

View Award Package

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## Award Package

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U.S. Department of Homeland Security  
Washington, D.C. 20472



# FEMA

Ms. Dawn Fritz  
Cleveland Division of Fire  
601 Lakeside Avenue #230  
Cleveland, Ohio 44114-1015

Re: Award No.EMW-2016-FO-06412

Dear Ms. Fritz:

Congratulations, on behalf of the Department of Homeland Security, your application for financial assistance submitted under the Fiscal Year (FY) 2016 Assistance to Firefighters Grant has been approved in the amount of \$286,173.00. As a condition of this award, you are required to contribute a cost match in the amount of \$28,617.00 of non-Federal funds, or 10 percent of the Federal contribution of \$286,173.00.

**Before you request and receive any of the Federal funds awarded to you, you must establish acceptance of the award through the Assistance to Firefighters Grant Programs' e-grant system. By accepting this award, you acknowledge that the terms of the following documents are incorporated into the terms of your award:**

- Summary Award Memo
- Agreement Articles (attached to this Award Letter)
- Obligating Document (attached to this Award Letter)
- FY 2016 Assistance to Firefighters Grant Notice of Funding Opportunity.

Please make sure you read, understand, and maintain a copy of these documents in your official file for this award.

**Prior to requesting Federal funds, all recipients are required to register in the System for Award Management (SAM.gov).** As the recipient, you must register and maintain current information in SAM.gov until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that the recipient review and update the information annually after the initial registration, and more frequently for changes in your information. There is no charge to register in SAM.gov. Your registration must be completed on-line at <https://www.sam.gov/portal/public/SAM/>. It is your entity's responsibility to have a valid DUNS number at the time of registration.

In order to establish acceptance of the award and its terms, please follow these instructions:

**Step 1:** Please go to <https://portal.fema.gov> to accept or decline your award. This will take you to the Assistance to Firefighters eGrants system. Enter your User Name and Password as requested on the login screen. Your User Name and Password are the same as those used to complete the application on-line.

Once you are in the system, the Status page will be the first screen you see. On the right side of the Status screen, you will see a column entitled Action. In this column, please select the View Award Package from the drop down menu. Click Go to view your award package and indicate your acceptance or declination of award. PLEASE NOTE: your period of performance has begun. If you wish to accept your grant, you should do so immediately. When you have finished, we recommend printing your award package for your records.

**Step 2:** If you accept your award, you will see a link on the left side of the screen that says "Update 1199A" in the Action column. Click this link. This link will take you to the SF-1199A, Direct Deposit Sign-up Form. Please complete the SF-1199A on-line if you have not done so already. When you have finished, you must submit the

form electronically. Then, using the Print 1199A Button, print a copy and take it to your bank to have the bottom portion completed. Make sure your application number is on the form. After your bank has filled out their portion of the form, you must fax a copy of the form to FEMA's SF-1199 Processing Staff at 540-504-2883. You should keep the original form in your grant files. After the faxed version of your SF 1199A has been reviewed you will receive an email indicating the form is approved. Once approved you will be able to request payments online. If you have any questions or concerns regarding your 1199A, or the process to request your funds, please call (866) 274-0960.

Sincerely,



Bridget Bean  
Acting Assistant Administrator for Grant Programs



Summary Award Memo

**SUMMARY OF ASSISTANCE ACTION  
ASSISTANCE TO FIREFIGHTERS GRANT PROGRAM  
Application**

**INSTRUMENT:** GRANT  
**AGREEMENT NUMBER:** EMW-2016-FO-06412  
**GRANTEE:** Cleveland Division of Fire  
**DUNS NUMBER:** 074303483  
**AMOUNT:** \$314,790.00, Operations and Safety

**Project Description**

The purpose of the Assistance to Firefighters Program is to protect the health and safety of the public and firefighting personnel against fire and fire-related hazards.

After careful consideration, FEMA has determined that the recipient's project or projects submitted as part of the recipient's application, and detailed in the project narrative as well as the request details section of the application - including budget information - was consistent with the Assistance to Firefighters Grant program's purpose and worthy of award. The projects approved for funding are indicated by the budget or negotiation comments below. The recipient shall perform the work described in the grant application for the recipient's approved project or projects as itemized in the request details section of the application and further described in the grant application narrative. The content of the approved portions of the application - along with any documents submitted with the recipient's application - are incorporated by reference into the terms of the recipient's award. The recipient may not change or make any material deviations from the approved scope of work outlined in the above referenced sections of the application without prior written approval, via amendment request, from FEMA.

