

# System for Award Management (SAM.gov) profile

Please identify your organization to be associated with this application.

All organization information in this section will come from the System for Award Management (SAM) profile for that organization.

## CITY OF NORTH PORT

Information current from SAM.gov as of:	<b>03/19/2024</b>
UEI-EFT:	<b>Z9MLXPDL2AM3</b>
DUNS (includes DUNS+4):	<b>039567821</b>
Employer Identification Number (EIN):	<b>596072227</b>
Organization legal name:	<b>CITY OF NORTH PORT</b>
Organization (doing business as) name:	
Mailing address:	<b>CITY OF NORTH PORT 4970 CITY HALL BLVD. NORTH PORT, FL 34286-4100</b>
Physical address:	<b>4970 CITY HALL BLVD NORTH PORT, FL 34286-4100</b>
Is your organization delinquent on any federal debt?	<b>N</b>
SAM.gov registration status:	<b>Active as of 03/17/2024</b>

We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date

## Applicant information

Please provide the following additional information about the applicant.

Applicant name	<b>City of North Port Fire Rescue</b>
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## Main address of location impacted by this grant

Main address 1	<b>4970 City Hall Boulevard</b>
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Main address 2

City **North Port**

State/territory **FL**

Zip code **34286**

Zip extension **4100**

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**

## Applicant characteristics

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

Please provide the following additional information about the applicant.

Applicant type: **Fire Department/Fire District**

Is this grant application a regional request? A regional request provides a direct regional and/or local benefit beyond your organization. You may apply for a regional request on behalf of your organization and any number of other participating eligible organizations within your region. **No**

What kind of organization do you represent? **All Paid/Career**

How many active firefighters does your department have who perform firefighting duties? **129**

How many of your active firefighters are trained to the level of Firefighter I or equivalent? **129**

How many of your active firefighters are trained to the level of Firefighter II or equivalent? **129**

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001? **No**

Which of the following standards does your organization meet regarding physicals? If physicals are not required then do not select any option. (optional)

Meets NFPA or 1582 standard

Meets NTSB or DOT standard

Meets State/Local standard

How many members in your department are trained to the level of EMR or EMT, Advanced EMT or Paramedic? **129**

Does your department have a Community Paramedic program? **No**

How many stations are operated by your department? **6**

Does your organization protect critical infrastructure of the state? **Yes**

Please describe the critical infrastructure protected below. **9 miles of US 41, 15 miles of I-75, local roadway, bridges, water and wastewater operations and 911 call center.**

Do you currently report to the National Fire Incident Reporting System (NFIRS)? You will be required to report to NFIRS for the entire period of the grant. **Yes**

Please enter your FDIN/FDID. **16021**

Do you offer live fire training? **Yes**

What is the total number of live fire training exercises conducted per year on average? **18**

# Operating budget

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

Current fiscal year: **2024**

Fiscal Year	Operating budget
2024	\$28,594,170.00
2023	\$26,769,830.00
2022	\$24,987,290.00

What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)? **75**

Does your department have any rainy day reserves, emergency funds, or capital outlay? **Yes**

What is the total amount currently set aside? **7252135.00**

Describe the planned purpose of this fund. **20% of operating expenditures is for the Emergency and Disaster Reserve for non-routine and unforeseen disaster situations, including hurricanes, other natural disasters, and events that cause disruptions in public services. Up to 10% is for Economic Stabilization reserved for short term cash flow purposes such as unanticipated expenditures, increases in service delivery costs, or an economic downturn that causes a shortfall in revenues.**

<b>What percentage of the declared operating budget is derived from the following</b>	<b>2024</b>	<b>2023</b>	<b>2022</b>
Taxes	1	1	57
Bond issues	0	0	0
EMS billing	11	10	10
Grants	0	1	1
Donations	0	0	0
Fund drives	0	0	0
Fee for service	59	57	1
Other	29	31	31
<b>Totals</b>	100 %	100 %	100 %

Please explain the "Other" portion of the declared operating budget.

**Other refers to use of General Fund millage, investment income, firefighter supplemental income and fund balance.**

Describe your financial need and how consistent it is with the intent of the AFG Program. Include details describing your organization's financial distress such as summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of your control.

