

# Staffing for Adequate Fire and Emergency Response Program: Fire Department Application Checklist

Completing this checklist will help you prepare your Staffing for Adequate Fire and Emergency Response (SAFER) Program application for fire departments applying under the Hiring and Recruitment and Retention activities. This document is for planning purposes only and collecting this information beforehand will reduce the time and level of effort needed to complete your online application when the next grant cycle opens.

**SAFER Program Application Checklist Table 1: Application and Submission Information**

DUNS/UEI, SAM, and FEMA GO	
Applicants must provide a valid Data Universal Numbering System (DUNS) number/Unique Entity Identifier (UEI) to apply. What is your organization's DUNS/UEI number?	
Is your System for Award Management (SAM) registration current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the expiration date for your SAM registration? SAM registration is only active for one year and must be renewed annually. An applicant's SAM registration must be active not only at the time of application, but also during the application review period and when FEMA is ready to make a federal award.	
Search the SAM.gov website to confirm this DUNS/UEI number matches your SAM registration. You will also find your SAM expiration date through this search.	
Are you registered in the FEMA Grants Outcomes (FEMA GO) System?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SAFER Program Application Checklist Table 2: Applicant Information**

Applicant Characteristics	
	<input type="checkbox"/> Fire Department/Fire District



**FEMA**

Applicant Characteristics	
What is your applicant type?	<input type="checkbox"/> National, Regional, State, Local, or Federally Recognized Tribal Volunteer Firefighter Interest Organization
If Fire Department/Fire District, what kind of organization do you represent? If combination, what is the percentage of career members in your organization?	<input type="checkbox"/> All Paid/Career <input type="checkbox"/> All Volunteer <input type="checkbox"/> Combination (Majority Volunteer) <input type="checkbox"/> Combination (Majority Paid/Career)
Which activity are you applying for?	<input type="checkbox"/> Hiring of Firefighters (Hiring) <input type="checkbox"/> Recruitment and Retention of Volunteer Firefighters (R&R)
If applying as a fire department under R&R, is this grant application a regional request? A regional request provides a direct regional and/or local benefit beyond your organization. You may apply for a regional request on behalf of your organization and any number of other participating eligible organizations within your region.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a regional R&R application, how many regional partners will directly participate in this project?	
If a regional R&R application, please list each participating agency by name along with a point of contact (POC), to include a phone number. All regional participants must be eligible as defined by the Notice of Funding Opportunity (NOFO).	Participating organization name: POC first name: POC last name: Phone number: Phone number extension: Employer Identification Number:
If a regional R&R application, do you have a Memorandum of Understanding (MOU) or equivalent documents in place with the regional partners? If yes, please attach your MOU or equivalent document.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: The community identification characteristic (e.g., rural, urban, suburban) and the organizational status (e.g., combination, volunteer) will be entered for the host organization and used for the regional application, regardless of the composition of the participating partners. For additional information on regional applications and MOU requirements, please refer to the SAFER Program NOFO.	
How many stations are operated by your department?	
If a regional R&R application, how many stations are in your region?	

Applicant Characteristics	
<p>Does your organization protect critical infrastructure of the state?</p> <p>If a regional R&amp;R application, answer this question based on your region.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you currently report to the National Fire Incident Reporting System (NFIRS)?</p> <p>If a regional R&amp;R application, answer this question based on all departments in this request.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>What is your Fire Department Identification Number (FDIN/FDID) Number?</p> <p>If a regional R&amp;R application, enter the FDIN/FDID of the host department.</p>	

Operating budget		
<p>What was the operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items) related to fire-related programs and emergency response for the current (at time of application) fiscal year (FY), as well as the previous three FYs?</p>	Current FY20____	\$
	FY20____	\$
	FY20____	\$
	FY20____	\$
<p>What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime, etc.)?</p>		%
<p>Does your department have any rainy-day reserves, emergency funds, or capital outlay?</p> <p>If yes, what is the total amount currently set aside? Describe the planned purpose of this fund.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>What percentage of the declared operating budget is derived from the following?</p>	Taxes	%
	Bond Issues	%

