

## Entire Application

### Overview

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

No, I have not attended workshop

\*Was a workshop within two hours' drive?

No

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

Yes, I am a member/officer of this applicant

If you answered No, please **complete** the information below. If you answered Yes, please skip the Preparer Information section. Fields marked with an \* are required.

#### Preparer Information

\* Preparer's Name

\* Address 1

Address 2

\* City

\* State

\* Zip

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In the space below please list the person your organization has selected to be the primary point of contact for this grant. This should be a Chief Officer or long time member of the organization who will see this grant through completion. Reminder: if this person changes at any time during the period of performance please update this information. Please list only phone numbers where we can get in direct contact with the POC.

#### Primary Point of Contact

* Title	Fire Chief
Prefix (check one)	Mr.
* First Name	Tom
Middle Initial	R
* Last Name	Garrison
* Business Phone (e.g. 123-456-7890)	775-353-2254 Ext.
* Home Phone (e.g. 123-456-7890)	775-424-2486 Ext.
Mobile Phone/Pager (e.g. 123-456-7890)	775-527-3703
Fax (e.g. 123-456-7890)	775-353-2424
* Email (e.g. user@xyz.org)	tgarrison@cityofsparks.us

### Contact Information

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#### Alternate Contact Information Number 1

* Title	Training Division Chief
Prefix	Mr.
* First Name	Chris
Middle Initial	
* Last Name	Maples
* Business Phone	775-353-1618 Ext.
* Home Phone	775-851-7552 Ext.

Mobile Phone/Pager	775-720-7572
Fax	775-353-2424
*Email	cmables@cityofsparks.us

Alternate Contact Information Number 2

* Title	Operations Division Chief
Prefix	Mr.
* First Name	Andy
Middle Initial	
* Last Name	Koski
* Business Phone	775-353-2265 Ext.
* Home Phone	775-345-1133 Ext.
Mobile Phone/Pager	775-527-3705
Fax	775-353-2424
*Email	akoski@cityofsparks.us

**Applicant Information**

EMW-2013-FO-04521

Originally submitted on 12/06/2013 by Tom Garrison (Userid: mcpeltier)

**Contact Information:**

Address: 1605 Victorian Ave  
 City: Sparks  
 State: Nevada  
 Zip: 89431  
 Day Phone: 7753532254  
 Evening Phone: 7754242486  
 Cell Phone: 7755273703  
 Email: tgarrison@cityofsparks.us

**Application number is EMW-2013-FO-04521**

\* Organization Name Sparks Fire Department

\* Type of Applicant Fire Department/Fire District

\* Type of Jurisdiction Served City  
 If other, please enter the type of Jurisdiction

Legal name of your jurisdiction City of Sparks  
 Note: This information must match your [SAM.GOV](#) profile if your organization is using the DUNS number of your Jurisdiction.

\* Employer Identification Number(e.g. 12-3456789) [REDACTED]  
 Note: This information must match your [SAM.GOV](#) profile.

\* What is your organization's 9 digit DUNS Number? If you were issued a 4 digit number (DUNS plus 4) in addition to your 9 digit number please enter it in the second box. If not, please leave the second box blank. [REDACTED] (call 1-866-705-5711 to get a DUNS number)

\* Is your DUNS Number registered in [SAM.gov](#) (System for Award Management previously CCR.gov)? Yes

\* I certify that my organization/entity is actively registered at [www.SAM.gov](#) and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's [SAM.gov](#) record.

Headquarters or Main Station Physical Address

\* Physical Address 1 1605 Victorian Avenue

Physical Address 2

\* City Sparks

\* State Nevada

\* Zip 89431 - 4822  
[Need help for ZIP+4?](#)

Mailing Address

\* Mailing Address 1 1605 Victorian Avenue

Mailing Address 2

\* City Sparks

\* State Nevada

\* Zip 89431 - 4822  
[Need help for ZIP+4?](#)

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

2003 AFG Grant (EMW-2003-FG-17375) - \$88,750: Vehicle mobile data computers and components

2004 AFG Grant (EMW-2004-FG-14775) - \$22,676: Wildland shelters and training videos

2005 AFG Grant (EMW-2005-FG-19363) - \$55,118: Wellness / fitness program

2006 AFG Grant (EMW-2006-FG-16650) - \$38,454: Fire protection sprinkler installation in fire station 2

2007 Fire Prevention and Safety Grant (EMW-2007-FP-01927) – \$36,239: Smoke Detector Installation Program

2011 AFG Grant (EMW-2011-FO-03571) - \$504,739: Radio Equipment, Installation, and Training

#### Account Information

Note: This information must match your [SAM.GOV](http://SAM.GOV) profile.

