

**Entire Application**  
DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**Staffing for Adequate Fire and Emergency Response (SAFER)**  
**(General Questions All Applicants)**

OMB Collection  
Number: 1660-0135  
Expiration Date: 08/31/2017

**PAPERWORK BURDEN DISCLOSURE NOTICE**  
**FEMA Form 080-0-4**

Public reporting burden for this data collection is estimated to average 9 hours per response for FEMA Form 080-0-4, Staffing for Adequate Fire and Emergency Response (SAFER) (General Questions All Applicants). The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0135) NOTE: Do not send your completed form to this address.

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**Applicant's Acknowledgements**

- \* I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.
- \* As required per 2 CFR § 25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.
- \* I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's Period of Performance (POP).
- \* I certify that the applicant organization is aware that this application period is open from 03/26 to 04/27/2018 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.
- \* I certify that the applicant organization is aware that the grants awarded under this funding opportunity are provided a recruitment period, which begins when the application is approved for award. The recruitment period for grants awarded under the Hiring of Firefighters Activity is 180-days and the period of performance automatically starts after the recruitment period, regardless of whether the grantee has successfully hired the requested firefighters. The recruitment period for Recruitment & Retention of Volunteer Firefighters Activity is 90-days and the period of performance automatically starts after the recruitment period.
- \* I certify that the applicant organization will, to the extent practicable, seek, recruit, and hire members of racial and ethnic minority groups and women to increase their ranks within their organization.
- \* I certify that, if awarded under the Hiring of Firefighters Activity, the applicant organization, will assure a policy will be put into place, or is currently in place, ensuring that positions filled under this grant are not discriminated against, or prohibited from, engaging in volunteer firefighting activities in another jurisdiction during off-duty hours. (If applying under the Recruitment and Retention of Volunteer Firefighters Activity, this does not apply, however, in order to move forward in the application process, you must complete this question).

Signed by **Richard Berman** on **2018-04-09 12:17:46.0**

**Overview**

<b>* Are you a member, or are you currently involved in the management of the fire department or organization applying for this grant with this application?</b>	
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Yes, I am a member/officer of this applicant

If you answered **No**, you must please complete the preparer information below. If you answered **Yes**, please skip the Preparer Information section.

**Note:** Fields marked with an asterisk (\*) are required.

Preparer Information	
Preparer's Name	
Address 1	
Address 2	
City	
State	
Zip	<a href="#">Need help for ZIP+4?</a>
Primary Phone	Ext.    Select
Email	

In the space below please list the person your fire department or organization has selected to be the **Primary Point of Contact** for this grant. This should be an officer, member, or employee of the fire department or organization applying for the grant that will see the grant through completion, has the authority to make decisions on and to act upon this grant application.

The Primary Contact, as listed below, is the person for which all exchanges of information will be made relative to the application; all information provided must be specific to the contact listed. The Primary Contact must be an employee of the fire department or organization applying for the grant and shall not be a grant writer or a non-employee of the fire department or organization.

In addition to the Primary Contact information, you will be asked to provide two (2) Alternate Points of Contact on the next page. The Alternate Contacts must be familiar with the application and must be able to answer any questions relative to this application in the event that Primary Point of Contact is unavailable. When you are finished, click the Save and Continue button below.

**Reminder:** Please list only phone numbers and an email address where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.

**Note:** Fields marked with an asterisk (\*) are required.

Primary Point of Contact	
* Title	Division Chief
Prefix	N/A
* First Name	Richard
Middle Initial	
* Last Name	Berman
* Primary Phone	9412408189 Ext.    Type work
* Secondary Phone	9416283931 Ext.    Type cell
Optional Phone	Ext.    Type Select
Fax	
* Email	rberman@cityofnorthport.com

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## Contact Information

Alternate Contact 1 Information	
* Title	Chief
Prefix	N/A
* First Name	Scott
Middle Initial	A
* Last Name	Titus
* Primary Phone	9412408151 Ext.    Type work
* Secondary Phone	9417247840 Ext.    Type cell
Optional Phone	Ext.    Type Select
Fax	
* Email	stitus@cityofnorthport.com

Alternate Contact 2 Information	
* Title	Division Chief
Prefix	N/A
* First Name	Karl
Middle Initial	S
* Last Name	Bennett
* Primary Phone	9412408155 Ext. Type work
* Secondary Phone	9416283531 Ext. Type cell
Optional Phone	Ext. Type Select
Fax	
* Email	kbennett@cityofnorthport.com

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### Applicant Information

**EMW-2017-FH-00165**

Originally submitted on 04/24/2018 by Richard Berman (Userid: richbinflorida)