**Period of Performance**

14-JUL-17 to 13-JUL-18

**Amount Awarded**

The amount of the award is detailed in the attached Obligating Document for Award. The following are the budgeted estimates for object classes for this grant (including Federal share plus recipient match):

Personnel:	\$0.00
Fringe Benefits	\$0.00
Travel	\$0.00
Equipment	\$314,790.00
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00

Indirect Charges	\$0.00
State Taxes	\$0.00
Total	\$314,790.00

**NEGOTIATION COMMENTS IF APPLICABLE (max 8000 characters)**

Any questions pertaining to your award package, please contact your GPD Grants Management Specialist:

Sharon Cargo

Sharon.Cargo@fema.gov

**FEMA Officials**

**Program Officer:** The Program Specialist is responsible for the technical monitoring of the stages of work and technical performance of the activities described in the approved grant application. If you have any programmatic questions regarding your grant, please call the AFG Help Desk at 866-274-0960 to be directed to a program specialist.

**Grants Assistance Officer:** The Assistance Officer is the Federal official responsible for negotiating, administering, and executing all grant business matters. The Officer conducts the final business review of all grant awards and permits the obligation of federal funds. If you have any questions regarding your grant please call ASK-GMD at 866-927-5646 to be directed to a Grants Management Specialist.

**Grants Operations POC:** The Grants Management Specialist shall be contacted to address all financial and administrative grant business matters for this grant award. If you have any questions regarding your grant please call ASK-GMD at 866-927-5646 to be directed to a specialist.

**ADDITIONAL REQUIREMENTS (IF APPLICABLE) (max 8000 characters)****National Environmental Policy Act**

All recipients must comply with the requirements of the National Environmental Policy Act (NEPA) and the Council on Environmental Quality (CEQ) Regulations for Implementing the Procedural Provisions of NEPA, which requires recipients to use all practicable means within their authority, and consistent with other essential considerations of national policy, to create and maintain conditions under which people and nature can exist in productive harmony and fulfill the social, economic, and other needs of present and future generations of Americans.

**Nondiscrimination in Matters Pertaining to Faith-Based Organizations**

It is DHS policy to ensure the equal treatment of faith-based organizations in social service programs administered or supported by DHS or its component agencies, enabling those organizations to participate in providing important social services to beneficiaries. All recipients must comply with the equal treatment policies and requirements contained in 6 C.F.R. Part 19 and other applicable statutes, regulations, and guidance governing the participations of faith-based organizations in individual DHS programs.







Agreement Articles



FEMA

U.S. Department of Homeland Security  
Washington, D.C. 20472

AGREEMENT ARTICLES

ASSISTANCE TO FIREFIGHTERS GRANT PROGRAM - Operations and Safety

GRANTEE: Cleveland Division of Fire

PROGRAM: Operations and Safety

AGREEMENT NUMBER: EMW-2016-FO-06412

AMENDMENT NUMBER:

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**I. Assurances, Administrative Requirements and Cost Principles**

Recipients of DHS federal financial assistance must complete OMB Standard Form 424B Assurances - Non-Construction Programs. Certain assurances in this document may not be applicable to your program, and the awarding agency may require applicants to certify additional assurances. Please contact the program awarding office if you have any questions.

The administrative requirements and cost principles that apply to DHS award recipients originate from:

2 C.F.R. Part 200, Uniform Administrative Requirement, Cost Principles, and Audit Requirements for Federal Awards, as adopted by DHS at 2 C.F.R. Part 3002.

**II. Acknowledgement of Federal Funding from DHS**

All recipients must acknowledge their use of federal funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with Federal funds.

III. **Activities Conducted Abroad**

All recipients must ensure that project activities carried on outside the United States are coordinated as necessary with appropriate government authorities and that appropriate licenses, permits, or approvals are obtained.

IV. **Age Discrimination Act of 1975**

All recipients must comply with the requirements of the *Age Discrimination Act of 1975* (42 U.S.C. § 6101 *et seq.*), which prohibits discrimination on the basis of age in any program or activity receiving Federal financial assistance.