\* Type of bank account Checking

\* Bank routing number - 9 digit number on the bottom left hand corner of your check ██████████

\* Your account number ██████████

#### Additional Information

\* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request? No

\* If awarded the AFG grant, will your organization expend more than \$500,000 in Federal funds during your organization's fiscal year? No

\* Is the applicant delinquent on any Federal debt? No

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

#### Fire Department/Fire District Department Characteristics (Part I)

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\* Are you a member of a Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property? No

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

If you answered combination, above, what is the percentage of career members in your organization? %

If you answered volunteer or combination or paid on-call, how many of your volunteer Firefighters are paid members from another career department?

\* What type of community does your organization serve? Suburban

\* Is your Organization considered a Metro Department? No

\* What is the square mileage of your first-due response area? 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. 36

\* What percentage of your response area is protected by hydrants? 95 %

\* 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? Washoe County

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

\* How much of your jurisdiction's land use is for agriculture, wildland, open space, or undeveloped properties? 15 %

\* What percentage of your jurisdiction's land use is for commercial and industrial purposes? 20 %

\* What percentage of your jurisdiction's land is used for residential purposes? 65 %

\* How many occupied structures (commercial, industrial, residential, or institutional) in your jurisdiction are more than three stories tall? Do not include structures which are not regularly 8

occupied such as silos, towers, steeples, etc.

\* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? 90214

\*Do you have a seasonal increase in population? No

If "Yes" what is your seasonal increase in population?

\* How many active firefighters does your department have who perform firefighting duties? 87

\* How many members in your department/organization are trained to the level of EMT-I or higher? 64

Do you have Community Paramedics ? No

\* How many stations are operated by your organization? 5

\* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)? Yes

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

If you answered yes above, please enter your FDIN/FDID 16002

\* What percent of your active firefighters are trained to the level of Firefighter I? 100 %

\* What percent of your active firefighters are trained to the level of Firefighter II? 100 %

If you answered less than 100% to either question above, are you requesting for training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the FF II level in this application! Please describe in the box to the right your training program and your plans to bring your membership up to Firefighter II.

\* What services does your organization provide?

Structural Fire Suppression	Emergency Medical Responder	Haz-Mat Operational Level
Wildland Fire Suppression	Basic Life Support	Haz-Mat Technical Level
	Advanced Life Support	Rescue Operational Level
	Formal/Year-Round Fire Prevention Program	Rescue Technical Level

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

Located in the high desert of Nevada, the City of Sparks is home to over 90,214 residents within 36 square miles, making it the 5th most populous city in the state. Since 2000, Sparks has seen its population increase by 39% (US Census Bureau). The Sparks Fire Department serves the City population, extensive mutual and automatic aid areas, as well as an ever-fluctuating tourist base. With 91 full-time personnel, Sparks Fire Department operates 5 fire stations and a Fire Prevention Bureau with a 2012 call volume of 9,169 calls. At least 45% of the population within the City is high risk—children under 18 and adults over 55.

Firefighters are certified to EMT-I level, and the engines, trucks, and brush apparatus are all Intermediate Life Support licensed. Special teams include 24 members of a regional hazardous materials team, a 21 member technical rescue team, and an 18 member swift water rescue team. City responders operate in accordance with National Preparedness Guidelines for all-hazard preparedness incorporating prevention, protection, response, and recovery into the agency's core vision and operational philosophies. Within the last decade, FEMA recognized Sparks, Nevada, as one of its ten "Project Impact Star Communities," noting that "Communities like Sparks are making great strides in education and protecting its residents from disasters and shine as an inspiration for other cities to follow."