Operating budget															
	<table border="1"> <tr> <td>Emergency Medical Services (EMS) Billing</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Grants</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Donations</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Fund Drives</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Fee for Service</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Total (Must equal 100%)</td> <td style="text-align: right;">%</td> </tr> </table>	Emergency Medical Services (EMS) Billing	%	Grants	%	Donations	%	Fund Drives	%	Fee for Service	%	Other	%	Total (Must equal 100%)	%
Emergency Medical Services (EMS) Billing	%														
Grants	%														
Donations	%														
Fund Drives	%														
Fee for Service	%														
Other	%														
Total (Must equal 100%)	%														
<p>Describe your financial need to include descriptions of the following:</p> <ul style="list-style-type: none"> <li>▪ Income vs. expense breakdown of the current annual budget;</li> <li>▪ Precise budget shortfalls and the inability to address financial needs without federal assistance;</li> <li>▪ Actions taken to obtain funding elsewhere (e.g., state assistance programs, other grant programs);</li> <li>▪ How similar projects have been funded in the past; and</li> <li>▪ How your critical functions are uniquely affected without this funding.</li> </ul>	4,000 total character maximum														
<p>This FY, are you receiving federal funding from any other grant program for the same purpose for which you are applying for this grant?</p> <p>If yes, please provide an explanation for other funding sources.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No														
<p>This FY, are you receiving federal funding from any other grant program regardless of purpose?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No														

Applicant and Community Trends - Injuries and Fatalities	Current FY	Previous FY	Two FYs Ago
What is the total number of fire-related civilian fatalities in your jurisdiction over the last three fiscal years?			

What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?			
What is the total number of line-of-duty member fatalities in your jurisdiction over the last three calendar years?			
If a regional R&R application, answer this based on your region.			
What is the total number of line-of-duty member injuries in your region over the last three calendar years?			
If a regional R&R application, answer this based on your region.			
What is the total number of line-of-duty members with self-inflicted fatalities over the last three years?			
If a regional R&R application, answer this based on your region.			

Applicant and Community Trends - Type or Class of Vehicles	Number of frontline apparatus	Number of available riding positions	Number of filled riding positions
<p>How many frontline vehicles does your organization have in each of the types or classes of vehicle listed below that respond to first-alarm assignments in support of National Fire Protection Association (NFPA) 1710/1720? 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.</p>			
Engines or pumpers (pumping capacity of 750 gallons per minute [GPM] or greater and water capacity of 300 gallons or more): pumper, pumper/tanker, rescue/pumper, foam pumper, CAFS pumper, type I, type II engine urban interface.			
Ambulances for transport and/or emergency response.			
Tankers or tenders (water capacity of 1,000 gallons or more).			
Aerial apparatus: aerial ladder truck, telescoping, articulating, ladder towers, platform, tiller ladder truck, quint.			
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.			

Rescue vehicles: rescue squad, rescue (light, medium, heavy), technical rescue vehicle, hazardous materials unit.			
Additional vehicles: EMS chase vehicle, air/light unit, rehab units, bomb unit, technical support (command, operational support/supply), hose tender, salvage truck, aircraft rescue firefighting, command/mobile communications vehicle.			
Is your department facing a new risk, expanding service to a new area, or experiencing an increased call volume?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Community Description**

Type of jurisdiction served:	<input type="checkbox"/> Airport/Port Authority <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Other <input type="checkbox"/> Parish <input type="checkbox"/> Private not-for-profit <input type="checkbox"/> Town <input type="checkbox"/> Township <input type="checkbox"/> Unincorporated village <input type="checkbox"/> Village <input type="checkbox"/> Ward
What type of community does the host organization serve?	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural
What is the square mileage of the first due response zone/jurisdiction to be served?	

**What percentage of the primary response area is for the following?**

Agriculture, wildland, open space, or undeveloped properties	%
Commercial and industrial purposes	%
Residential purposes	%
Total (Must equal 100%)	%

What is the permanent resident population of the first due response zone/jurisdiction being served?	
Is there a seasonal increase in population?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the seasonal increase in population (approximate number of people)?	
Please describe your organization and/or community that you serve: (4,000 total characters maximum)	

**SAFER Program Application Checklist Table 3: Call Volume**

Call volume			
<p>Please provide the total number of incidents that your department responded to for each year of the previous three-year calendar year period (Jan - Dec). Include only those alarms for which your department was a primary responder and not second due or giving Mutual Aid.</p> <p>Note: Each incident must be counted only once regardless of the number of units or agencies that responded to that incident (e.g., a vehicle fire with entrapment and injuries may be counted as a vehicle fire or a rescue call or an EMS call, but not all three).</p>			
Summary of responses per year by category. Enter whole numbers only. If you have no calls for any of the categories, enter 0.	Current FY	Previous FY	Two FYs Ago
NFIRS Series 100: Fire			
NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)			
NFIRS Series 300: Rescue & Emergency Medical Service Incident			
NFIRS Series 400: Hazardous Conditions (No Fire)			
NFIRS Series 500: Service Call			
NFIRS Series 600: Good Intent Call			
NFIRS Series 700: False Alarm & False Call			
NFIRS Series 800: Severe Weather & Natural Disaster			
NFIRS Series 900: Special Incident Type			