**The City of North Port budget is \$28,594,170. 74% of our expenditures are personnel costs, such as salaries, benefits and overtime. The deficit is made up by reserve funds. Between 2000 and 2021, the City of North Port experienced population growth of 251% (City-Data.com), and our population continues to grow rapidly. An impact fee study completed in 2011 recommended specific rate levels for emergency services. The city adopted these rates at 50% of the levels recommended. As a result, we now are in the process of adjusting and correcting shortfalls in the rates in order to deal with the exponential population growth. North Port is predominantly comprised of**

residential properties and vacant land. There are corridors which provide some commercial growth, but these are far exceeded by residential growth. The primary tax burden thus falls on citizen taxpayers, leaving little room to increase rates based on sales taxes or other forms of tax revenue. As a result, there is substantial funding pressure on fire and rescue services, creating unique challenges if we are to maintain service levels which keep pace with rapid growth. All available funding is being used to maintain current service and performance levels, with no funding available to increase services to meet demand Total fire calls have increased by 40% since 2021.

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

**No**

## Other funding sources

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

**No**

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

**Yes**

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

**FEMA, CARES Act, DOJ, CDBG, Coronavirus State and Local Fiscal Recovery Funds for various infrastructure and COVID related projects.**

## Applicant and community trends

Please provide the following additional information about the applicant.

<b>Injuries and fatalities</b>	<b>2023</b>	<b>2022</b>	<b>2021</b>
What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	1	0	1
What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	0	3	3
What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	0	0	0
What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	1	0	0
What is the total number of members with self-inflicted fatalities over the last three years?	0	0	0

How many vehicles does your organization have in each of the type or class of vehicle listed below? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession.



### **Seated riding positions**

The number of seated riding positions must be equal or greater than the total number of frontline and reserve apparatus. If there are zero frontline and zero reserve apparatus, the number of seated riding positions must be zero..

<b>Type or class of vehicles</b>	<b>Number of frontline apparatus</b>	<b>Number of reserve apparatus</b>	<b>Number of seated riding positions</b>
Engines or pumpers (pumping capacity of 750 gallons per minute (GPM) or greater and water capacity of 300 gallons or more): pumper, pumper/tanker, rescue/pumper, foam pumper, CAFS pumper, type I, type II engine urban interface.	3	2	20
Ambulances for transport and/or emergency response.	6	5	22
Tankers or tenders (water capacity of 1,000 gallons or more).	1	1	2
Aerial apparatus: aerial ladder truck, telescoping, articulating, ladder towers, platform, tiller ladder truck, quint.	3	2	20

Type or class of vehicles	Number of frontline apparatus	Number of reserve apparatus	Number of seated riding positions
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	0	6
Rescue vehicles: rescue squad, rescue (light, medium, heavy), technical rescue vehicle, hazardous materials unit.	1	0	2
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.	2	1	3

How many ALS Response vehicles are in your fleet? **10**

Is your department facing a new risk, expanding service to a new area, or experiencing an increased call volume? **Yes**

Please explain how your department is facing a new risk, expanding service to a new area, or experiencing an increased call volume.

**North Port is a large land area city, with six fire stations responding to over 104 square miles. The city's population has increased by 251% since 2000, placing increased demands on response services. We are currently projected to need and build two additional fire stations within the next three years. Growth in the past 21 years has not been isolated to concentrated population areas but is sprawling, creating gaps of undeveloped land and residential structures. With increased growth, the department has seen a steady increase in call volume and response time. Total fire calls have increased by 40% since 2021. More tourist attractions, critical care facilities and commercial businesses are being constructed--all of which will increase calls further and place further increased demand on response from the six fire stations.**



# Community description

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

Type of jurisdiction served **City**

What type of community does your organization serve? **Urban**

What is the square mileage of your first due response zone/jurisdiction served? **104**

What percentage of your primary response area is protected by hydrants? **33**

<b>What percentage of your primary response area is for the following:</b>	<b>Percentage (must sum to 100%)</b>
Agriculture, wildland, open space, or undeveloped properties	70
Commercial and industrial purposes	2
Residential purposes	28
<b>Total</b>	<b>100</b>