Critical City infrastructure includes Interstate 80 and State Highway 445, the Southern Pacific Railway, the Truckee River corridor, a 49 tank bulk petroleum fuel storage tank farm, three major gas transmission lines, one hospital, 20 area elementary, junior and high schools, and numerous child care and assisted living facilities. The Reno-Sparks Convention & Visitors Authority estimates over 5.1 million tourists visit the Truckee Meadows annually (RSCVA.com). The casino industry attracts an ever-fluctuating tourism base and in 2006 it was estimated that over 875,000 people attended special events in Sparks, increasing the population during these events by over 20,000 persons per day.

Sixteen mutual/automatic aid agreements with neighboring agencies, counties, and states increase coverage responsibilities as the Sparks Fire Department participates in automatic or mutual aid agreements with the following organizations:

- Truckee Meadows / Sierra Fire Protection District
- Reno Fire Department
- Storey County Fire Protection District
- Bureau of Land Management
- Nevada Division of Forestry
- Reno Air National Guard

- Reno-Sparks Indian Colony
- California Office of Emergency Services
- Airport Authority of Washoe County

SFD also provides assistance under the following agreements:

- Nevada Master Mutual Aid Agreement
- Lake Tahoe Regional Chiefs Agreement
- Sierra Front Agreement
- Emergency Management Assistance Compact
- Supplemental Interstate Compact for Emergency Mutual Assistance
- Regional Hazardous Materials Response Agreement
- Truckee River Hazardous Materials Alliance

The Sparks Fire Department is requesting funding to replace obsolete SCBA, facemasks, and cylinders. Funding for new SCBA equipment will bring SFD into 100% compliance with NFPA 1981 - 2013 Edition. This equipment is necessary to protect fire fighters and continue improving the health and safety of the public.

**Fire Department Characteristics (Part II)**

	2012	2011	2010
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three years?	0	0	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three years?	0	6	2
* What is the total number of line of duty member fatalities in your jurisdiction over the last three years?	0	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three years?	0	1	1
* Over the last three years, what was your organization's average operating budget?		14721446	
* What percentage of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?		87 %	
* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%			
Taxes?	99 %		
<u>EMS Billing?</u>	0 %		
Grants?	0 %		
Donations?	0 %		
Fund drives?	0 %		
<u>Fee for Service?</u>	1 %		
Other?	0 %		

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

Does your organization intend to provide a financial match greater than the required amount? No

If yes, how much additional funds is you department/agency willing to contribute? \$

\* Please describe your organization's need for Federal financial assistance. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

The City is unable to fund replacement of our NFPA 1981–1997edition SCBA purchased in 2000 because of the depressed conditions of the local economy and City revenues. City revenues are not expected to rebound due to the area's high unemployment rate, significant reductions in our tourism-based economy, and a construction industry decimated from a collapse in the local real estate market. There is little chance of an economic turnaround anytime soon. According to Tom Cargill, Professor of Economics at the University of Nevada at Reno, "any rebound in the economy is going to take time, and Nevada will continue to lag behind the Nation." Many factors specific to Nevada and the Washoe County/Sparks area lend considerable credibility to this prediction. According to US Bureau of Labor statistics (November 2013), Nevada has the highest unemployment rate in the Nation at 9.3%. Nevada also has the second highest foreclosure rates in the Nation with 1 in every 401 homes in foreclosure. Taxable property values in Sparks went from a high of just over \$2 billion in 2009 to \$1.3 billion in 2012, a loss of 35%.

Due to the economic downturn over the last several years the City has lost nearly a third of its workforce. Fire Department staffing was also affected, dropping by over 22% in that same time period from 117 to 91 personnel. This resulted in a reduction of minimum staffing

on each apparatus from 4 to 3 fire personnel. Between fiscal years 2007 and 2013, the Fire Department's operating budget sustained a 22% reduction as well, dropping from \$18,477,687 to \$14,314,223.

87.4% of the department's FY14 budget is dedicated for personnel wages and benefits. Of the remaining 12.6% (\$1,806,082), \$1,276,153 is non-discretionary funding for apparatus lease/cost-replacement, and items such as utilities, fuel, and contractual obligations for maintenance and repair. The remaining \$529,928 is discretionary funding used for the administrative and operational needs of the department: to maintain the fire prevention/safety areas of education, enforcement, fire investigation, and plan review; to train and equip three special teams - hazardous materials, technical rescue, and water rescue; to maintain and replace critical equipment such as PPE, SCBA, radios, defibrillators, and hose; and to make any large capital purchases.

