COUNTY AGENDA REQUEST

Department:	Fire and Emergency Services	Presenter(s):	David J. Scarbrough
Meeting Date:	Thursday, June 13, 2013	Type of Request:	Consent

Wording for the Agenda:

Approval of staff's recommendation to accept the 2012 Fire Act Grant in the amount of $191,373.00, to authorize the expenditure of a 20% local matching fund in the amount of $47,843.00, and to authorize the purchase of eight (8) advanced life support cardiac monitors in the amount of $239,216.00.

Background/History/Details:

In 2012, Fire and Emergency Services applied for a competitive grant through the U.S. Fire Administration Fire Act Grant Program. Based on need, the department applied for $239,216.00 for the purchase of eight (8) advanced life support cardiac monitors for medic units and squads. This grant will allow the department to replace aging cardiac monitors currently in use, and to standardize cardiac monitors in every medic truck and squad.

The Fire Act Grant requires a local match of 20% of the total amount of the grant award. The County match for this grant is $47,843.00. In the Fiscal Year 2013 budget, the department was approved for the purchase of two (2) cardiac monitors in the amount of $51,000 (Project No. 37230600-542520 3272B). This request is for authorization to utilize $47,843.00 of the amount budgeted for the purchase of the two monitors for the match required by the grant, and for the Board of Commissioners to authorize the acceptance of the grant. This will allow an expedited replacement of the cardiac monitors and result in an estimated savings of $191,373.00 (by utilizing the federal share grant) in the ultimate replacement of all monitors.

What action are you seeking from the Board of Commissioners?

Approval of staff's recommendation to accept the 2012 Fire Act Grant in the amount of $191,373.00, to authorize the expenditure of a 20% local matching fund in the amount of $47,843.00, and to authorize the purchase of eight (8) advanced life support cardiac monitors in the amount of $239,216.00.

If this item requires funding, please describe:

Funding for this request is located in Project No. 37230600-542520 3272B, which has $51,000.00 currently budgeted for the purchase of two cardiac monitors. By approving this request, the project will have a balance of $3,157.00.

Has this request been considered within the past two years?	No	If so, when?	
Is Audio-Visual Equipment Required for this Request?*	No	Backup Provided with Request?	Yes

**** All audio-visual material must be submitted to the County Clerk's Office no later than 48 hours prior to the meeting. It is also your department's responsibility to ensure all third-party audio-visual material is submitted at least 48 hours in advance.***

Approved by Finance	Yes	Reviewed by Legal	
Approved by Purchasing	Not Applicable	County Clerk's Approval	Yes
Administrator's Approval			

Staff Notes:

Attachment A

Entire Application

Overview

***Did you attend one of the workshops conducted by DHS's regional fire program specialist?**

No, I have not attended workshop

***Was a workshop offered within 2 hours drive?**

Yes

***Are you a member, or are you currently involved in the management, of the fire department or non-affiliated EMS organization applying for this grant with this application?**

Yes, I am a member/officer of this applicant

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 Chief Officer or long time member of the organization who will see this grant through completion. 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	Captain
Prefix (check one)	Mr.
* First Name	Pete
Middle Initial	D
* Last Name	Nelms
* Business Phone (e.g. 123-456-7890)	770-305-5172 Ext.
* Home Phone (e.g. 123-456-7890)	404-472-7019 Ext.
Mobile Phone/Pager (e.g. 123-456-7890)	404-472-7019
Fax (e.g. 123-456-7890)	770-305-5190
* Email (e.g. user@xyz.org)	peter@fayettecountyga.gov

Contact Information

Alternate Contact Information Number 1

* Title	Lt
Prefix	Mr.
* First Name	Donnie
Middle Initial	E
Last Name	Davis
* Business Phone	770-305-5169 Ext.
*Home Phone	770-630-1027 Ext.
Mobile Phone/Pager	770-630-1027
Fax	770-305-5190
*Email	ddavis@fayettecountyga.gov