### Contact Information:

**Address: 4980 City Center Blvd**

**City: North Port**

**State: Florida**

**Zip: 34286**

**Day Phone: 9412408189**

**Evening Phone:**

**Cell Phone:**

**Email: rberman@cityofnorthport.com**

**Application number is EMW-2017-FH-00165**

Applicant Information	
* Organization Name	City of North Port Fire Rescue
* What kind of organization do you represent?	All Paid/Career
If you answered "Combination" above, what is the percentage of career members in your organization?	%
* Type of Jurisdiction Served	City
If "Other", please enter the type of jurisdiction served	
* 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?	Sarasota
<a href="#">SAM.gov</a> (System For Award Management)	
* What is the legal name of your Entity as it appears in <a href="#">SAM.gov</a> ? Note: This information must match your <a href="#">SAM.gov</a> profile if your organization is using the DUNS number of your Jurisdiction.	North Port, City of
* What is the legal business address of your Entity as it appears in <a href="#">SAM.gov</a> ? Note: This information must match your <a href="#">SAM.gov</a> profile if your organization is using the DUNS number of your Jurisdiction.	
* Mailing Address 1	4970 City Hall Blvd
Mailing Address 2	
* City	North Port
* State	Florida
* Zip	34286 - 4100 <a href="#">Need help for ZIP+4?</a>
* <a href="#">Employer Identification Number</a> (e.g. 12-3456789) Note: This information must match your <a href="#">SAM.gov</a> profile.	59-6072227
* Is your organization using the DUNS number of your Jurisdiction?	Yes
* I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you select Yes above)	<input checked="" type="checkbox"/>
* What is your 9 digit <a href="#">DUNS number</a> ?	039567821

	(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 <a href="#">DUNS number</a> and bank account separate from your Jurisdiction.	
* Is your <a href="#">DUNS Number</a> registered in <a href="#">SAM.gov</a> (System for Award Management previously CCR.gov)?	Yes
* I certify that my organization/entity is registered and active at <a href="#">SAM.gov</a> 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 <a href="#">SAM.gov</a> record.	<input checked="" type="checkbox"/>
<b>Headquarters or Main Station Physical Address</b>	
* Physical Address 1	4980 City Center Blvd.
Physical Address 2	
* City	North Port
* State	Florida
* Zip	34286 - 8037 <a href="#">Need help for ZIP+4?</a>
<b>Mailing Address</b>	
* Mailing Address 1	4970 City Hall Blvd.
Mailing Address 2	
* City	North Port
* State	Florida
* Zip	34286 - 4100 <a href="#">Need help for ZIP+4?</a>
<b>Bank Account Information</b>	
* 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 - <a href="#">9 digit</a> number on the bottom left hand corner of your check	061000104
* Your account number	0701001002422
<b>Additional Information</b>	
* For this fiscal year (Federal) is your jurisdiction receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?	No
* Is the applicant <a href="#">delinquent on any federal debt?</a>	No
If you answered "Yes" to any of the additional questions above, please provide an explanation in the space provided below (4000 characters) :	

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**Applicant 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
* Please indicate the type of community your organization serves.	Suburban
* Please describe your organization and/or the community that you serve (2000 characters) .	The North Port Fire Rescue District is a full-service, career department offering fire suppression, advanced life support emergency medical services; disaster preparedness, response and recovery; and fire prevention functions. The department operates five stations with three engines and two 75' quints. Both quints and one engine are ALS-capable. A sixth station in the unincorporated section of Sarasota County provides an ALS engine and ambulance

	<p>to the West Villages' area of North Port under an interlocal agreement. A 3,000 gallon tender provides water supply in the wildland-urban interface areas and an additional firefighter when the tender is not needed. The District is rated as 1/1Y by the ISO. The District provides emergency services to the City of North Port, and under interlocal and mutual aid agreements to portions of unincorporated Sarasota County and Charlotte County.</p> <p>As the largest city in Sarasota County, the City of North Port is home to more than 67,000 residents and spans more than 104.3 square miles. It is located midway between the Cities of Tampa and Fort Myers on the southwest coast of Florida. It is among the fastest growing communities by population in Florida and by land, is one of the largest municipalities in the state.</p>							
* What is the square mileage of your first-due response area? Primary/First Due Response Area is a geographical area proximate to a fire or rescue facility and normally served by the personnel and apparatus from that facility in the event of a fire or other emergency and does not include daily or seasonal population surges.	104							
* What percentage of your primary response area is protected by hydrants?	33 %							
* Does your organization protect critical infrastructure?	Yes							
If Yes, please describe the critical infrastructure protected (3000 characters) .								
Public safety facilities, municipal government buildings, stand-alone emergency care center, interstate highway, communications towers, disaster shelters, water and wastewater treatment facilities, all grades schools (which serve as risk and host hurricane shelters).								
(Percentages in three answers below must sum up to 100%)								
* How much of your primary response area is for agriculture, wildland, open space, or undeveloped properties?	75%							
* What percentage of your primary response area is for commercial and industrial purposes?	2 %							
* What percentage of your primary response area is used for residential purposes?	23 %							
* How many occupied structures (commercial, industrial, residential, or institutional) in your primary response area are more than three (3) 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 <a href="#">Primary/First-Due Response Area or jurisdiction served</a> ?	67196							
* Do you have a seasonal increase in population?	Yes							
If Yes what is your seasonal increase in population?	5							
* How many stations are operated by your organization?	5							
* Please indicate if your department has a formal automatic/mutual aid agreement with another community or fire department and the type of agreement that exists.	Both automatic and mutual aid							
* What services does your organization provide?								
<table border="0"> <tr> <td>Advanced Life Support</td> <td>Rescue Technical Level</td> </tr> <tr> <td>Basic Life Support</td> <td>Structural Fire Suppression</td> </tr> <tr> <td></td> <td>Wildland Fire Suppression</td> </tr> </table>			Advanced Life Support	Rescue Technical Level	Basic Life Support	Structural Fire Suppression		Wildland Fire Suppression
Advanced Life Support	Rescue Technical Level							
Basic Life Support	Structural Fire Suppression							
	Wildland Fire Suppression							
<p>SAFER intends to improve local fire departments' staffing and deployment capabilities so they may more effectively respond to emergencies. With the enhanced staffing, a SAFER grantee's response time will be reduced sufficiently and an appropriate number of trained personnel will be assembled at the incident scene.</p> <p>The following questions are designed to help us understand the staffing changes that have occurred in your department over the past several years and how the grant will assist in improving your staffing levels. The information provided must be a true and accurate depiction of your department on the timelines listed below.</p> <p>Use the following definitions when completing the table below.</p> <p><b>Total # of Operational Career Personnel</b> — this number represents the total number of <b>authorized and funded active, full-time uniformed/operational career personnel</b> employed by your department on the dates indicated. (Note: only operational personnel — including operational officers - should be included)</p>								