Quite simply, funds to replace our out-dated and non-compliant SCBA do not exist within the City's budget. Without supplemental funding from AFG, it will be years before the Sparks Fire Department can fund the replacement of compliant SCBA.

\* How many vehicles does your organization have in each of the types or class of vehicle listed below? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession. (Enter numbers only and enter 0 if you do not have any of the vehicles below.)

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	8	0	40
Ambulances for transport and/or emergency response	0	0	0
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	1	0	2
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	3	0	16
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	4	0	15
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	2	0	9
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	4	0	8

**Department Call Volume**

	2012	2011	2010
* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)			
Structural Fires	74	71	81
False Alarms/Good Intent Calls	1134	1110	1038
Vehicle Fires	23	35	36
Vegetation Fires	72	72	34
EMS-BLS Response Calls	6603	6000	5537
EMS-ALS Response Calls	0	0	0
EMS-BLS Scheduled Transports	0	0	0
EMS-ALS Scheduled Transports	0	0	0
Community Paramedic Response Calls	0	0	0
Vehicle Accidents w/o Extrication	597	473	499
Vehicle Extrications	2	8	11
Other Rescue	10	17	13
Hazardous Condition/Materials Calls	172	180	172
Service Calls	373	363	378

Other Calls and Incidents	109	90	74
Total	9169	8419	7873

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

What is the total acreage of all vegetation fires?	500	500	1700
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\* How many responses per year by category? (Enter whole numbers only. If you have no calls for any of the categories, enter 0)

In a particular year, how many times does your organization receive mutual aid?	13	12	17
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In a particular year, how many times does your organization receive automatic aid?	91	103	90
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In a particular year, how many times does your organization provide mutual aid?	61	50	22
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In a particular year, how many times does your organization provide automatic aid?	153	73	86
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Total Mutual / Automatic Aid (please total the responses from the previous two blocks)	318	238	215
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Out of the mutual/automatic aid responses, how many were structure fires?	13	2	7
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**Request Information**

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

Program Name

Operations and Safety

2. Will this grant benefit more than one organization?

Yes

If you answered yes, please explain in your narrative statement and list the organization(s) in the form below.

You must enter the Organization name, POC and Phone number and extension (optional).

Organization Name	First Name	Last Name	Phone Number	Action
Truckee Meadows FPD	Moore	Charles	775-326-6000 Ext:	<a href="#">View</a>
Reno Fire Department	Mike	Hernandez	775-334-2300 Ext:	<a href="#">View</a>

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

\$500

* From the requested activities, what is the total dollar amount requested for EMS equipment, supplies, training, etc in the Request Details of this application? If none of the items requested are for fire-based EMS, then enter \$0.	\$ 0
* 4. If you are filing for a micro grant (\$25,000 federal share) or less please click the radio button and answer "YES". Please remember that your total request will be limited to \$25,000 or less in Federal funds in the Operations and Safety portion only.	N/A
5. By answering yes to question #4 you are giving up the option to apply under Operations & Safety (Equipment, Modifications to Facilities, Personal Protective Equipment, Training and Wellness & fitness) for more than \$25,000 of Federal funding. Do you agree to this? Do you fully understand this option?	

**Request Details**

The activities for program Operations and Safety are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding
Equipment	0	\$ 0	\$ 0
Modify Facilities	0	\$ 0	\$ 0
Personal Protective Equipment	2	\$ 516,330	\$ 0
Training	0	\$ 0	\$ 0
Wellness and Fitness Programs	0	\$ 0	\$ 0

\* Total Funding for all EMS requested in this application \$0

Grant-writing fee associated with the preparation of this request. \$500

**Personal Protective Equipment**

Personal Protective Equipment Details

1. Select the PPE that you propose to acquire

Face Pieces

Please provide further description of the item selected above.

Purchase: 18 additional SCBA face pieces with voice amplifiers for \$648 each

2. Number of units:

18 (whole number only)

3. Cost per unit:

\$648 (whole dollar amounts only)

4. Please provide your percentage for the appropriate question below:

100%

- For turnout requests, what percentage of your on-duty active members **will have** PPE that meets applicable NFPA and OSHA standards if this grant is awarded?
- If you are requesting new SCBA, what percentage of your seated riding positions **will have** compliant SCBA assigned to it if this grant is awarded?
- If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members **will have** specialized PPE that meets established standards if this grant is awarded? For example, if your 100-member department has a 10-member Haz-Mat team and you are requesting 10 Haz-Mat suits, you are requesting 100% of the applicable members.