Alternate Contact Information Number 2

* Title	Deputy Chief
Prefix	Mr.
First Name	Tom
Middle Initial	F
* Last Name	Bartlett
* Business Phone	770-305-5165 Ext.
*Home Phone	770-461-2843 Ext.
Mobile Phone/Pager	404-281-1449
Fax	770-305-5190
*Email	tomb@fayettecountyga.gov

Applicant Information

EMW-2012-FO-01023
Originally submitted on 07/02/2012 by Peter Nelms (Userid: Peter)

Contact Information:

Address: 140 Stonewall Ave.
City: Fayetteville
State: Georgia
Zip: 30214
Day Phone: 7703055172
Evening Phone: 4044727019
Cell Phone: 4044727019
Email: peter@fayettecountyga.gov

Application number is EMW-2012-FO-01023

* Organization Name	Fayette County Dept.of Fire and Emergency Services
* Type of Applicant	Fire Department/Fire District
* Type of Jurisdiction Served	Other (explain)
If other, please enter the type of Jurisdiction	We serve both City and unincorporated community
* Employer Identification Number	58-6000826
* What is your organization's DUNS Number?	099634883 (call 1-866-705-5711 to get a DUNS number)
Headquarters or Main Station Physical Address	
* Physical Address 1	Fayette County Department of Fire and Emergency Services
Physical Address 2	140 Stonewall Ave.
* City	Fayetteville
* State	Georgia
Zip	30214 - 1520 Need help for ZIP+4?
* Mailing Address 1	Fayette County Department of Fire and Emergency Services
Mailing Address 2	140 Stonewall Ave.
* City	Fayetteville
* State	Georgia
* Zip	30214 - 1520 Need help for ZIP+4?

* Please describe all grants that you have received from DHS, for example, 2008 AFG grant for a vehicle or 2010 HSGP grant for exercises. (Enter N/A if Not Applicable).

2002 SCBA's
2004 EMS Turnout Gear
2009 Exercise Equipment
2010 RAD/Carbon Monoxide Detectors and Thermal Imagers

Account Information:

* Type of bank account	Checking
* Bank routing number - 9 digit number on the bottom left hand corner of your check	061000227

*Your account number	2000141116628

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 the AFG grant, will your organization expend more than $500,000 in Federal funds during your organization's fiscal year in which this AFG grant was awarded?	No
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:

Department Characteristics (Part I)

* Are you a member of a Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property?	No
* What kind of organization do you represent?	Combination
If you answered combination, above, what is the percentage of career members in your organization?	99 %
If you answered volunteer or combination or paid on-call, how many of your volunteer firefighters are paid members from another career department?	0
* What type of community does your organization serve?	Suburban
* Is your Organization considered a Metro Department?	No
* What is the square mileage of your first-due response area?	160
* What percentage of your response area is protected by hydrants ?	70 %
* 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?	Fayette County, Ga
* Does your organization protect critical infrastructure of the state?	No
* How much of your jurisdiction's land use is for agriculture, wildland, open space, or undeveloped properties?	20 %
* What percentage of your jurisdiction's land use is for commercial and industrial purposes?	15 %
* What percentage of your jurisdiction's land is used for residential purposes?	65 %

* How many occupied structures (commercial, industrial, residential, or institutional) in your jurisdiction are more than three stories tall? Do not include structures which are not regularly occupied such as silos, towers, steeples, etc.	0
* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served?	53000
Do you have a seasonal increase in population?	No
If "Yes" what is your seasonal increase in population?	
* How many active firefighters does your department have who perform firefighting duties?	145
* How many ALS level trained members do you have in your department/organization?	59
* How many stations are operated by your organization?	9
* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?	Yes
Do you currently report to the National Fire Incident Reporting System (NFIRS)?	Yes
If you answered yes above, please enter your FDIN/FDID	15601
* What percent of your active firefighters are trained to the level of Firefighter I?	100 %
* What percent of your active firefighters are trained to the level of Firefighter II?	100 %
If you answered less than 100% to either question above, are you requesting for 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 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?