V. **Americans with Disabilities Act of 1990**

All recipients must comply with the requirements of Titles I, II, and III of the *Americans with Disabilities Act*, which prohibits recipients from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12101-12213).

VI. **Best Practices for Collection and Use of Personally Identifiable Information (PII)**

All recipients who collect PII are required to have a publically-available privacy policy that describes what PII they collect, how they use the PII, whether they share PII with third parties, and how individuals may have their PII corrected where appropriate.

Award recipients may also find as a useful resource the DHS Privacy Impact Assessments: [Privacy Guidance](#) and [Privacy template](#) respectively.

VII. **Title VI of the Civil Rights Act of 1964**

All recipients must comply with the requirements of Title VI of the *Civil Rights Act of 1964* (42 U.S.C. § 2000d *et seq.*), which provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Implementing regulations for the Act are found at [6 C.F.R. Part 21](#) and [44 C.F.R. Part 7](#).

VIII. **Civil Rights Act of 1968**

All recipients must comply with [Title VIII of the Civil Rights Act of 1968](#), which prohibits recipients from discriminating in the sale, rental, financing, and advertising of dwellings, or in the provision of services in connection therewith, on the basis of race, color, national origin, religion, disability, familial status, and sex (42 U.S.C. § 3601 *et seq.*), as implemented by the Department of Housing and Urban Development at [24 C.F.R. Part 100](#). The prohibition on disability discrimination includes the requirement that new multifamily housing with four or more dwelling units-i.e., the public and common use areas and individual apartment units (all units in buildings with elevators and ground-floor units in buildings without elevators)-be designed and constructed with certain accessible features (see [24 C.F.R. § 100.201](#)).

IX. **Copyright**

All recipients must affix the applicable copy

### Entire Application

#### Applicant's Acknowledgements

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- \* 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 201.25, 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 10/11 to 11/18/2016 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](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 Gregory McKernan on 2016-11-18 17:01:11.0

#### Overview

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<p><b>* Did you attend one of the workshops conducted by an AFG regional fire program specialist?</b></p> <p>No, I have not attended workshop</p>
<p><b>* Did you participate in a webinar that was conducted by AFG?</b></p> <p>No</p>
<p><b>* 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?</b></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

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	Fiscal Manager
Prefix (select one)	N/A
* First Name	Gregory
Middle Initial	
* Last Name	McKernan
* Primary Phone	2166646837 Ext. Type work
* Secondary Phone	2162634734 Ext. Type cell
Optional Phone	Type
Fax	
* Email	gmckernan@city.cleveland.oh.us

Contact Information

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Alternate Contact Information Number 1

* Title	Grants Coordinator
Prefix (select one)	N/A
* First Name	Dawn
Middle Initial	
* Last Name	Fritz
* Primary Phone	216-623-5126 Ext. Type work
* Secondary Phone	216-235-9250 Ext. Type cell
Optional Phone	Type
Fax	
* Email	dfritz@city.cleveland.oh.us

Alternate Contact Information Number 2

* Title	Chief
Prefix (select one)	N/A
* First Name	Angelo
Middle Initial	
* Last Name	Calvillo
* Primary Phone	216-664-6397 Ext. Type work
* Secondary Phone	216-857-7378 Ext. Type cell
Optional Phone	Type
Fax	
* Email	acalvillo@city.cleveland.oh.us

**Applicant Information**

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EMW-2016-FO-06412

Originally submitted on 11/18/2016 by Dawn Heartsong (Userid: dawnfritz)

**Contact Information:**

Address: 601 Lakeside Avenue #230  
City: Cleveland  
State: Ohio  
Zip: 44114-1015  
Day Phone: 2166235126  
Evening Phone: 2162359250  
Cell Phone: 2162359250  
Email: dfritz@city.cleveland.oh.us

**Application number is EMW-2016-FO-06412**

* Organization Name	Cleveland Division of Fire
* Type of Applicant	<input type="text" value="Fire Department/Fire District"/>
* Fire Department/District, nonaffiliated EMS, and Regional applicants, select type of Jurisdiction Served : If "Other", please enter the type of Jurisdiction	City

**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. CLEVELAND, CITY OF

\* 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 1 601 Lakeside Ave Rm 230

Mailing Address 2

\* City Cleveland

\* State Ohio

\* Zip 44114 - 1015  
[Need help for ZIP+4?](#)

\* Employer Identification Number (e.g. 12-3456789)

Note: This information must match your SAM.gov profile. 34-6000646

\* Is your organization using the DUNS number of your Jurisdiction?