5. What is the purpose of this request?

To replace or upgrade old/obsolete/damaged PPE/SCBA (it must be a minimum of 10 years or older)

If you have indicated you are requesting PPE (any PPE other than SCBA) in Question 1, what are the specific ages of your PPE in years? If requesting SCBA, please select "N/A", do not provide PPE ages here but continue on to the next question. **Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace. If you have 30 members then account for 30 sets of PPE.**

N/A

Age (in Years)	Current Inventory	Being replaced
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Less than 1

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16 or more

Number of members without PPE

If you have indicated you are requesting SCBA in Question 1, to which edition(s) of the NFPA standard are your SCBA compliant? If not requesting SCBA, please select "N/A" and continue on to the next question. **Please account for ALL SCBA currently in your department's inventory - not just the SCBA you wish to replace. If you have damaged or inoperable SCBA please list them in the "Inoperable/Damaged" section.**

Year	Current Inventory	Being Replaced
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2013 Standard

2007 Standard

2002 and older

76

76

Inoperable/Damaged

6. Is your department trained in the proper use of this PPE/SCBA being requested?

Yes

7. Are you requesting funding for training for this PPE/SCBA? No  
 If you are not requesting training funds through this application, will you obtain training for this PPE/SCBA through other sources? Yes

**Personal Protective Equipment**

Personal Protective Equipment Details

1. Select the PPE that you propose to acquire SCBA with Face Piece-With extra Cylinder  
 Please provide further description of the item selected above. Purchase: 69 NFPA 1981 - 2013 Edition SCBA with face piece, 2 - 30 minute cylinders, and voice amplifiers at a cost of \$7,314 each
2. Number of units: 69 (whole number only)
3. Cost per unit: \$7314 (whole dollar amounts only)
4. Please provide your percentage for the appropriate question below: 100%  
 • For turnout requests, what percentage of your on-duty active members **will have** PPE that meets applicable NFPA and OSHA standards if this grant is awarded?  
 • If you are requesting new SCBA, what percentage of your seated riding positions **will have** compliant SCBA assigned to it if this grant is awarded?  
 • If you are asking for specialized PPE (e.g., Haz-Mat), what percentage of applicable members **will have** specialized PPE that meets established standards if this grant is awarded? For example, if your 100-member department has a 10-member Haz-Mat team and you are requesting 10 Haz-Mat suits, you are requesting 100% of the applicable members.
5. What is the purpose of this request? To replace or upgrade old/obsolete/damaged PPE/SCBA (it must be a minimum of 10 years or older)

If you have indicated you are requesting PPE (any PPE other than SCBA) in Question 1, what are the specific ages of your PPE in years? If requesting SCBA, please select "N/A", do not provide PPE ages here but continue on to the next question. **Please assure that you've accounted for ALL gear for ALL members declared in Department Characteristics - not just the gear you wish to replace. If you have 30 members then account for 30 sets of PPE.**

N/A		
Age (in Years)	Current Inventory	Being replaced
Less than 1		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16 or more		
Number of members without PPE		

If you have indicated you are requesting SCBA in Question 1, to which edition(s) of the NFPA standard are your SCBA compliant? If not requesting SCBA, please select "N/A" and continue on to the next question. **Please account for ALL SCBA currently in your department's inventory - not just the SCBA you wish**

Current    Being

to replace. If you have damaged or inoperable SCBA please list them in the "Inoperable/Damaged" section.

Year	Inventory Replaced
2013 Standard	
2007 Standard	
2002 and older	76 76
Inoperable/Damaged	

- 6. Is your department trained in the proper use of this PPE/SCBA being requested? Yes
- 7. Are you requesting funding for training for this PPE/SCBA? No
- If you are not requesting training funds through this application, will you obtain training for this PPE/SCBA through other sources? Yes

**Firefighting PPE - Narrative**

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

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**INTENT**

This project will purchase NFPA 1981–2013edition compliant SCBA for all seated positions in the Sparks Fire Department. The plan includes acquisition, assignment to apparatus and personnel, and training on the new SCBA equipment.