What is the permanent resident population of your first due response zone/jurisdiction served? **93000**

Do you have a seasonal increase in population? **Yes**

What is your seasonal increase in population (number of people)? **12000**

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

**North Port, Florida is located approximately twelve miles east of the Gulf of Mexico. We are positioned on the southwest side of Florida, in the southernmost part of Sarasota County, which is bordered on the south by Charlotte County, on the east by Desoto County and to the north by Manatee County. North Port is a**

bedroom community and one of the fastest growing cities in the State of Florida. The city is also one of the largest and expansive land-mass cities in the state at approximately 104 square miles. North Port is the most populated within Sarasota and Manatee Counties with a current population of over 90,000 full time residents and 10,000 seasonal residents between October and May. North Port is a fairly new city. The North Port Fire Rescue department was formed in 1961, two years after the City of North Port was incorporated. The department started as a volunteer organization. We transitioned into a paid department in 1983 with the development of a tax district which charges non ad-valorem rates to all property owners. The department holds a Public Protection Classification Rating of 1/1 since 2014. The department has 6 fire stations and 129 active firefighters/EMT's/paramedics providing structure fire suppression, basic life support, wildland fire suppression, advanced life support, EMS and rescue technical level program. All staff are trained to the level of firefighter II and all are EMT's or paramedics. We have interlocal and mutual aid agreements providing services to portions of unincorporated Sarasota and Charlotte County. The Mission Statement of the department is to "Provide Exceptional Public Safety Services in a Safe, Compassionate and Professional Manner."

## Call volume

Summary	2023	2022	2021
Fire - NFIRS Series 100	302	429	217
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	17	6	3

<b>Summary</b>	<b>2023</b>	<b>2022</b>	<b>2021</b>
Rescue & Emergency Medical Service Incident - NFIRS Series 300	8216	10092	9679
Hazardous Condition (No Fire) - NFIRS Series 400	180	307	184
Service Call - NFIRS Series 500	1409	1578	1267
Good Intent Call - NFIRS Series 600	728	964	897
False Alarm & Falls Call - NFIRS Series 700	611	666	529
Severe Weather & Natural Disaster - NFIRS Series 800	16	180	8
Special Incident Type - NFIRS Series 900	1	1	0
<b>Total</b>	<b>11480</b>	<b>14223</b>	<b>12784</b>

## Fire

<b>How many responses per year per category?</b>	<b>2023</b>	<b>2022</b>	<b>2021</b>
"Structure Fire" (Of the NFIRS Series 100 calls, NFIRS Codes 111-120)	65	48	43
"Vehicle Fire" (Of the NFIRS Series 100 calls, NFIRS Codes 130-138)	45	31	38
"Vegetation Fire" (Of the NFIRS Series 100 calls, NFIRS Codes 140-143)	169	166	136
<b>Total</b>	<b>279</b>	<b>245</b>	<b>217</b>

<b>Total acreage per year</b>	<b>2023</b>	<b>2022</b>	<b>2021</b>
Total acreage of all vegetation fires	256	545	338

## Rescue and emergency medical service incidents

<b>How many responses per year per category?</b>	<b>2023</b>	<b>2022</b>	<b>2021</b>
"Motor Vehicle Accidents" (Of the NFIRS Series 300 calls, NFIRS Codes 322-324)	635	615	593
"Extrications from Vehicles" (Of the NFIRS Series 300 calls, NFIRS Code 352)	63	50	46
"Rescues" (Of the NFIRS Series 300 calls, NFIRS Code 300, 351, 353-381)	16	33	9
EMS-BLS Response Calls	4874	5701	5349
EMS-ALS Response Calls	5304	4391	4330
EMS-BLS Scheduled Transports	0	0	0
EMS-ALS Scheduled Transports	0	0	0
Community Paramedic Response Calls	0	0	0
<b>Total</b>	<b>10892</b>	<b>10790</b>	<b>10327</b>

## **Mutual and automatic aid**

<b>How many responses per year per category?</b>	<b>2023</b>	<b>2022</b>	<b>2021</b>
Amount of times the organization received Mutual Aid	78	160	65
Amount of times the organization received Automatic Aid	0	0	0
Amount of times the organization provided Mutual Aid	261	635	1130
Amount of times the organization provided Automatic Aid	0	0	0
Of the Mutual and Automatic Aid responses, amount that were structure fires	5	7	3
<b>Total</b>	<b>344</b>	<b>802</b>	<b>1198</b>

# Grant request details

Are you requesting a Micro Grant? A Micro Grant is **No** limited to \$75,000 in federal resources.