* Please describe your organization and/or community that you serve. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

Fayette County Fire/EMS is a dual certified agency located in Fayette County, Georgia, approximately 15 miles south of Atlanta, Georgia. Fayette County Fire and Emergency Services provides service to a population of approximatly 71,000 citizens in a 160 square mile area. Approximately 30.7 percent of Fayette County population is over the age of 60. Fayette County operates with 136 career firefighter/Paramedics and EMT's based out of 9 stations. Our department has 15 ALS apparatus in which 6 are ALS transport units, 2 are ALS Quick Response Vehicles, and 7 are ALS capable engines. Our Department also provides the above services for the cities of Tyrone, Brooks, Woolsey and emergency medical services for the City of Fayetteville.

Fire Department Characteristics (Part II)

	2011	2010	2009
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three years?	1	0	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three years?	2	2	4
* What is the total number of line of duty member fatalities in your jurisdiction over the last three years?	0	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three years?	37	42	23
* Over the last three years, what was your organization's average operating budget?		10499507	
* What percentage of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?		87 %	

* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%

Taxes?	75 %
EMS Billing?	25 %
Grants?	0 %
Donations?	0 %
Fund drives?	0 %
Fee for Service?	0 %
Other?	0 %

If you entered a value into Other field (other than 0), please explain

* Please describe your organization's need for Federal financial assistance. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 1,000 character limit.

Fayette County Fire/EMS is a publicly funded fire based emergency medical response (EMS)and transport service and has a total annual three year budget average of $10,499,507, of that amount $3,034,940 is designated for EMS Operations. The Departments budget is funded primarily through a special assessment by a solid tax base. The countywide fire and EMS assessments, which are based on property values multiplied by a millage rate are voted on each year by the Board of Commissioners. As a result of the current economic climate and in response to constituent concerns the tax millage rate have remained flat. Property values have decreased more that 20% at a non-proportional rate. As a result over the past 2 fiscal years, the department has had to propose a significant reduction in capital expenditures. Additionally, increasing ALS transports have further strained already limited revenues. Due to these financial factors the department is seeking alternative funding sources including federal assisitance for the purchase of these cardiac monitors so that we can continue to equipment our response vehicles and staff and provide advanced life support (ALS) to the citizens of our community.

* How many vehicles does your organization have in each of the types 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	6	3	36

or Type II Engine Urban Interface			
Ambulances for transport and/or emergency response	6	1	14
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	3	0	6
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	2	0	8
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pick up w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	3	0	6
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	1	0	3
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,	3	0	6

Department Call Volume

	2011	2010	2009
How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
Working Structural Fires	52	57	44
False Alarms/Good Intent Calls	515	499	552
Vehicle Fires	26	23	20
Vegetation Fires	78	68	71
EMS-BLS Response Calls	0	0	0
EMS-ALS Response Calls	5970	5726	5619
EMS-BLS Scheduled Transports	0	0	0
EMS-ALS Scheduled Transports	0	0	0
Vehicle Accidents w/o Extrication	411	429	418
Vehicle Extrications	9	6	0
Other Rescue	10	8	0
Hazardous Condition/Materials Calls	226	221	182
Service Calls	558	511	378
Other Calls and Incidents	24	23	20
Total	7879	7571	7304
How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
What is the total acreage of all vegetation fires?	128	104	106

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

In a particular year, how many

times does your organization receive mutual/automatic aid?	118	112	116
In a particular year, how many times does your organization provide mutual/automatic aid? (Do not include first-due responses claimed above).	147	200	205
Total Mutual / Automatic Aid	265	312	321
Out of the mutual/automatic aid responses, how many were structure fires?	5	4	6

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 above, please explain.

The City of Fayetteville lies within our county has its own fire department, however, our department provides EMS response and transport to the citizens of Fayetteville. If approved our grant would also benefit surrounding jusrisdiction that we have mutual and automatic aid agreements with. Our department also provides fire/EMS services for the cities of Brooks, Woolsey, and Tryone and all unincorporated areas of Fayette County. These monitors would also assist our mutual aid partners when responding to their jurisdictions.