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)

\* What is your 9 digit DUNS number?

074303483

(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

1645 Superior Ave

Physical Address 2

Headquarters

\* City

Cleveland

\* State

Ohio

\* Zip

44114 - 2907

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

**Mailing Address**

\* Mailing Address 1

601 Lakeside Avenue #230

Mailing Address 2

\* City

Cleveland

\* State

Ohio

\* Zip

44114 - 1015

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

**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

041001039

\* Your account number

359681004057

**Additional Information**



\* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?

No

\* If awarded, 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.

Yes

\* Is the applicant delinquent on any Federal debt?

No

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

The City of Cleveland performs a citywide A133 audit annually due to involvement in Federal funding programs. Costs will not be incorporated into this grant if awarded.

**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?

No

\* What kind of organization do you represent?

All Paid/Career

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?

Urban

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

Yes

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

78

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

100 %

\* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?

Cuyahoga

\* Does your organization protect critical infrastructure?

Yes

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

Through mutual aid agreements and regional collaboration we are engaged to respond beyond our borders. Although the nuclear power plants are not in the city, we are bordered by them on each side. We are located in

the evacuation zone in the event of an incident which would require a response. In the local area, there are several thousand commercial and industrial businesses, approximately 234 schools, and dozens of public institutions including the community's most critical infrastructures (Rock and Roll Museum, First Energy Stadium, Quicken Loans Arena, Progressive Field, Tower City and the Horseshoe Casino to name a few).

These businesses attract thousands of people during the day and throughout the year. The Division is also tasked to respond to the water treatment facilities, Extremely Hazardous Substances (EHS) facilities and chemical manufacturing facilities in our region.

\* 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 FD/N/FDID

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

\* 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) 723

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
Airport Rescue Firefighting (ARFF)	Haz-Mat Operational Level	Rescue Technical Level
Basic Life Support	Haz-Mat Technical Level	Structural Fire Suppression
	Maritime Operations/Firefighting	Wildland Fire Suppression

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

The Cleveland Division of Fire is made up of 737 paid, fulltime career urban firefighters. Located in the second largest city in the state of Ohio, situated on the southern shore of Lake Erie, approximately 60 miles from the Pennsylvania border. This northeast Ohio city has a population of 389,521 residents, increasing to over half a million during daytime hours, within 77.2 square miles (per the 2012 US Census Bureau). The Division responded to 64,537 alarms including 1,146 structure fires in 2014.

The Division is comprised of 22 Engines, 11 Hook and Ladders, and two Heavy Rescue Squads that provide emergency fire and rescue response to the community. As outlined in NFPA 1710 (Section 5.2.4.2, Initial Full Alarm Assignment Capability) all front line companies operate with a minimum of four members. Also, on suppression we have five Battalion Chiefs and one Assistant Chief on a 24 hour duty schedule.

**Fire Department Characteristics (Part II)**

	2015	2014	2013
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	8	4	7
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	43	55	63
* 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?	113	148	139
* Over the last three years, what was your organization's operating budget?	86375228		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	83107086		
Does your department have any rainy day reserves, emergency funds, or capital outlay?	No		
If yes, what is the total amount currently set aside?			
* What percentage of your annual operating budget is derived from:	2015	2014	2013
Enter numbers only, percentages must sum up to 100%			

Taxes?	82 %	78 %	78 %
Bond Issues?	2 %	2 %	2 %
EMS Billing?	0 %	0 %	0 %
Grants?	1 %	1 %	1 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
Fee for Service?	15 %	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 Division received an annual 2016 budget from the City of Cleveland that is made up of 96% wage and benefits and 4% for discretionary spending on day to day supplies. This funding is allocated for use in paying our Department's operating expenses such as fuel, utilities and maintenance issues. This amount simply does not provide enough funding for the fire equipment expenditures such as those we are requesting. The city's median household income (2010 to 2014)

is \$26,179, almost half that of the median household income for the state of Ohio. The US census Bureau currently puts greater than 35% of the city's population below the poverty level. Cleveland's population continues to decline, losing 16% in the last 10 years, and the city is still struggling to rebound from the unusually high amount of foreclosures due to the predatory lending crisis. The City's current financial situation is not capable of supporting the purchase of the project that we are proposing in this application.