**# Operational Officers** — of the operational career personnel indicated in the "Total # of Operational Career Personnel" question, how many of those serve in **operational officer-level (both command and company) positions**?

**# NFPA Compliance** — of the "Total # of Operational Career Personnel" indicated, how many are assigned to **field or response apparatus positions that directly support the department's compliance** with NFPA 1710 (Section 5.2.4.1 — Single-Family Dwelling Initial Full Alarm Assignment Capability) or NFPA 1720 (Section 4.3 — Staffing and Deployment)? (**Note:** Officers should **only** be included in this number if they **directly support the department's compliance** with NFPA 1710 or NFPA 1720 compliance)

Note: The number of **career personnel** in any of these fields should include positions which are job-shared. Job-shared positions will be counted as one (1) regardless of how many personnel fill those positions.

For more information regarding these standards please see the Notice of Funding Opportunity or go to [www.nfpa.org/freeaccess](http://www.nfpa.org/freeaccess)

	Total # of Operational Career Personnel	# Operational Officers	# NFPA Support
* Staffing levels at the <b>start of the application period</b>	90	18	93
* Staffing levels at <b>one year prior to the start of the application period</b>	87	18	91
* Staffing levels at <b>two years prior to the start of the application period</b>	81	18	84
* If awarded this grant, what will the staffing levels be in your department? Note: These numbers should reflect the staffing levels at the start of the application period plus the number of positions being requested in the application. (Whole Numbers only)	111	24	113
* Please provide details on the department's existing staffing model to include the number of shifts, number of positions per shift, chief level officer staffing per shift (i.e., Battalion Chief, District Chief, etc.), and contracted work hours. (3000 characters)			
The department operates three shifts on a 24/48 hour schedule. At the time of application, there are 30 personnel assigned per shift, with one battalion chief per shift. Personnel work 2,920 scheduled hours per year.			
* Does your department utilize part-time paid firefighters?	No		
If Yes, please provide details on how the part-time firefighters are used within your department to include the number of part-time firefighters, the number of full-time, NFPA compliant positions these part-time firefighters occupy, if applicable, and how they are scheduled to meet your staffing needs (3000 characters) .			
* Does your department utilize reserve/relief paid firefighters?	No		
If yes, please provide details on how the reserve/relief firefighters are used within your department to include the number of reserve/relief firefighters, the number of full-time, NFPA compliant positions these part-time firefighters occupy, if applicable, and how they are scheduled to meet your staffing needs (3000 characters) .			
* Do you currently report to the National Fire Incident Reporting System (NFIRS)?	Yes		

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## Applicant Characteristics (Part II)

	2017	2016	2015
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three <b>calendar</b> years?	0	0	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three <b>calendar</b> years?	1	2	2
* What is the total number of line of duty member fatalities in your jurisdiction over the last three <b>calendar</b> years?	0	0	0
* What is the total number of line of duty <b>member injuries</b> in your jurisdiction over the last three <b>calendar</b> years?	14	9	8
* What is your department's operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) for the current (at time of application) <b>fiscal</b> year?			
Fiscal Year: 2018 Budget: \$ 14,127,570			
* What was your department's operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) for the 2001, 2002, and 2003			
Fiscal Year 2003 Budget : \$ 5,095,185 Fiscal Year 2002 Budget : \$ 4,470,503			

fiscal years?	Fiscal Year 2001 Budget : \$ 3,979,824
This must be true and accurate budget information for the fiscal years 2001, 2002, and 2003. If you are unable to provide any of the information please ONLY enter a 0 into each of the applicable budget fields and explain in the text box below why you are unable to provide this information.	
If you entered 0 for any of the budget fields above, please explain (1000 characters) .	
* What percentage of your operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?	74 %
* Does your department have any rainy day reserves, emergency funds, or capital outlay?	Yes
If yes, what is the total amount currently set aside?	4800000
If yes, describe the planned purpose of these funds (1000 characters)	Funding is allocated for capital equipment (e.g., fire apparatus, major equipment and facility equipment components (e.g., air conditioner) replacement on an annual basis, then transferred to an expenditure account when the purchase is scheduled. The department also maintains a reserve of 25% of expenditures and an additional 10% for strategic reserve.
* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%	

