<input type="text" value=""/> \$ A response is required.
2018	<input type="text" value=""/> \$
2017	<input type="text" value=""/> \$

What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?

 %

Part 7: Operating Budget

Enter percentages in each box as appropriate.

What percentage of the declared operating budget is derived from the following	2020	2019	2018
Taxes	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>
Bond issues	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>
EMS billing	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>
Grants	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>
Donations	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>
Fund drives	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>
Fee for service	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>
Other	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>	<input style="width: 80px; height: 25px;" type="text" value="%"/>
Totals	<div style="display: flex; align-items: center; gap: 5px;"> <div style="width: 15px; height: 15px; background-color: red; margin-right: 5px;"></div> 0 % Must equal 100 </div>	<div style="display: flex; align-items: center; gap: 5px;"> <div style="width: 15px; height: 15px; background-color: red; margin-right: 5px;"></div> 0 % Must equal 100 </div>	<div style="display: flex; align-items: center; gap: 5px;"> <div style="width: 15px; height: 15px; background-color: red; margin-right: 5px;"></div> 0 % Must equal 100 </div>

Part 7: Operating Budget

All questions are required in this section. Selections of “Yes” may prompt additional questions and require more information.

Applicants should describe their financial need and how consistent it is with the intent of the AFG-S Program. The Financial Need statement should include details describing the applicant's financial distress such as summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of their control.

In cases of demonstrated economic hardship, and upon the request of the grant applicant, the FEMA Administrator may grant an Economic Hardship Waiver. Is it your organization's intent to apply for an Economic Hardship Waiver?

Yes
 No

Which type of waiver will you be applying for?

Cost share
 Maintenance of effort

Other funding sources

This fiscal year, are you receiving Federal funding from any other grant program for the same purpose for which you are applying for this grant?

Yes
 No

This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?

Yes
 No

Please provide an explanation for other funding sources in the space provided below.

Part 8: Community Description

Community description

Please provide the following additional information about the community your organization serves.

Type of jurisdiction served

What type of community does your organization serve?

What is the square mileage of your first due response zone/jurisdiction served?

Use the dropdowns to select the type of jurisdiction served and the type of community served by your organization.

Part 8: Community Description

Enter percentages, as appropriate. Sum of percentages must equal 100%.

What percentage of your primary response area is for the following:	Percentage (must sum to 100%)
Agriculture, wildland, open space, or undeveloped properties	<input type="text" value="40"/>
Commercial and industrial purposes	<input type="text" value="40"/>
Residential purposes	<input type="text" value="20"/>
Total	100

Choose either Yes or No. Choosing "Yes" triggers a follow up question.

What is the permanent resident population of your first due response zone/jurisdiction served?

A response is required.

Do you have a seasonal increase in population?

Yes No

What is your seasonal increase in population?

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

Please enter a description

Part 9: Call Volume

Enter total number of incidents that your organization responded to for each year of the previous three year period. Include only those alarms which your organization was a primary responder.

Call volume

Please provide the total number of incidents that your organization responded to for each year of the previous three year period (Jan - Dec). Include only those alarms which your organization was a primary responder and not second due or giving Mutual Aid.

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

How many responses per year per category?	2019	2018	2017
Structural Fire	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Response Calls?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Response Calls?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-BLS Scheduled Transports?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many EMS-ALS Scheduled Transports?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle Extrications	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many Community Paramedic Response Calls?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Rescue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazardous Condition/Materials Calls?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	0	0	0

Part 9: Call Volume

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

How many responses per year per category?	2019	2018	2017
Total calls requiring transport, exclusive of scheduled transport declared above	<input type="text"/>	<input type="text"/>	<input type="text"/>
All Other Calls and Incidents not declared above, including fire, good-intent, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 10: Grant Request Details

Select whether you are requesting a Micro Grant. A Micro Grant is limited to \$3,000 in federal resources.

Grant request details

Are you requesting a Micro Grant? A Micro Grant is limited to \$3,000 in federal resources.