Fire Responses - How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.	Current FY	Previous FY	Two FYs Ago
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)?			
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?			
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)?			
What is the total acreage of all vegetation fires?			
Rescue and emergency medical service incidents - How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.	Current FY	Previous FY	Two FYs Ago
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?			
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?			
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?			
How many EMS-Basic Life Support (BLS) Response Calls?			
How many EMS-Advanced Life Support (ALS) Response Calls?			
How many EMS-BLS Scheduled Transports?			
How many EMS-ALS Scheduled Transports?			
How many Community Paramedic Response Calls?			
Mutual and Automatic Aid	Current FY	Previous FY	Two FYs Ago
How many times did organizations in your region receive Mutual Aid?			
How many times did organizations in your region receive Automatic Aid?			
How many times did organizations in your region provide Mutual Aid?			
How many times did organizations in your region provide Automatic Aid?			
Of the Mutual and Automatic Aid responses, how many were structure fires?			



**SAFER Program Application Checklist Table 4: Grant Request Details**

R&R Activity Request Details	
<p>For the R&amp;R Activity, choose the line item(s) from the following list of categories to add to your SAFER Program Application.</p> <p>For more information about each line item category, the applicable sub-categories, and the specific level of detail needed, please refer to the SAFER Program NOFO and SAFER Program R&amp;R Request Details Information and Instructions documents.</p> <p>FEMA will not provide funding for a budget line item if an applicant does not provide sufficient information detailing how the proposed cost and activity will enhance recruitment and retention efforts.</p>	<p>Line Item Categories Include:</p> <ul style="list-style-type: none"> <li>▪ Grant Writer Fee</li> <li>▪ Staffing Needs/Risk Assessment</li> <li>▪ Recruitment &amp; Retention Coordinator, Program Manager, and Grant Administrator</li> <li>▪ Marketing Program</li> <li>▪ New Member Costs</li> <li>▪ Training</li> <li>▪ Tuition Assistance for Higher Education</li> <li>▪ Personal Protective Equipment</li> <li>▪ Nominal Stipends</li> <li>▪ Explorer/Cadet/Mentoring Programs</li> <li>▪ Length of Service Award Program or Retirement Program</li> <li>▪ Insurance Packages</li> <li>▪ Awards/Incentives for Operational Activities</li> <li>▪ Remodeling/Renovation of Existing Facilities</li> <li>▪ Other (Explain)                             <ul style="list-style-type: none"> <li>○ Management and Administration Costs</li> <li>○ Indirect Costs</li> <li>○ Audit Costs</li> <li>○ Exercise Equipment and Gym Memberships</li> </ul> </li> </ul>
<p>What NFPA standard your department is attempting to meet?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1710 – Career with aerial</li> <li><input type="checkbox"/> 1710 – Career without aerial</li> <li><input type="checkbox"/> 1720 – Urban combo/volunteer &gt; 1,000 pop/square mile</li> <li><input type="checkbox"/> 1720 – Suburban combo/volunteer 500 - 1,000 pop/square mile</li> <li><input type="checkbox"/> 1720 – Rural combo/volunteer &lt; 500 pop/square mile</li> <li><input type="checkbox"/> 1720 – Remote combo/volunteer travel &gt; 8 mi</li> </ul>