**Grand total: \$889,520.54**

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## Program area: Operations and safety

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▶	<b>Activity: Personal Protective Equipment (PPE)</b>	<b>\$889,520.54</b>
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# Grant request summary

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

## Grant request summary

Activity	Number of items	Total cost
Personal Protective Equipment (PPE)	3	\$889,520.54
<b>Total</b>	<b>3</b>	<b>\$889,520.54</b>

Is your proposed project limited to one or more of the [following activities](#) ⓘ : Planning and development of policies or processes. Management, administrative, or personnel actions. Classroom-based training. Acquisition of mobile and portable equipment (not involving installation) on or in a building.

**No**

Please download the EHP Screening form available at <https://www.fema.gov/media-library/assets/documents/90195>. Once you have been awarded the grant and have accepted the award, please complete and send your screening form and attachments to [GPDEHPinfo@fema.dhs.gov](mailto:GPDEHPinfo@fema.dhs.gov).

Filename	Date uploaded	Uploaded by	Label	Description	Action
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## Budget summary

### Budget summary

Object class categories	Total
Personnel	\$0.00
Fringe benefits	\$0.00
Travel	\$0.00
Equipment	\$889,520.54
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00
<b>Total direct charges</b>	<b>\$889,520.54</b>
Indirect charges	\$0.00
<b>TOTAL</b>	<b>\$889,520.54</b>
<b>Non-federal resources</b>	
Applicant	\$80,865.50
State	\$0.00
Other sources	\$0.00
Remarks	

Object class categories	Total
<b>Total Federal and Non-federal resources</b>	
Federal resources	\$808,655.04
Non-federal resources	\$80,865.50
<b>TOTAL</b>	<b>\$889,520.54</b>
Program income	\$0.00

## Contact information

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

**No**

### Secondary point of contact

Please provide a secondary point of contact for this grant.

The Authorized Organization Representative (AOR) who submits the application will be identified as the primary point of contact for the grant. Please provide one secondary point of contact for this grant below. The secondary contact can be members of the fire department or organizations applying for the grant that will see the grant through completion, are familiar with the grant application, and have the authority to make decisions on and to act upon this grant application. The secondary point of contact can also be an individual who assisted with the development, preparation, or review of the application.

<b>MS Valerie Malingowski</b> Grants Manager	<b>Primary phone</b> 9414297001 Work	<b>Additional phones</b> 9413567540 Mobile
<a href="mailto:vmalingowski@cityofnc">vmalingowski@cityofnc</a>	<b>Fax</b>	

# Assurance and certifications

OMB number: 4040-0007, Expiration date: 02/28/2025 [View burden statement](#)

## SF-424B: Assurances - Non-Construction Programs

OMB Number: 4040-0007

Expiration Date: 02/28/2025

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

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

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and



Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held

- for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
  17. Will cause to be performed the required financial and compliance audits in accordance with the 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.
  19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

## Certifications regarding lobbying

OMB Number: 4040-0013

Expiration Date: 02/28/2025

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any

person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

## Statement for Loan Guarantees and Loan Insurance

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

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

OMB number: 4040-0013, Expiration date: 02/28/2025 [View burden statement](#)

## SF-LLL: Disclosure of Lobbying Activities

OMB Number: 4040-0013

Expiration Date: 02/28/2025

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

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

## Notice of funding opportunity

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).

## **Accuracy of application**

I certify that I represent the organization applying for this grant and have reviewed and confirmed the accuracy of all application information submitted. Regardless of 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, enforcement actions taken against an existing award pending investigation or review, or referral to the DHS Office of Inspector General.

## **Authorized Organizational Representative for the grant**

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

## **Authorization to submit application on behalf of applicant organization**

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