<u>Taxes?</u>	23 %
Bond Issues?	0 %
<u>EMS Billing?</u>	11 %
Grants?	0 %
Donations?	0 %
Fund drives?	0 %
<u>Fee for Service?</u>	0 %
Other?	66 %
If you entered a value other than 0 into the "Other" field, please explain (1000 characters) :	We have provided revenue generated from Taxes and EMS billing. We have placed the revenue generated from the Fire Rescue Districts non-ad valorem fee assessments on real property in the other line. The total of all revenue from these three sources totals 100%.

\* How many **frontline** vehicles does your organization have in each of the types or classes of vehicle listed below that respond to **first alarm assignments in support of NFPA 1710/1720**? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession. Enter numbers only and enter 0 if you do not have any of the vehicles below.

Type or Class of Vehicle	Number of Frontline Vehicles	Total Number of Available Riding Positions	Total Number of Filled Riding Positions per Frontline Vehicle
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	3	12	9
Ambulances for transport and/or emergency response	4	8	8
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more)	1	2	1
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	2	12	6
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	6	12	0
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	1	0	0



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	1	2	1
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Please use this comments section if you wish to provide any additional information with regards to the **Type or Class of Vehicle** section above (2000 characters) .

The Technical Rescue Vehicle, as described in Rescue Vehicles is a 32' trailer designated by the State of Florida as a Light Technical Rescue Team. It is pulled by a non-staffed pick-up truck.

Department Call Volume

	2017	2016	2015
<p><b>* Summary</b> of responses per year by category (Enter whole number only. If you have no calls for any of the categories, Enter 0)</p>			
Fire - NFIRS Series 100	215	256	243
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	4	3	0
Rescue & Emergency Medical Service Incident - NFIRS Series 300	5644	5333	4918
Hazardous Condition (No Fire) - NFIRS Series 400	161	121	101
Service Call - NFIRS Series 500	812	642	565
Good Intent Call - NFIRS Series 600	601	575	525
False Alarm & False Call - NFIRS Series 700	352	360	332
Severe Weather & Natural Disaster - NFIRS Series 800	3	6	1
Special Incident Type - NFIRS Series 900	0	0	0
<b>Total</b>	<b>7792</b>	<b>7296</b>	<b>6685</b>
<b>FIRES</b>			
<p><b>* How many responses per year by category?</b> (Enter whole number only. If you have no calls for any of the categories, Enter 0)</p>			
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	24	41	42
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	39	27	28
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	115	159	151
<b>Total</b>	<b>178</b>	<b>227</b>	<b>221</b>
What is the total acreage of all vegetation fires?	8546	58	300
<b>RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS</b>			
<p><b>* How many responses per year by category?</b> (Enter whole number only. If you have no calls for any of the categories, Enter 0)</p>			
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	516	658	555
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	4	1	1
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	6	7	6
How many EMS-BLS Response Calls	748	769	720
How many EMS-ALS Response Calls	3695	3409	3161
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
<b>Total</b>	<b>4969</b>	<b>4844</b>	<b>4443</b>
<b>MUTUAL AND AUTOMATIC AID</b>			
<p><b>* How many responses per year by category?</b> (Enter whole number only. If you have no calls for any of the categories, Enter 0)</p>			
How many times did your organization receive Mutual Aid?	33	24	16
How many times did your organization receive Automatic Aid?	26	18	24
How many times did your organization provide Mutual Aid?	27	47	71



How many times did your organization provide Automatic Aid?	327	331	232
Of the Mutual and Automatic Aid responses, how many were structure fires?	1	4	5

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## Request Details

The activity for your organization is listed in the table below.

Activity	Number of Entries	Total Cost
<a href="#">Hiring of Firefighters</a>	1	4,240,845