**IDENTIFIED RISK**

After conducting a risk assessment and gap analysis, it was determined that our firefighters are at risk due to deficiencies in the following areas:

1. SCBA are 3 NFPA standards out of compliance.
2. SCBA are incompatible with new generation RIT packs and fittings.
3. SCBA lack interoperability with the majority of our mutual aid neighbors.
4. SCBA lack safety features described in NFPA 1981-2013edition.

All SBCA units in our inventory are 13 years old and have experienced the following component failures and maintenance issues since 2009:

- 22 reducer assemblies (29% of total inventory) have required an "overhaul" consisting of replacing springs, shims, and o-rings.
- 18 pressure gauges (24%) have drifted out-of-calibration requiring replacement.
- 18 bell assemblies (24%) have failed requiring replacement.
- 5 PASS alarms or associated circuit boards (7%) have failed requiring replacement.
- 16 hoses (21%) have experienced leaks and required replacement.
- 68 regulators (89%) have required adjustments or parts replacement.
- Masks: 7 buckles, 5 neck straps, 10 head harnesses, 2 face piece seals, 1 nose cup, and 22 lenses have required replacement.

Compounding these maintenance and repair issues is the fact that except for the integrated PASS device, our SCBA lack modern safety features as they only meet the NFPA 1981-1997edition requirements. These modern safety features include heads-up display, CBRN rating, RIT connections for rapid cylinder refill during rescue operations, improved radio interfacing, and an increased escape safety margin due to the higher low-alarm activation level.

**SOLUTION/BUDGET**

In order to correct these operational deficiencies, maintenance issues, and lack of modern safety features, we are requesting grant funding to purchase 69 NFPA 1981–2013edition SCBA with masks, two 30 minute cylinders for each SCBA pack, and voice amplifiers for each pack. We will also purchase 18 additional SCBA masks with voice amplifiers. This will replace all SCBAs on our apparatus so that they are properly outfitted resulting in a per apparatus inventory of:

- 8 pumpers (5 each)
- 3 ladder trucks (2 w/5 each, 1 w/6)
- HazMat truck (5)
- Heavy Rescue (4)
- 4 Command and Safety Officer vehicles (1 each)

The total funding needed to implement this plan is \$516,830 with \$465,147 in grant funding and \$51,683 in matching funds (90/10).

Equipment costs are:

- 69 SCBA w/facepiece, w/extra cylinder, w/ voiceamp - \$504,666
- 18 Facepiece w/voiceamp – \$11,664
- Grant Consulting - \$500

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\* Section # 2 Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. \*3000

characters

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#### EFFICIENT USE OF FUNDS

Grant funds will be used only in the acquisition of the SCBA equipment. Assignment of equipment to apparatus and personnel, as well as the training on the new equipment, will be the responsibility of our in-house SCBA technicians. We currently have 4 in-house technicians, which reduces outside contracting costs by at least 50% and provides 24/7 service for any maintenance issues. Equipment purchased through this grant will be supplemented with existing SFD owned testing equipment and repair tools, further reducing costs.

Because Sparks Fire Department serves 90,214 residents, the fiscal savings for the immediate district alone is \$5.73 per citizen (total project cost of \$516,830 divided by 90,214 citizens). Given the age of our existing SCBAs, we also anticipate increasing problems with maintenance and serviceability resulting in increased costs to maintain the current inventory. Not only are these maintenance problems expensive for the department to repair (\$10,000 – \$15,000 per year), they are time consuming for our SCBA technicians and may be indicators of a catastrophic failure in the near future. New SCBA will substantially reduce the maintenance and repair needed, effectively eliminating the majority of these expenses.

#### MEASURABLES

The requested NFPA 1981 compliant SCBA will enable SFD to reinforce policies and procedures, ensuring that firefighter safety is maintained and protected, enabling the fire department to positively affect outcomes. Specific benefits will be measured through data collection documenting saved lives, reduced property loss, and reduced civilian and fire fighter injury as a result of:

- The ability to avoid minor or catastrophic SCBA failures which would hinder the success of any suppression or rescue mission.
- The ability to make faster, better decisions, because of improved radio interfacing.
- The ability to increase firefighter safety because of heads-up display, CBRN rating, and increased low-level alarm activation.
- The ability to work effectively with the majority of our mutual aid partners through interoperability of SCBA features.
- The ability to utilize whatever time necessary to safely and successfully complete a firefighter rescue.