Yes

No

i Instructions

If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item [budget object class information](#). The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction. Select grant writer fee when adding an activity if there is a grant-writing fee associated with the preparation of the request

- There has to be at least one activity
- Total charges MUST be greater than \$0

Part 10: Grant Request Details – Confirm Change

A confirmation box will pop up if you change your answer to the Micro Grant question.

If you change your application **to** or **from** a Micro Grant, you will lose any information you have entered in the Grant Request Details section.

Select “Confirm” to confirm your change.

Confirm change

If you change this application to or from a Micro Grant, you will lose any information you have entered in the Grant request details section. Are you sure you want to make this change?

Confirm

✕ [Cancel](#)

Part 10: Grant Request Details – Add Activity

Use the dropdown to select either Personal Protective Equipment (PPE) or Grant writer fee.

Add activity to Request Details

Select activity:

Personal Protective Equipment (PPE) 

Confirm

[Cancel](#)

Add activity to Request Details

Select activity:

Personal Protective Equipment (PPE) 

Personal Protective Equipment (PPE)

Grant writer fee

[Cancel](#)

Note: Grant request cannot only be for Grant Writer fee.

Part 10: Grant Request Details – Add Item

Total requested for Personal Protective Equipment (PPE) activity: \$0

[Remove activity](#)

[Add item to Personal Protective Equipment \(PPE\)](#)

Below is a list of items included in your application for personal protective equipment (PPE). For each item you want funded, provide the requested information. Note the unit price amount should reflect any volume discounts, rebates, etc. The option to select additional funding is available when adding items to support your request.

Add item to Personal Protective Equipment (PPE)

Item

Eye Protection

QUANTITY	UNIT PRICE	TOTAL	Budget class
<input type="text"/>	\$ <input type="text"/>		Select

Description

[Confirm](#)

[Cancel](#)

Part 10: Grant Request Details – Add Item

Use the dropdown to select the item of your choosing.

Enter request details (i.e: Quantity, Unit Price, and description). Use dropdown to select Budget Class.

Add item to Personal Protective Equipment (PPE)

Item

Eye Protection

- Eye Protection
- Footwear Covers
- Gloves
- Isolation Gowns
- Protective Coveralls
- Respirators
- Supplies
- Surgical Type Face Masks

TOTAL

Budget class

Select

Confirm

[Cancel](#)

Part 10: Grant Request Details – Additional Questions

What is the purpose of this request?

Select



Are you requesting for members that currently do not have above-mentioned item?

- Yes
- No

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

- Yes
- No

Part 10: Grant Request Details – Add Item: Grant Writer Fee

Select “Grant writer fee” when adding an activity if there is a grant-writing fee associated with the preparation of the request.

Add item to Request Details

Item
Grant writer fee

QUANTITY	UNIT PRICE	TOTAL	Budget class
<input type="text"/>	\$ <input type="text"/>		Select

Description

Confirm

[✕ Cancel](#)

Part 10: Grant Request Details – Narrative Statements

Several narrative statements are required.

Note: Your responses must be greater or equal to 200 characters.

Narrative

The narrative statements must provide all the information necessary for you to justify your needs and for FEMA to make an award decision. A panel of peer reviewers will perform the second phase of the applications' evaluations by using the narrative statements below to determine the worthiness of the request for an award. Please ensure that your narrative clearly addresses each of the following evaluation criteria elements to the best of your ability with detailed but concise information.

You may either type your narrative statements in the spaces provided below or create the text in your word processing system and then copy it into the appropriate spaces provided below. Please note the narrative block does not allow for formatting. Do not type your narrative using only capital letters. Additionally, do not include tables, special fonts (i.e., quote marks, bullets, etc.), or graphs.

Project description and budget: The Project Description and Budget statement should clearly explain the applicant's project objectives and its relationship to the applicant's budget and risk analysis. Applicants should link the proposed expenses to operations and safety, as well as to the completion of the project's goals. Applicants should describe how their current response capabilities are impacted by COVID-19 as well as the overall rate of COVID-19 in their community. Applicants can reference data supported by the Centers for Disease Control and Prevention (CDC) through referencing state level data from the following website <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>. This data will be taken into consideration when prioritizing funding.