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Hiring of Firefighters						
* 1. Select which line-item below best describes your organization and the NFPA standard you are attempting to meet.						
NFPA Requirements						
Check One	NFPA Standard (see the Notice of Funding Opportunity for more detail regarding these standards)	Department Characteristics	Demographic	Assembly Staffing	Response Time	Frequency of Time
X	1710	Career	With Aerial	15	8 min	90%
	1710	Career	Without Aerial	14	8 min	90%
	1720 - Urban	Urban Combo/Vol	> 1,000 pop/square mile	15	9 min	90%
	1720 - Suburban	Suburban Combo/Vol	500 - 1,000 pop/square mile	10	10 min	80%
	1720 - Rural	Rural Combo/Vol	< 500 pop/square mile	6	14 min	80%
	1720 - Remote	Remote Combo/Vol	Travel > 8 mi	4	n/a	90%
* 2. Given your <b>current staffing</b> levels, how often does your department meet the NFPA assembly requirements as indicated in the table above for the department's primary/first due response area?			Very Often (60 to 79%) <a href="#">Help</a>			
<b>NOTE:</b> If your department utilizes overtime to fill positions to ensure you are meeting applicable NFPA staffing and deployment standards, you will want to remove the number of positions filled by overtime from your calculations.						
* 2a. If awarded the number of positions requested in this application, how often do you anticipate that your department will meet the NFPA assembly requirements as indicated in the table above?			Most of the Time (80 to 99%) <a href="#">Help</a>			
* 3. Given your <b>current staffing</b> levels and <b>without</b> using overtime to fill vacant positions, what is the average actual staffing level on your first arriving engine company or vehicle capable of initiating suppression activities on the number of structure fires indicated in the "Department Call Volume" section of your application? (Up to one decimal i.e., 2.5)			3			
<b>NOTE:</b> If your department utilizes overtime to fill positions to ensure you are meeting applicable NFPA staffing and deployment standards, you will want to remove the number of positions filled by overtime from your calculations.						
* 3a. If awarded the number of positions requested in this application, what will be the average actual staffing level on your first arriving engine company or vehicle capable of initiating suppression activities on the number of structure fires indicated in the "Department Call Volume" section of your application? (Up to one decimal i.e. 2.5)			3			
* 4. Please describe the departments hiring practices and timelines including how long after award will you be able to start a recruit			We expect to hire all 18 as State-certified firefighters and EMT or Paramedics. A three-week orientation class will be conducted for			

class and how many recruits can be trained in one class. If you are requesting more positions than can be trained in one recruit class, please discuss when you will be able to hold the second class. If your department will need governing body approval before the award can be accepted, please be sure to include details on the timeline needed for acceptance (2000 characters) .	six personnel at a time over three months once hired. Once we have learned of the grant's approval, we will seek the governing bodies' acceptance within three weeks.
* 5. Is your request for hiring firefighters based on a risk analysis, staffing needs analysis, or an Insurance Services Office (ISO) rating?	Yes
5a. If Yes, describe how the analysis was conducted and the outcome of the analysis or ISO rating. (1000 characters)	This station will be staffed with a quint-- the third for the five-station department. With that additional quint, we now become a "quint" department and receive full credit for engine/truck company service.
* 6.If awarded a grant, will you provide the new hires with entry-level physicals in accordance with NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments 2013 Edition, Chapter 6?	Yes, NFPA 1582 compliant
* 7. Do you currently provide <b>annual</b> medical/physical exams in accordance with NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments 2013 Edition, Chapter 6?	Yes, NFPA 1582 compliant
* 8. Will the personnel hired meet the minimum EMS training and certification as required by your Authority Having Jurisdiction (AHJ)?	Yes
* 9. Does your department currently have a policy in place to recruit and hire veterans?	Yes
9a. If yes, please provide a brief description of the policy in place (1000 characters) .	The City grants Veteran's Preference to: Disabled Veterans who have served on active duty in any branch of the Armed Forces and who presently have an existing service-connected disability which is compensable under public laws administered by Veterans Affairs or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the Department of Defense; spouse of a Veteran; A Veteran of any war, who has served at least one day during that war time or who has been awarded a campaign or expeditionary medal; unremarried widow or widower of a Veteran who died of a service-connected disability; the mother, father, legal guardian, or unremarried widow or widower of a service member who died as a result of military service under combat-related conditions; veteran who was discharged under honorable conditions; current member of any reserve component of the US Armed Forces or The Florida National Guard.
* 10. Is it your department's intent to sustain the positions filled under this grant after the completion of the period of performance?	Yes
10a. If yes, please provide a brief description on how the positions will be sustained.	Working with City Commission and our financial consultant, as the economy recovers, we will look to growth and a balance of assessment fees and property taxes to sustain the additional personnel.

FEMA Form 080-0-4a

### Budget Item

<p>As you are aware, grants awarded under the Hiring of Firefighters Activity requires grantees to maintain their staffing levels and incur no lay-offs during the period of performance of the grant. Therefore, it is imperative that your department have the support of your governing body.</p> <p>In order to ensure that there is a clear understanding of the long-term obligations of a SAFER grant and that, if awarded, all parties involved are committed to fulfilling those requirements upon acceptance of the award; we are requesting a letter from your governing body stating their commitment of the above requirement.</p> <p>The letter should be prepared on your governing body's letterhead and addressed to:</p> <p>Catherine Patterson, Branch Chief</p>	
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Assistance to Firefighters Grants Branch	
If you have received the letter, you may attach it here. <b>(Note: only .doc and .pdf files will be accepted)</b>	
If you do not have the letter at this time, you may submit a signed copy of the letter as soon as you are able via fax to 1-866-274-0942 or via e-mail to <a href="mailto:firegrants@fema.dhs.gov">firegrants@fema.dhs.gov</a> .	
* How many full-time firefighter positions, including positions that will be job-shared, are you requesting?	21
<p>"Full-time" is considered 2,080 hours or more worked per year and entitles the employee to receive benefits earned by the other full-time employees in the organization. "Job-share" is the term used to describe the hiring of more than one person to fill one full-time position. Part-time positions are less than 2,080 hours per year. Often part-time employees do not earn benefits or do not earn them at the same rate or level as full-time employees</p> <p>If you are requesting to fund a <b>full-time position(s)</b> that will be "job-shared" by more than one individual please indicate how many individuals will fill that position, how they will be used and scheduled to fill the position(s), and provide an explanation as to why the position will be shared. (800 characters)</p>	
* What are the current usual annual costs of a first-year firefighter in your department?	Annual Salary: \$ 45,215 Annual Benefits: \$ 22,100
<p>"Usual annual costs" include base salary and the typical benefits package offered to a first-year firefighter.</p> <p>* What costs are included in the typical benefits package your department provides to first-year firefighters? Please provide details on the dollar amounts or percentages for each benefit being provided. (2000 characters)</p>	
FICA (Social Security), \$2,803; FICA (Medicare), \$655; Retirement, \$11,077; Insurance (Health, Dental, Vision, Life), \$7,550.	