<p>Based on current volunteer staffing levels: How often does the department meet the selected NFPA assembly requirements for your department's first due response zone/jurisdiction served?</p> <p>If awarded the grant: How often do you anticipate that the department will meet the NFPA assembly requirements indicated above?</p>	<input type="checkbox"/> Never (0%) <input type="checkbox"/> Rarely (1-19%) <input type="checkbox"/> Sometimes (20-39%) <input type="checkbox"/> Half of the time (40-59%) <input type="checkbox"/> Very often (60-79%) <input type="checkbox"/> Most of the time (80-99%) <input type="checkbox"/> Always (100%)
<p>What is the total number of active volunteer firefighters in your department, not including administrative or EMS only members?</p> <p>If a regional R&amp;R application, answer this based on your region.</p>	
<p>How many active volunteer firefighters are needed by your department to adequately comply with the NFPA assembly requirements as indicated in the table above? Include only operational volunteer firefighters; administrative or EMS only members should not be included.</p> <p>If a regional R&amp;R application, answer this based on your region.</p>	
<p>The difference between the answers provided for the total number of active volunteer firefighters in your department and how many active volunteers are needed by your department should correspond to the total number of new volunteer firefighters your department is attempting to recruit under this grant and must match the information in the grant request details and narrative statements.</p>	
<p>How many active volunteer operational firefighters joined your department over the last three years?</p> <p>If a regional R&amp;R application, answer this based on your region.</p>	
<p>How many active volunteer operational firefighters left your department over the last three years?</p> <p>If a regional R&amp;R application, answer this based on your region.</p>	
<p>Prepare specific and unique narrative responses to each of the narrative evaluation criteria outlined in the SAFER program NOFO. The narrative evaluation criteria include the financial need criteria (30%) noted above as well as Project Description (30%); Impact on Daily Operations (30%); and Cost Benefit (10%).</p>	

Hiring Activity Request Details	
<p>For the Hiring Activity, select the specific position category from the following list to add the requested positions. For more information, please reference the SAFER Program NOFO.</p>	<p>Position Categories Include</p> <ul style="list-style-type: none"> <li>▪ New Hire</li> <li>▪ Rehire</li> <li>▪ Retention</li> </ul>
<p>If applying under the Rehire or Retention categories, were the layoff notices executed in accordance with the requirements outlined in the NOFO?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>If yes, what is the date the position(s) being requested under this budget line item were (or will be) laid-off?</p>	<p>(mm/dd/yyyy)</p>
<p>If yes, please be prepared to attach copies of the official, signed, and executed layoff notices that correspond to the number of positions being requested in each budget line item.</p>	
<p>What NFPA standard is your department is attempting to meet?</p>	<p><input type="checkbox"/> 1710 – Career with aerial</p> <p><input type="checkbox"/> 1710 – Career without aerial</p> <p><input type="checkbox"/> 1720 – Urban combo/volunteer &gt; 1,000 pop/square mile</p> <p><input type="checkbox"/> 1720 – Suburban combo/volunteer 500 - 1,000 pop/square mile</p> <p><input type="checkbox"/> 1720 – Rural combo/volunteer &lt; 500 pop/square mile</p> <p><input type="checkbox"/> 1720 – Remote combo/volunteer travel &gt; 8 mi</p>
<p>Based on current volunteer staffing levels: How often does the department meet the selected NFPA assembly requirements for your department's first due response zone/jurisdiction served?</p> <p>If awarded the grant: How often do you anticipate that the department will meet the NFPA assembly requirements indicated above?</p>	<p><input type="checkbox"/> Never (0%)</p> <p><input type="checkbox"/> Rarely (1-19%)</p> <p><input type="checkbox"/> Sometimes (20-39%)</p> <p><input type="checkbox"/> Half of the time (40-59%)</p> <p><input type="checkbox"/> Very often (60-79%)</p> <p><input type="checkbox"/> Most of the time (80-99%)</p> <p><input type="checkbox"/> Always (100%)</p>

Staffing levels	Total number of operational career personnel	Number of operational career officers	Number of NFPA support
Staffing levels at the start of the application period:			
Staffing levels at one year prior to the start of the application period:			
Staffing levels at two years prior to the start of the application period:			
If awarded this grant, what will the staffing levels be in your department?			
Please provide details on the department's existing staffing model to include the number of shifts, number of positions per shift, chief level officer staffing per shift (e.g., Battalion Chief, District Chief), and contracted shift hours per week/pay period. If the contracted shift hours included Fair Labor Standards Act overtime or Kelly Days, please be sure to include details.			
Prepare specific and unique narrative responses to each of the narrative evaluation criteria outlined in the SAFER Program NOFO. The narrative evaluation criteria include the financial need (30%) criteria (30%) noted above as well as Project Description (30%); Impact on Daily Operations (30%); and Cost Benefit (10%).			

**SAFER Program Application Checklist Table 5: Budget Summary**

Program Income	
<p>Although not common, recipients may generate income in the course of carrying out grant-supported activities during the period of performance under the FEMA grant award.</p> <p>This is referred to as program income. This income can be used to defray program costs, where appropriate, consistent with <a href="#">2 CFR § 200.307</a>. This response should be \$0 unless the recipient anticipates generating program income during the period of performance.</p>	<p>\$</p>