#### CREDIBILITY

The Sparks Fire Department has a successful grant management record which includes Assistance to Firefighter Grants, Community Re-development Block Grants, Office of Traffic Safety Highway Administration Funds, and Local Emergency Planning Commission Grants. Sparks Fire Department works closely with its City's Finance Department to ensure all required grant reports and audits are completed to federal mandated standards.

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

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Because of call volume, population size, critical infrastructure protected, and regional risk, the Sparks Fire Department requires a more reliable and safer SCBA. Dependence upon existing SCBA purchased in 2000 places firefighters in harm's way threatening their ability:

- To provide effective emergency response.
- To protect themselves during structural, wildland, rescue, and hazardous material incidents.
- To achieve positive outcomes.

These grant funded NFPA 1981-2013edition SCBA will be utilized on a daily basis to deliver emergency service to the general public and, since Sparks Fire Department is an all-risk emergency response organization, will ensure competent and efficient service delivery throughout the entire range of emergency types – fire, EMS, rescue, and hazardous material response.

The documentation of increased component failures, and the associated increase in maintenance and repair activities, is not only time consuming and expensive for the department, but may be indicators of a future catastrophic failure. Additionally, it is anticipated that the cost to maintain our current inventory of SCBAs will continue to rise and at some point the inability to secure replacement parts will reach a critical juncture where we will no longer be able to provide for the safety of our crews, or the general public, when operating in IDLH atmospheres. These new SCBA will eliminate the component failures, save money and time from reduced maintenance and repair, and provide an increased level of confidence from personnel in the operation and reliability of their most critical piece of safety equipment.

Of equal or greater concern is the lack of interoperability with neighboring departments, specifically the Reno Fire Department and the Truckee Meadows Fire Protection District, with whom we run the majority of our automatic and mutual aid calls and partner with in a Regional Hazardous Materials Response Team. Both of these departments own newer SCBA than ours, and many are outfitted with RIT safety features. Currently we are unable to coordinate a rescue effort with our emergency partners because our SCBA do not have these features. The purchase of SCBA with RIT features will benefit us, as well as our mutual aid partners, by allowing us to coordinate actions and provide the time necessary to complete even the most complicated firefighter rescue mission.

While it is difficult to compare intangibles like the health and safety of firefighters and the public to any amount of money, even a single injury or fatality cause by outdated and non-compliant SCBA is unacceptable in terms of its emotional and financial costs. Approval of this application will correct all deficiencies we are currently facing with our non-compliant, obsolete SCBA, and will allow all personnel to operate safely and effectively protect the public.

With this equipment our department will achieve 100% compliance with the current edition of NFPA 1981.

#### Budget

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##### Budget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 516,330
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 500
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0
<b>Federal and Applicant Share</b>	
Federal Share	\$ 465,147
Applicant Share	\$ 51,683
Federal Rate Sharing (%)	90/10
* <u>Non-Federal Resources</u> <i>(The combined Non-Federal Resources must equal the Applicant Share of \$ 51,683)</i>	
a. Applicant	\$ 51,683
b. State	\$ 0
c. Local	\$ 0
d. Other Sources	\$ 0
If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.	
<b>Total Budget</b>	<b>\$ 516,830</b>

**Narrative Statement**

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

## Assurances and Certifications

## FEMA Form SF 424B

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

Note: Fields marked with an \* are required.

O.M.B Control Number 4040-0007

## Assurances Non-Construction Programs

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

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

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management



Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by Tom Garrison on 12/06/2013

## Form 20-16C

You must read and sign these assurances.

**Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.**

Note: Fields marked with an \* are required.

O.M.B Control Number 1660-0025

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

**1. Lobbying**

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

- (a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.
- (b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

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

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

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.
- (b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

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

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

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

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

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

- (1) The dangers of drug abuse in the workplace;

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

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

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

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

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

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

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

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

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

Place of Performance

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

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

Signed by Tom Garrison on 12/06/2013

**FEMA Standard Form LLL**

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

## Submit Application

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**Application 100% complete, Submitted**

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

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

**PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.**

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

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

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

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

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

I, Tom R Garrison, am hereby providing my signature for this application as of 06-Dec-2013.