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

$0

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	$ 239,216	$ 0
Modify Facilities	0	$ 0	$ 0
Personal Protective Equipment	0	$ 0	$ 0
Training	0	$ 0	$ 0
Wellness and Fitness Programs	0	$ 0	$ 0

* Total Funding for all EMS requested in this application $239216

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

Equipment

Equipment Details

1. What equipment will your organization purchase with this grant?	EMS/Rescue Equipment
Please provide further description of the item selected from the drop down list.	Our grant apllicalion and request is for funding to aquire 8 (eight) 12 lead biphasic cardiac monitor/defibrillators. Our department is a publicly funded fire and EMS system and these monitors will be used on our ALS engines and medic units to provide advanced life support during emergency medical calls in our community.

2. Number of units:	8 (whole number only)
3. Cost per unit:	$ 29902 (whole dollar amounts only)

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

Replace or upgrade old, obsolete, tattered, torn, or substandard equipment currently owned by your organization

If you selected "replacing equipment" above, please specify the age of equipment in years.	10 or more years
5. Generally the equipment purchased under this grant program is:	
Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.	Yes This equipment will also expand the compliance standards with training, patient care, and equipment standards including, but not limited to: NFPA Standards 450, 473 and 1584 and FDA Standards 21CFR870.1025 and 21CFR870.1025.
6. Will the item requested benefit other organizations or otherwise be available for use by other organizations?	Yes
If you answered Yes in the question above, please explain:	The City of Fayetteville has its own fire department with no or limited EMS capabilities. Approval of this grant will benefit the citizens of Fayetteville by allowing us to provide better advanced life support services. We also provide fire/EMS for the cities of Brooks, Woolsey, and Tyrone and all unincorporated areas of Fayette County
7. Will this equipment be used for wildland firefighting purposes?	No
8. Is your department trained in the proper use of this equipment being requested?	Yes
9. Are you requesting funding for training? (Funding for requested training should be requested in the Equipment Additional Funding section).	No
10. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	Yes

Firefighting Equipment - Narrative

* Section # 1 Project Description: In the space provided below include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.? *3000 characters

Fayette County Department of Fire and Emergency Services provides fire/EMS services to all unincorporated portions of Fayette County to include the municipalities of Fayetteville, Tyrone, Brooks and Woolsey. Of the Departments total call volume of 7879 for 2011, (a 4% increase from 2010) 5970 or 75.8% were medical calls. A large percentage of those were cardiac related.

Fayette County Fire/EMS transport times average twelve minutes, with some response times reaching twenty-five to thirty minutes to a Metropolitan Atlanta Hospital. The nearest Trauma Center is located in Atlanta, Georgia which can produce ground transport times of thirty minutes or longer. Due to the extended transport times it is vital to have state of the art equipment that can provide constant monitoring and trim treatment time for cardiac patients.

Fayette County's current cardiac equipment consists of 9 cardiac monitor/defibrillators from 2 different manufacturers. Three units are utilized on Quick Response Vehicles and as a spare. These units are not capable of wirelessly transmitting 12 lead information which has become a standard of care in the treatment of patients experiencing and Acute Myocardial Infarction. All 9 of these units exceed 5 years in service and are experiencing a significant increase in downtime and cost to maintain. According to technical personnel, this can be attributed to the increasing age and use of the devices. The American Hospital Association recommends a lifespan for defibrillators of 5 years

The differences in defibrillation energy and pad design make these units incompatible. More than half of the defibrillator/monitors in service within our department are AEDs and cannot transmit an ECG

Approval of this grant will also expand compliance with training, patient care, and equipment standards including, but not limited to: NFPA Standards 450, 473 and 1584 and FDA Standards 21CFR870.1025 and 21CFR870.1025.

As a provider of ALS transport, critical care transport and ALS non-transport services it is vital to initiate an ALS patient care improvement project. Specifically, Fayette County Fire and Emergency Services is requesting $239,216 from the Assistance to Firefighter Grant for the purchase of eight (8) 12 lead biphasic cardiac monitor/defibrillators. The units selected will include the following additional capabilities that will improve patient care capability and efficiency: ST Trending, AED, Lithium Ion batteries, capnography, non-invasive blood pressure, pulse CO-oximetery and bluetooth capability. The 12-lead units cost $29,902 per monitor for a total project cost of $239,216. Fayette County Fire/EMS will commit to the 20 percent match, in the amount of $47,843.20 should the grant be approved and commits to all maintenance and training needs.