\* 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	22	5	108
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	12	3	60
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pickup w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	0	0	0
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	2	3	20
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	12	0	30

**Fire Department Call Volume**

	2015	2014	2013
* Summary of responses per year by category (Enter whole number only. If you have no calls for any of the categories, Enter 0)			
Fire - NFIRS Series 100	2469	2308	2353
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	100	124	125
Rescue & Emergency Medical Service Incident - NFIRS Series 300	41445	37439	37009
Hazardous Condition (No Fire) - NFIRS Series 400	1607	1703	1707
Service Call - NFIRS Series 500	7775	7177	6544
Good Intent Call - NFIRS Series 600	10072	9969	8801
False Alarm & False Call - NFIRS Series 700	5388	5314	5185
Severe Weather & Natural Disaster - NFIRS Series 800	7	0	4
Special Incident Type - NFIRS Series 900	7721	7060	6980

**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)	1238	1147	1238
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	477	455	408
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	210	181	161
What is the total acreage of all vegetation fires?	1	1	1

**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)	4394	3757	3674
Of the NFIRS Series 300 calls, how many are "Extractions from Vehicles" (NFIRS Code 352)	67	72	123
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	1970	2268	2569
How many EMS-BLS Response Calls	35817	30646	29800
How many EMS-ALS Response Calls	1830	706	837
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	0	0
How many times did your organization receive Automatic Aid?	0	0	0
How many times did your organization provide Mutual	5	5	5

Aid?			
How many times did your organization provide Automatic Aid?	0	0	0
Of the Mutual and Automatic Aid responses, how many were structure fires?	0	0	0

**Request Information**

1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application you will need to submit separate applications..

Program Name

Operations and Safety

2. Will this grant benefit more than one organization?

Yes

If you answered "Yes" to Question 2, please explain how this request benefits other organizations below:

The City of Cleveland Division of Fire provides mutual aid to neighboring communities and has agreements in place to provide regional resources if called upon.

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

\$0

<p>* 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.</p>	<p>No</p>
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**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	\$ 314,790	\$ 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?

Thermal Imaging Camera (Must be NFPA 1801 Compliant)

\* Please provide a detailed description of the item selected above.

Specifically we are seeking funding assistance to acquire 35 NFPA 1801-2013 compliant Thermal Imaging Cameras, manufacturer train-the-trainer training, vehicle mountable charging stations, retractable straps and extended carefree warranty to cover all battery

replacements for five years from the original factory shipment date.

- 2. Number of units: (whole number only) 35
- 3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 8994

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

Replace obsolete or damaged equipment that can no longer meet the applicable standards

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

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

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?

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)

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

**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

The Division received an annual 2016 budget from the City of Cleveland that is made up of 98% wage and benefits and slightly less than 2% for discretionary spending on day to day supplies. This revenue is allocated for use in paying our Department's operating expenses such as fuel, utilities, and maintenance issues. This amount simply does not provide enough funding for the fire equipment expenditures such as those we are requesting. The US Census Bureau currently puts the city's median household income for 2015 at \$26,179, almost half that of the median household income for the state of Ohio. The bureau also puts 36% of the city's population below the poverty level. Cleveland's population continues to decline, losing 16% in the last 10 years, and the city is still struggling to rebound from the unusually high amount of foreclosures due to the predatory lending crisis.

We are proposing a budgeted amount of \$314,776.00 for 35 new NFPA 1801-2013 compliant Thermal Imaging Camera's. A cost breakdown to \$8993.60 per unit includes: Manufacturer train-the-trainer training, vehicle mountable charging stations, retractable straps and extended carefree warranty to cover all battery replacements for five years from the original factory shipment date. To come to this cost, extensive market research was completed by speaking with possible manufacturers, vendors and other cities that have recently purchased similar equipment. Full coverage warranties in the amount of 5 years provides time for the division to set up pre-planned measures to ensure the proper care and maintenance program for the units to last as long as



possible.