FEMA Form 080-0-4a

<b>Budget</b>
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### Hiring of Firefighters:

There is a three-year period of performance for grants awarded under the Hiring of Firefighters Activity. The amount of Federal funding provided to a recipient for hiring a firefighter in any fiscal year may not exceed -

- Year One: 75 percent of the usual annual costs of a first-year firefighter as provided in the Request Details section;
- Year Two: 75 percent of the usual annual cost of a first-year firefighter as provided in the Request Details section;
- Year Three: 35 percent of the usual annual cost of a first-year firefighter as provided in the Request Details section.

The additional funds requested for training are not subject to the funding limitations above. However, the costs may only be used to provide training and cannot be used toward the salary and benefits of requested firefighters. Costs for training must be expended within the three-year period of performance.

Review and confirm the budget information below. If you need to change any of the budget amounts on the matrix, you will need to update the information on the previous Request Details screen.

When you are finished, press the **Save and Continue** button below.

Budget Matrix				
	First 12-Month Period	Second 12-Month Period	Third 12-Month Period	Total
<a href="#">Personnel</a>	949,515	949,515	949,515	<b>2,848,545</b>
<a href="#">Benefits</a>	464,100	464,100	464,100	<b>1,392,300</b>
Other - Additional Funding	0	0	0	<b>0</b>
<b>Total:</b>	<b>1,413,615</b>	<b>1,413,615</b>	<b>1,413,615</b>	<b>4,240,845</b>
Total Applicant Share	353,403	353,403	918,849	<b>1,625,655</b>
Total Federal Share	1,060,212	1,060,212	494,766	<b>2,615,190</b>

FEMA Form 080-0-4a

### Narrative Statement for Hiring of FireFighters

**\* Element #1 - Project Description (30%):**

**\* 1a. Why does the department need the positions requested in this application? (2000 characters)**

The City of North Port is currently serviced by six fire stations and serves a population of just under 70,000 residents and covers just over 104 square miles. In 2017, the District responded to 7,792 incidents. As the City has expanded, it has annexed the area surrounding Sarasota County Fire Station 26 that covers the annexed area known as the West Villages. Sarasota County intends to vacate their station to relocate to an area outside of the City limits which strategically provides them a better opportunity to serve their citizens. This move is a planned and coordinated move with all parties cooperating to provide the best service to the community and the homeowners in that area.

Our plan is to hire 21 firefighters to backfill existing positions which will be reassigned to staff a paramedic-quint and ambulance and share residence at Sarasota County's Fire Station 26. Sarasota County would then move their engine and ambulance to a pre-determined strategic location in Sarasota County. The vacated facility would become North Port Fire Rescue's Fire Station 86. Personnel would be hired in January of 2019 in anticipation of being ready to serve that area by the end of March 2019. During this time, the construction of Fire Station 86 (North Port's new Station) would be underway with anticipated completion spring/summer of 2020).

**\* 1b. How will the positions requested in this application be used within the department (e.g., 4th on engine, open a new station, eliminate browned out stations, reduce overtime)? (2000 characters)**

These positions will be utilized to open and staff a new fire station in an area that is currently serviced by Sarasota County Fire Department. The Sarasota County Fire Department is vacating the area in a coordinated move because the area has been annexed into the City. These positions will allow the reassignment of current personnel to provide a new, three-person staffing for a paramedic-quint (with a dedicated Lieutenant), two-person staffing for our RIC team (assigned to an ambulance but rotated with 50% of the time on the quint), and a Battalion Chief with an added firefighter to backfill time-off and reduce associated overtime.

**\* 1c. What are the specific benefits that the requested positions will provide to the department and community? (2000 characters)**

These new positions will allow us to adequately service the expanded area of the city known as the West Villages that was recently described as one of the top five fastest growing communities in the nation. Within the next several years, the West Villages' population, itself, is expected to reach 65,000 - nearly that of the entire, current population of City of North Port. The area will have a mixed-use: residential, public assembly, commercial, educational, and recreational. Of note from a risk-perspective, the Atlanta Braves are also building a Spring Training Complex in this area of the city which will bring additional commercial growth and expanded calls for service. Current plans are to dedicate an additional ambulance and engine whenever the Braves or their minor league affiliate are playing.