* 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. *3000 characters

Fayette County Fire/EMS utilizes ALS equipment, especially cardiac monitoring equipment, on a daily basis as part of the existing EMS mission. The current condition of each monitor was evaluated in an effort to seek only needed equipment, the supply of available, usable equipment with 12 lead capabilities will be assigned to the first response ALS engines. It is imperative to standardize the equipment on all 6 of the departments first line ALS transport units.

Protecting and saving lives is the core mission of Fayette County Fire/EMS. This project will directly affect outcomes and efficiencies for nearly 100 percent of our "cardiac specific" patients which was 626 for 2011, and additional 3,564 plus ALS assessed patients in 2011. If awarded, this grant will allow Fayette County paramedics to perform, consistently, a full 12 lead ECG.

If awarded Fayette County Fire/EMS will have the ability to send a 12 lead diagnostic ECG to the receiving hospital when a STEMI-Alert patient is identified. The 12-lead ECG performed and transmitted from the field is vital in the early detection and prompt treatment of patients with acute myocardial infarction. The emergency department can prepare for early and rapid treatment; this alone will result in a lower death rate and would definitely improve our level of service.

Upon receipt of the units, Fayette County's Training Division will develop and deploy a "hands-on" training/refresher course mandatory for all paramedics. The training would entail basic 12-lead placement and recognitions/interpretation.

If financial assistance is not obtained, Fayette County Fire/EMS will have to continue to use the current units that have become very expensive to maintain and obsolete due to the recommend life-span. Moreover two separate diagnostic EKGs will be in service which will decrease the efficiencies in providing cardiac related patient care, a potential that could result in negative patient outcomes.

The cost of these monitors will be offset by a reduction in repairs, out of service times of existing and obsolete monitors and better patient treatment and outcomes.

* Section # 3 Statement of Effect: How would this award affect the daily operations of your department (i.e., describe how frequently the equipment will be used or what the benefits will provide the personnel in your department)? How would this award affect your department's ability to protect lives and property in your community? *3000 characters

Fayette County Fire/EMS is a dual certified agency located in Fayette County, Georgia, approximately 15 miles south of Atlanta, Georgia. Fayette County provides service to a population of 75,000 citizens in a 177 square mile area. Approximately 30.7 percent of Fayette County population is over the age of 60. Fayette County operates with 136 career Paramedics and EMT's based out of 9 stations. Our service has 15 ALS apparatus in which 6 are ALS transport units, 2 are ALS Quick Response Vehicles, and 7 are ALS capable engines. Fayette County Fire/EMS provides the treatment and transport of ALS/BLS patient(s) as well as critical care interfacility patient transports.

This new equipment will meet the current standard of care, improve patient outcomes and will drastically improve operational efficiency. AFG funding will allow Fayette County Fire / EMS to provide better patient care for citizens, visitors and fire department personnel. The paramedic will utilize the cardiac monitor/defibrillator on nearly every medical response for vital monitoring. Additionally, the patient's chances of survival will improve when paramedics acquire a complete 12 lead EKG in cardiac related emergencies identifying STEMI–Alert criteria and pre-notification to the patients receiving facility. Rapid recognition and treatment has shown to preserve cardiac function and reduce morbidity and mortality.

This equipment purchase will directly impact firefighter's safety. These units will regularly be used in firefighter rehab and monitoring of personnel at fire scenes and Special Operational situations. The additional capability of CO detection will increase the quality of our fire rehab program providing early detection and treatment for firefighters; savings lives and limiting disability.

This request will meet the Department of Homeland Security's priority of ALS equipment and determination that the greatest benefits of AFG funding will be achieved by supporting department's existing mission.