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\* 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

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The City of Cleveland is requesting funding support from the 2016 Assistance to Firefighters Grant Operations and Safety program. Specifically we are seeking funding assistance to acquire 35 NFPA 1801-2013 compliant Thermal Imaging Cameras with the total anticipated cost being \$314,776.00. A cost breakdown to \$8993.60 per unit includes: Manufacturer train-the-trainer training, vehicle mountable charging stations; retractable straps and extended carefree warranty to cover all battery replacements for five years from the original factory shipment date.

By maintaining the established fire response the division will continue with its mission of providing 24/7 immediately availability of fire rescue services to the citizens of Cleveland and northeast Ohio. Fire safety is our number one priority and the Division is in a constant state of reevaluating these practices to keep our members as safe as possible. The continued training at the stations and through our Fire Training Academy with the new technology, the division will be able to continue to use the thermal imaging cameras in its many different fields of usage. The age and condition of the current thermal imaging cameras is at its tipping point. With the newest thermal imager being eight years old and increasingly regular occurrences of problems with our current models limits the Division's immediate availability of response by a close unit that has a thermal imager.

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\* 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

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By funding the purchase of Thermal Imaging Cameras, when put in-service the Division of Fire, its members and the public will realize an immediate impact on its day to day operations. Each of the Divisions emergency response companies would have an operating thermal imager to provide better safety for members and an increase in the probability of being able to take immediate life-saving actions where time is of the essence. By combining the training, knowledge, and experience of our members, the technological advantage this equipment will provide our suppression personnel, leveraged with further practical and hands on training, we will ensure that we are able to provide superior fire rescue services to the community.

The Cleveland Division of Fire will benefit directly from the acquisition and implementation of the Thermal Imaging Cameras by:

1. Providing safer interior attacks on structure fires.
2. Making rescue of downed firefighters and civilians quicker and safer.
3. Providing more effective and efficient response to search and rescue operations that may present many unique tactical hazards, such as high hazard occupancies or places with geographical restrictions.
4. Assisting during night-time operations for accountability of members or the searching of victims.
5. Helping to maintain a high level of fire investigation and protection by reducing the time to investigate a fire or search for a victim in a burning structure and minimizing damage.
6. Equipping our front line crews with high-tech cutting edge equipment to perform their duties safely while maximizing the protection of others from becoming part of the situation.
7. Promoting interoperability by sharing and assisting other city, local and state agencies with assistance.

The greatest benefit of this acquisition will be realized by our community. Efficient response and solid tactical

decisions not only ensure emergency scenes are safer sooner, but most importantly, that we are able to stabilize incidents with a marked reduction in the loss of lives and property. The Cleveland Division of Fire has been serving the community of Cleveland for over 150 Years. Our core values center on the protection of lives, property and the environment through preparedness, prevention, public education and emergency response; we place an emphasis on quality services delivered efficiently, effectively and safely.

**Budget**

Budget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 314,790
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	\$ 286,173
Applicant Share	\$ 28,617
Applicant Share of Award (%)	10

\* **Non-Federal Resources** (The combined Non-Federal Resources must equal the Applicant Share of \$ 28,617)

a. Applicant	\$ 28,617
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** **\$ 314,790**



**Narrative Statement**

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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**

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**FEMA Form SF 424B**

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**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 **Gregory McKernan** on **11/18/2016**

## 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 grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street	City	State	Zip	Action
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**If your place of performance is different from the physical address provided by you in the Applicant Information, press *Add Place of Performance* button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.**

**Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for DHS funding. States and State agencies may elect to use a Statewide certification.**

Signed by Gregory McKernan on 11/18/2016

**FEMA Standard Form LLL**

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

## Submit Application

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**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	<a href="#">Complete</a>
Overview	<a href="#">Complete</a>
Contact Information	<a href="#">Complete</a>
Applicant Information	<a href="#">Complete</a>
Applicant Characteristics (I)	<a href="#">Complete</a>
Applicant Characteristics (II)	<a href="#">Complete</a>
Department Call Volume	<a href="#">Complete</a>
Request Information	<a href="#">Complete</a>
Request Details	<a href="#">Complete</a>
Budget	<a href="#">Complete</a>
Assurances and Certifications	<a href="#">Complete</a>

**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, Gregory McKernan, am hereby providing my signature for this application as of 18-Nov-2016.**