Part 10: Grant Request Details – Narrative Statements

Several narrative statements are required.

Note: Your responses must be greater or equal to 200 characters.

Cost benefit: Applicants should describe how they plan to address the operations and personal safety needs of their organization, including cost effectiveness and sharing assets. The Operations and Safety/Cost Benefit statement should also include details about gaining the maximum benefits from grant funding by citing reasonable or required costs, such as specific overhead and administrative costs.

A response is required.

Statement of effect on operations: The Statement of Effect on Operations statement should explain how this funding request will enhance an organization’s overall effectiveness. It should address how an award will impact the daily operations and reduce an organization’s risk(s). Applicants should include how frequently the requested item(s) will be used and in what capacity. Applicants should detail whether award funding will seek reimbursement of pre-award expenses related to the acquisition of eligible PPE, acquire PPE for immediate use, or acquire PPE resources to strengthen future response capabilities. Applicants will be evaluated on the current inventory of supplies, response usage of requested supplies, and anticipated future needs (i.e. actual or anticipated burn rate percentage of PPE resources).

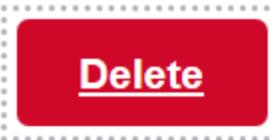
Part 10: Grant Request Details – Remove Activity

Each activity requires at least one item to be added or the activity must be removed.

A confirmation prompt will pop up to ensure you want to remove the activity. Click “Delete” to confirm removal.

Remove section

Are you sure you want to remove this Personal Protective Equipment (PPE) section? This will also remove the items within this section. This cannot be undone.



✕ [Cancel](#)

Part 11: Grant Request Summary

The table below will populate with the information provided in the grant request details, summarizing the number of items and total cost within each activity that you have requested funding. This table will automatically update according to any changes made to the grant request details.

Grant request summary

The table below summarizes the number of items and total cost within each activity you have requested funding for. This table will update as you change the items within your grant request details.

Grant request summary

Activity	Number of items	Total cost
Personal Protective Equipment (PPE)	1	\$1,000.00
Total	1	\$1,000.00

Part 12: Budget Summary

The budget summary will populate with the amounts in their respective object class categories, as requested.

You must enter in amounts for your non-federal resources.

Utilize the “Total Federal and Non-federal resources” table as it will auto-tabulate the amount of non-federal resources that you must have to support your project.

Note: The system does not include program income estimates in the total budget in your application. FEMA will review the program income submitted and adjust the budget as appropriate. Recipients are reminded any program income must be used and managed in accordance with 2 C.F.R. § 200.307.

Budget summary		Total
Object class categories		
Personnel		\$0.00
Fringe benefits		\$0.00
Travel		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual		\$0.00
Construction		\$0.00
Other		\$0.00
Total direct charges		\$0.00
Indirect charges		\$0.00
TOTAL		\$0.00
Non-federal resources		
Applicant	<input type="text" value="\$0"/>	\$0
State	<input type="text" value="\$0"/>	\$0
Other sources	<input type="text" value="\$0"/>	\$0
Remarks	<input type="text"/>	
Total Federal and Non-federal resources		
Federal resources		-
Non-federal resources		-
TOTAL		\$0.00
Program income	<input type="text" value="\$0"/>	\$0

Non-federal resources discrepancy
The combined Non-federal resources must equal the Non-federal resources of \$.

Part 13: Contact Information

Selecting “Yes” will prompt an “Application participants” box. Click “Add a participant” to add any individuals or organizations who assisted with the application.

Contact information

Did any individual or organization assist with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application?

Yes
 No

NOTE: if you select “No” here you will not be able to add a “Grant writer fee” in activities.

i Grant writer fee
If you requested a grant writer fee, you need to list all individuals or organizations who assisted you with the application.

Contact information

Did any individual or organization assist with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application?

Yes
 No

i Grant writer fee
If you requested a grant writer fee, you need to list all individuals or organizations who assisted you with the application.

Application participants

Please add all individuals or organizations who assisted with the application.