**\* 1d. Please describe how the awarding of this grant would enhance the department's ability to protect critical infrastructure within the department's primary response area. (2000 characters)**

North Port Fire Rescue will be the sole emergency services provider in the West Villages area protecting critical infrastructure, primarily associated with transportation. Two major thoroughfares transect the community, US Hwy 41 (Tamiami Trail which links Tampa to Miami) and River Road (the artery intersecting with Interstate 75) and are both State of Florida-designated hurricane evacuation routes. Two US 41 bridges cross over the Myakka River and a tributary, electrical transmission lines, communications' towers, a water utility booster station and million-gallon water storage tank (currently using anhydrous ammonia as a disinfectant) are among other critical infrastructure facilities protected by the new station. Additionally, new water and wastewater treatment plants, school (which would serve as a hurricane risk shelter) and a medical facility are projected to be built within this station's primary response area. The inability to staff this station would place the service demand on another North Port station over five miles away, delaying positive outcomes to life and/or property.

**\*Element #2 - Impact on Daily Operations (30%):**

**\* 2a. How are the community and the current firefighters employed by the department at risk without the positions requested in this application? (2000 characters)**

The community would be negatively impacted and at risk because the servicing of this rapidly growing area would be by a fire station that is located over five miles away with a response time of at least 10 minutes. Delayed response times to a fire means greater spread of fire, higher dollar loss and even loss of life if someone is trapped and delay in effective response force arrival. For EMS it results in the inability to provide ALS-level care within the timeframe established by NFPA 1710 and current standard of care. Rapid response is crucial for a positive outcome in both medical and trauma incidents.

The firefighters are at risk because of the longer response time to fire incidents, which could cause for increased scene hazards upon arrival. This increase in scene hazards would put firefighters at greater risk during scene mitigation activities. Firefighters are also at risk because of delays in the on-scene arrival of additional firefighters who are responding from fire stations that are further way. These delays would cause for first arriving firefighters to be assigned multiple responsibilities and perform multiple tasks for

extended amounts of time, which leads to an increase in unsafe practices, fatigue, and injury.

**\* 2b. How will that risk be reduced if awarded? (1000 characters)**

Having the SAFER Grant awarded would allow for staffing of a new fire station in the annexed area of the City, which would improve fire and EMS services for the community and increase the safety and efficiency of the firefighters by decreasing time to apply water on the fire, or ALS-level of care to a patient.

**\*Element #3 - Financial Need (30%):**

**\* 3a. Please provide an income versus expenses breakdown of the current annual budget as indicated in the Applicant Characteristics section of the application. (2000 characters)**

North Port Fire Rescue is funded from two sources: (1) ad valorem (i.e., property taxes) from millage assessed to all parcels and (2) a non-ad valorem fire assessment applied initially to each parcel, then a second tier to square footage on developed properties.

Revenues from EMS transports and miscellaneous income was projected to generate \$1,568,580 in the current fiscal year 2018. Ad valorem taxes assessed at a rate of \$3.4770 per \$1,000 assessed taxable valuation supplemented that amount to reach a total EMS revenue adopted budget of \$4,868,960.

Non-ad valorem revenue is restricted by state statute to fund fire suppression, rescue, first responder and fire prevention activities. The fee rates are based on the cost of providing these services and how much each category of property benefits from these services. Fees are structured in two tiers: (Tier 1) Response Readiness Availability and (Tier 2) Protection from Loss of Structures. All non-exempt parcels are assessed a Tier 1 base rate of \$72.77. Non-exempt improved parcels are then assessed a Tier 2 rate of \$4.68 per \$5,000 of Structure Value (Structure EBU), rounded down to nearest \$5,000. Revenues from the non-ad valorem fire assessment fee was budgeted at \$8,979,700 added to miscellaneous fees to reach a total Fire Rescue District adopted budget of \$9,258,590.

For the current budget, FY 2018, expenditure for EMS-related activities is \$4,868,980: \$4,027,930 is personnel, \$768,250 operational, \$2,800 is capital, and \$70,000 is transferred to capital acquisition fund for future purposes. On the fire-side, the total budget is \$9,258,590: \$6,556,080 personnel, \$1,824,710 operating, \$17,800 capital, and \$860,000 for transfer to capital acquisition.

Total budget for FY 2018 is \$14,452,657.

**\* 3b. Please describe the department's budget shortfalls and why the department is unable to address their financial needs without federal assistance. (2000 characters)**

The North Port-Sarasota-Bradenton Metropolitan Statistical Area's economy suffered a catastrophic fall in the recent recession, however it has begun to recover. From a peak in 2008, property values have declined rapidly. Combined with a Constitutionally-mandated cap on property taxes, this results in lowered property assessments (ad valorem taxes), which reduced the tax revenue generated for the City's general fund which supports EMS operations.

Additionally, as an incentive to spur new development City Commission has cut Impact Fee rates in half, limiting future funds available to pay for capital projects. These fees have been likewise significantly affected by the decline in new residential and commercial construction. The lack of growth and default on fire assessments then forced the Fire Rescue District to shift reserve funds toward operational expenditures to balance its budget.