* Section # 4 In the space provided below include details regarding your organization's request not covered in any other section. *3000 characters

None

Budget

Budget Object Class

a. Personnel	$ 0
b. Fringe Benefits	$ 0
c. Travel	$ 0
d. Equipment	$ 239,216

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	$ 191,373
Applicant Share	$ 47,843
Federal Rate Sharing (%)	80/20
* Non-Federal Resources *(The combined Non-Federal Resources must equal the Applicant Share of $ 47,843)*	
a. Applicant	$ 47,843
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	**$ 239,216**

Narrative Statement

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

Assurances and Certifications

FEMA Form SF 424B

You must read and sign these assurances. These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.

Note: Fields marked with an * are required.

O.M.B Control Number 4040-0007

Assurances Non-Construction Programs

Note: Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or

financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93 205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by **Pete Nelms** on 03/21/2012

Form 20-16C

You must read and sign these assurances.

Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.
Note: Fields marked with an * are required.

O.M.B Control Number 1660-0025

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

1. Lobbying

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over $100,000, as defined at 44CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity

(Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Grantees other than individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
(b) Establishing an on-going drug free awareness program to inform employees about:

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

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);
(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

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

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (c)(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

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 **Pete Nelms** on **06/21/2012**

FEMA Standard Form LLL

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

Submit Application

Application 100% complete, Submitted

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

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

PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.

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

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

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

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

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

I, Pete D Nelms, am hereby providing my signature for this application as of 02-Jul-2012.

FOR 2013 13 JOURNAL DETAIL 2013 1 TO 2013 13

	ORIGINAL APPROP	REVISED BUDGET	YTD ACTUAL	MTD ACTUAL	ENC/REQ	AVAILABLE BUDGET	PCT USED
27290110 TRANSFER TO OTHER FUNDS							
610372 TRANSFERS TO CAPITAL PROJECTS							
610372 TRANSFERS TO CAPITAL PROJECTS							
27290110 610372 3272B TRANSFERS TO	51,000	51,000	51,000.00	.00	.00	.00	100.0%
2013/01/000763 07/01/2012 BUC 51,000.00 REF				ORIGINAL BUDGET 2013			
2013/01/000789 07/02/2012 GEN 51,000.00 REF ACTUAL				FY13 APPROVED CIP BUDGET			
TOTAL TRANSFER TO OTHER FUNDS	51,000	51,000	51,000.00	.00	.00	.00	100.0%
TOTAL EXPENSES	51,000	51,000	51,000.00	.00	.00	.00	
37230600 EMERGENCY MEDICAL SERVICES							
390272 TRANSFER FROM EMS							
390272 TRANSFER FROM EMS							
37230600 390272 3272B TRANSFER FROM	-51,000	-51,000	-51,000.00	.00	.00	.00	100.0%
2013/01/000763 07/01/2012 BUC -51,000.00 REF				ORIGINAL BUDGET 2013			
2013/01/000790 07/02/2012 GEN -51,000.00 REF ACTUAL				FY13 APPROVED CIP BUDGET			
542520 SAFETY EQUIPMENT							
542520 SAFETY EQUIPMENT							
37230600 542520 3272B SAFETY EQUIPM	51,000	51,000	.00	.00	.00	51,000.00	.0%
2013/01/000763 07/01/2012 BUC 51,000.00 REF				ORIGINAL BUDGET 2013			

Attachment B

FOR 2013 13 JOURNAL DETAIL 2013 1 TO 2013 13

	ORIGINAL APPROP	REVISED BUDGET	YTD ACTUAL	MTD ACTUAL	ENC/REQ	AVAILABLE BUDGET	PCT USED
TOTAL EMERGENCY MEDICAL SERVICES	0	0	-51,000.00	.00	.00	51,000.00	100.0%
TOTAL REVENUES	-51,000	-51,000	-51,000.00	.00	.00	.00	
TOTAL EXPENSES	51,000	51,000	.00	.00	.00	51,000.00	
GRAND TOTAL	51,000	51,000	.00	.00	.00	51,000.00	.0%

** END OF REPORT - Generated by Tammy Lackey **