Include all individuals or organizations who assisted with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application or not.

i Add a participant.
At least one participant is required.

Add a participant

Part 13: Contact Information – Add a Participant

Add application participant

Select an application participant from the dropdown list of grant writers associated with your organization. If any additional individuals or organizations assisted, select "Other preparer". Repeat this process to add all individuals or organizations that assisted with this application.

Add a participant

Select

First name

Last name

Primary phone

Email

Add mailing address

Address line 1

Address line 2 *Optional*

City

State/territory

Zip code

Zip extension *Optional*

[Close](#)

Add application participant

Select an application participant from the dropdown list of grant writers associated with your organization. If any additional individuals or organizations assisted, select "Other preparer". Repeat this process to add all individuals or organizations that assisted with this application.

Add a participant

Select

Select

Other preparer

User1 Test (testuser1@test.com)

Part 13: Contact Information – Add a Secondary Point of Contact

Add secondary point of contact

Select a secondary point of contact from the dropdown list of team members associated with your organization. If the secondary point of contact is not listed, select "New contact".

Add a point of contact

Select

Title

Prefix

MR

First name

Middle initial

Optional

Last name

Primary phone

Ext

Optional

Type

Secondary phone

Ext

Optional

Type

Optional phone

Optional

Fax number

Optional

Email

[✕ Close](#)

Part 14: Assurances and Certifications – Disclosure of Lobbying Activities

The default for this page is set to an applicant needing to submit the SF-LLL: Disclosure of Lobbying Activities. 10 Questions will follow (see next page). **PLEASE** check the box if the applicant is **not** required to submit the SF-LLL.

Assurances and certifications

SF-LLL: Disclosure of Lobbying Activities

OMB number: 4040-0013, Expiration date: 02/28/2022 [View burden statement](#)

Complete only if the applicant is required to do so by 44 C.F.R. part 18. Generally disclosure is required when applying for a grant of more than \$100,000 and if any funds other 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 contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Further, the recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event described in 44 C.F.R. Â§ 18.110(c) that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the applicant.

The applicant is not currently required to submit the SF-LLL

Part 14: Assurances and Certifications – Disclosure of Lobbying Activities

If you are required to submit the SF-LLL, you must answer all questions.

The applicant is not currently required to submit the SF-LLL

1. Type of federal action:
Select [dropdown arrow]

2. Status of federal action:
Select [dropdown arrow]

3. Report Type:
Select [dropdown arrow]

1. Type of federal action:
- Select
 - Select
 - contract
 - cooperative agreement
 - grant
 - loan
 - loan guarantee
 - loan insurance

2. Status of federal action:
- Select
 - Select
 - bid/offer/application
 - initial award
 - post-award

3. Report Type:
- Select
 - Select
 - initial filing
 - material change

Part 14: Assurances and Certifications – Reporting Entity

Enter the name and address of reporting entity.

4. Name and address of reporting entity:

Prime
 SubAwardee

Name

Street 1

Street 2

City

State

Zip

Zip Ext

Congressional district, if known:

6. Federal department/agency:

4. Name and address of reporting entity:

Prime
 SubAwardee

Tier, if known:

Name

Street 1

Street 2

City

State

Zip

Zip Ext

Congressional district, if known:

5. If reporting entity in No.4 is subawardee, enter name and address of prime:

Name

Street 1

Street 2

City

Please note:
Selecting “SubAwardee”
adds more questions

Part 14: Assurances and Certifications - Enter all required information.

<p>7. Federal program name/description:</p> <p>A response is required.</p> <p>CFDA number, if applicable:</p> <p>8. Federal action number, if known:</p> <p>9. Award amount, if known:</p> <p>A response is required.</p> <p>10a. Name and address of lobbying registrant:</p> <p>Prefix</p> <p>Select</p> <p>Dr.</p> <p>Miss</p> <p>Mr.</p> <p>Mrs.</p> <p>Ms.</p> <p>Rev.</p> <p>Street 1</p>	<p>10b. Individual performing services: (including address if different from No. 10a)</p> <p>Prefix</p> <p>Select</p> <p>First Name</p> <p>Middle Name <i>Optional</i></p> <p>Last Name</p> <p>Suffix</p> <p>Select</p> <p>Street 1</p> <p>Street 2 <i>Optional</i></p> <p>City</p> <p>State</p> <p>Select</p> <p>Zip <i>Optional</i></p> <p>Zip Ext <i>Optional</i></p>
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Part 15: Review Application

Check marks indicate completed sections, while exclamation marks indicate sections that are incomplete.