Current growth is now allowing a balanced budget without the immediate use of reserves; however, in the current fiscal year, City Commission adopted a classification/compensation study and a new contract with the International Association of Firefighters which resulted in a nearly \$1 million impact to Fire Rescue District's budget and a similar amount to the General Fund (EMS budget). Those amounts were drawn from reserves which must now be restored.

To compound the reduction to the budget by the salary increases, a new fire station is under construction in a developing area of the City. Construction and equipment costs will be borne by Impact Fees from new buildings in that district. Operational costs, however will be funded by the City. Initial projections for the first full year of operations is \$2,309,620 alone. The depleted reserve accounts coupled with new, as yet unfunded, costs will result in the City's inability to address these financial needs without federal assistance.

**\* 3c. What other actions has your department taken to obtain funding elsewhere (e.g., state assistance programs, other grant programs, etc.)? (2000 characters)**

The opening of this new fire station is the first in more than 12 years which precedes the first SAFER grants in 2006; thus, this application represents our initial attempt at seeking funds for new personnel. No other grants have been identified to meet these specific needs.

During the economic downturn, this department did not seek SAFER grant funding due to financial concerns of meeting the third-year full funding of personnel. We believe the current restoration of the economy and growth in our community will support continued funding after the grant's period of performance.

This department did seek funding for staffing in the current fiscal year's (2018) budget process, but the proposal was dismissed prior to being considered by City Commission. There are plans to submit the budget request again, which may meet the same fate as before due to funding shortfalls.

**\* 3d. How are other critical functions in your department affected without this funding? (2000 characters)**

Funds that could be directed to staffing a new fire station in the West Villages area of the City will need to be reallocated to assist with the rebuilding of the reserve account as mentioned in question 3b. Those reserves are mandated at a 25% level of the Fire Rescue District's total budget plus an additional 10% to ensure the financial stability of the District and account for any emergency expenditures or downturn in the economy which results in lower revenues. That account, whose maximum balance is approximately \$3 million, absorbed a nearly \$1 million expenditure due to the classification study and new contract. Even with good long-term financial planning employed by this department, there is now a shortfall that these reserve accounts must be restored back to its authorized level before funding new personnel.

Present plans are to assign personnel to the West Villages to be collocated with Sarasota County Fire Station 26 which currently serves that area first-due under automatic aid. Sarasota County would then begin to relocate their apparatus to another more suitable location in the County to address their expanding needs. Should our department not receive this funding, Sarasota County's plans for moving their units would be impacted, which then would have cascading effects in the County.

**\*Element #4 - Cost Benefit (10%):**

**\* Please describe the benefits (i.e., anticipated savings, efficiencies) the department and community will realize if awarded the positions requested in this application. (3000 characters)**

If awarded the SAFER grant, the financial benefits to our community and to our department would be numerous. This grant would provide a more gradual fiscal impact on the citizens and the department by providing a means to slowly absorb the additional cost of the new firefighters.

The efficiencies to our community and department would allow for the staffing of a new fire station within the annexed area of the City and prevent extended fire and EMS responses of first due fire apparatus and ambulances from stations located five miles away. This would significantly reduce and or eliminate the chronic occurrence of fire and EMS responses not meeting the NFPA 1710 standard. The staffing of this new fire station within the annexed area of the City would allow for firefighters to arrive on scene sooner and to make entry quicker, put water on the fire quicker, reduce fire damage, speed rescue of potentially trapped victims and have greater positive outcomes. The same benefits are applied to EMS incidents when our first responders on paramedic unit and ambulance can provide ALS-level of treatment quickly.

**Element #5 - Additional Information : If you have any additional information you would like to include about the department and/or this application in general, please provide below. (2000 characters)**

The City of North Port Fire Rescue District would like to thank you for your consideration of this request and appreciate your recognition of the needed funding. We appreciate the efforts of our elected officials to support this funding mechanism and provide needed relief to communities that are challenged with such rapid growth and demonstrated need.

[Hiring Narrative Supplemental Information](#)

FEMA Form 080-0-4a

**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 asterisk (\*) 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 **Richard Berman** on **04/09/2018**

## 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 asterisk (\*) 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 44 CFR 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 44 CFR 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. (4000 characters)

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

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR 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 awarding 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
4980 CITY CENTER BLVD	NORTH PORT	Florida	34286 -8037	

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 FEMA funding. States and State agencies may elect to use a Statewide certification.

Signed by **Richard Berman** on **04/09/2018**

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
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 Details	<a href="#">Complete</a>
Budget	<a href="#">Complete</a>
Narrative Statement	<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.** Therefore, please be sure you have thoroughly reviewed the application before you submit; if "placeholders" were used, be sure to update with the correct information before submitting. 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 with the terms of the Notice of Funding Opportunity, comply with all the terms and conditions of the grant award, including any special conditions in accordance with the articles of agreement, and comply with all applicable Federal statutory and regulatory requirements, if 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 asterisk (\*) are required.

I, Richard Berman, am hereby providing my signature for this application as of 24-Apr-2018.