Review application		
Please select any of the following links to view or edit a particular section of your application. You may submit your application for signature once your application is complete and without any errors.		
	SAM.gov profile	View/edit
	Applicant information	View/edit
	Applicant characteristics	View/edit
	Operating budget	View/edit
	Community description	View/edit
	Applicant and community trends	View/edit
	Call volume	View/edit
	Grant request details	View/edit
	Contact information	View/edit
	Assurances and certifications	View/edit

Part 16: Submit for Signature

When application is ready to submit for signature, all sections will have a green check mark and the “Submit for signature” button will be active.

Review application

[Submit for signature](#)

Please select any of the following links to view or edit a particular section of your application. You may submit your application for signature once your application is complete and without any errors.

- ✓ This application is ready to submit for signature**
Submit this application for final signature to complete the application submission process.
- ✓ SAM.gov profile [View/edit](#)
- ✓ Applicant information [View/edit](#)
- ✓ Applicant characteristics [View/edit](#)
- ✓ Operating budget [View/edit](#)
- ✓ Community description [View/edit](#)
- ✓ Grant request details [View/edit](#)
- ✓ Grant request summary [View/edit](#)
- ✓ Budget summary [View/edit](#)
- ✓ Contact information [View/edit](#)
- ✓ Assurances and certifications [View/edit](#)

Part 17: Sign and submit application – SF-424B: Assurances

Check marks certify contact information is correct. Password verifies that you are the AOR.

Please check the box, then enter your FEMA GO password.

Submit application

Assurance and certifications

OMB number: 4040-0007, Expiration date: 02/28/2022 [View burden statement](#)

SF-424B: Assurances - Non-Construction Programs

OMB Number: 4040-0007
Expiration Date: 02/28/2022

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 cost) 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. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 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. §§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. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§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 Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; 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 Titles 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 interests 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. §§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. §§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 awarding agency's policies and procedures.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, which prohibits the use of Federal assistance to fund or support any person during the period of time that the award is in effect (2) Procuring a commercial sex act of a person.

I, for Test, am hereby providing my signature for this award as of 02/05/2020.

Please enter your password

[net/application/.../view](#)

 **Signature accepted**
Your signature for this assurance has been accepted.

Part 17: Sign and Submit application – Certifications regarding Lobbying

Check marks certify contact information is correct. Password verifies that you are the AOR.

Certifications regarding lobbying

OMB Number: 4040-0013
Expiration Date: 02/28/2022

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. 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 an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other 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 contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Please enter your password

 **Signature accepted**
Your signature for this assurance has been accepted.

Part 17: Sign and submit application

Check marks certify contact information is correct. Password verifies that you are the AOR.

SF-LLL: Disclosure of Lobbying Activities
OMB Number: 4040-0013
Expiration Date: 02/28/2022

Complete only if the applicant is required to do so by 44 C.F.R. part 18. Generally disclosure is required when applying for a grant of more than \$100,000 and if any funds other 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 contract, grant, loan, or cooperative agreement. The undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Further, the recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event described in 44 C.F.R. § 18.110(c) that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the applicant.

The applicant is not currently required to submit the SF-LLL.

11. 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 the 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.

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.
Please enter your password

Sign

Notice of funding opportunity
I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity completed within the award's Period of Performance (POP).

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.
Please enter your password

Sign

Accuracy of application
I certify that I represent the organization applying for this grant and have reviewed and confirmed that the 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 funding to the DHS Office of Inspector General.

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.
Please enter your password

Sign

Authorized Organizational Representative for the grant
By signing this application, I certify that I understand that inputting my password below signifies that this electronic signature shall bind the organization as if the application were physically signed and filed.

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.
Please enter your password

Sign

Signature accepted
Your signature for this assurance has been accepted.

Notice of funding opportunity
I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity completed within the award's Period of Performance (POP).

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Signature accepted
Your signature for this assurance has been accepted.

Accuracy of application
I certify that I represent the organization applying for this grant and have reviewed and confirmed that the 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 funding to the DHS Office of Inspector General.

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Signature accepted
Your signature for this assurance has been accepted.

Authorized Organizational Representative for the grant
By signing this application, I certify that I understand that inputting my password below signifies that this electronic signature shall bind the organization as if the application were physically signed and filed.

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Signature accepted
Your signature for this assurance has been accepted.

Please check the boxes then enter your FEMA GO password for each validation.

"Sign" button won't be active until both actions have been completed (checkbox and password).

A "Signature accepted" confirmation will display for each signature.

Part 17: Sign and submit application

Check marks certify contact information is correct. Password verifies that you are the AOR.

Authorization to submit application on behalf of applicant organization

By signing this application, I certify that I am either an employee or official of the applicant organization and am authorized to submit this application on behalf of my organization; or, if I am not an employee or official of the applicant organization, I certify that the applicant organization is aware I am submitting this application on its behalf, that I have written authorization from the applicant organization to submit this application on their behalf, and that I have provided contact information for an employee or official of the applicant organization in addition to my contact information.

I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Please enter your password

Sign

Confirm AOR contact information

Please confirm or update your contact information.

Email

aor@microsoft.test

Area code

111



Edit your contact info

[Edit your contact info](#)

I certify that my contact information is accurate

Sign and submit

By entering my password, I, aor Test, am hereby providing my signature for this ap

Please enter your password

Submit

Return to edit application

Authorization to submit application on behalf of applicant organization

By signing this application, I certify that I am either an employee or official of the applicant organization and am authorized to submit this application on behalf of my organization; or, if I am not an employee or official of the applicant organization, I certify that the applicant organization is aware I am submitting this application on its behalf, that I have written authorization from the applicant organization to submit this application on their behalf, and that I have provided contact information for an employee or official of the applicant organization in addition to my contact information.

I, james taylo, am hereby providing my signature for this award as of 02/05/2020.



Signature accepted

Your signature for this assurance has been accepted.

Confirm AOR contact information

Please confirm or update your contact information.

Email

aor@microsoft.test

First name

james

Last Name

taylo

Area code

111

Phone number

1111111

Extension

111

342

9803333

324

3674456



Edit your contact info

[Edit your contact info](#)

I certify that my contact information is accurate

Sign and submit

By entering my password, I, james taylo, am hereby providing my signature for this application as of 02/05/2020 12:15 pm.

Please enter your password

Submit

Return to edit application

Once all fields have been entered, Submit button will become active. Click Submit button.

Part 17: Sign and submit application

Check marks certify contact information is correct. Password verifies that you are the AOR.

Confirm AOR contact information

Please confirm or update your contact information.

Email	First name	Last Name
aor@microsoft.test	aor	Test

Area code	Phone number	Extension
111	1111111	111

 **Edit your contact info**
[Edit your contact info](#)

I certify that my contact information is accurate

Sign and submit

By entering my password, I, aor Test, am hereby providing my signature for this application as of 02/05/2020 11:22 am.

Please enter your password

Submit

Return to edit application

Part 18: Completed – Application successfully submitted to FEMA

 You have successfully submitted your application. ×

Submitted to FEMA

EMW-2020-FG-00009: Assistance to Firefighters Grant - COVID-19 Supplemental (AFG-S)

Org Ser001 LN 11009

Period of performance

Federal resources awarded

Required non-federal resources

Federal resources disbursed to recipient \$0

Pending disbursements to recipient \$0

Balance of federal resources available \$



Please send any questions to:

FEMAGO@fema.dhs.gov

1-877-611-4700



FEMA