Memorandum of Understanding

AFG Regional Swiftwater Rescue Technician Grant Proposal - 2021

Purpose

This Memorandum of Understanding (MOU) sets forth the terms and understanding between the Fire Departments participating in a 2021 regional Assistance to Firefighters Grant (AFG) application to provide swiftwater operations and technician level training and equipment.

Background

In coordination with Dane County Emergency Management, the Black Earth Fire Department (BEFD) has agreed to sponsor a regional AFG grant application to provide swiftwater rescue training for responders throughout the region. Specifically, the grant proposes to fund swiftwater rescue technician level training for up to 30 personnel and specialized personal protective equipment to outfit water rescue personnel throughout the region. The grant also proposes to fund travel expenses for personnel attending technician-level training.

Responsibilities of Black Earth Fire Department

The Black Earth Fire Department shall be responsible for all aspects of grant administration. This includes but is not limited to: determining cost share, accountability for scheduling training, and all reporting requirements related to the grant application.

The BEFD will set up training offerings and locations in coordination with Dane County Emergency Management and will procure all equipment associated with this proposal using approved, competitive methods of procurement. The BEFD will determine the equitable distribution of equipment procured through the grant in coordination with Dane County Emergency Management to ensure regional coverage.

The BEFD will develop a recruitment, application, and selection process for the training in partnership with Dane County Emergency Management. The selection process will ensure an equitable distribution of available training seats among partners. If additional funds are available and insufficient applicants among partners, the BEFD will develop an application procedure for outside Fire Departments.

Responsibilities of the participating Partner Agencies

Each partner agency will be responsible for the match share for all training and travel expenses associated with any members of their department who attend training sponsored through the grant. The local match will likely equal 10% of the total project cost per rescuer.

Each partner agency will be responsible for providing appropriate protective and operational

equipment for students attending the training. Partner agencies will be individually responsible for the 10% match share for all equipment received through this grant.

Each partner agency will remain individually responsible for its own members regarding any liability and/or workers compensation claims or issues that arise from the training.

Partner agencies may choose to withdraw or not participate in this grant opportunity at any time. Partner Agencies wishing to withdraw shall provide written notification to the BEFD.

The parties hereby enter this agreement knowingly, voluntarily, and in spirit of mutual cooperation and volunteerism, for the benefit of their communities, humanity, and the common good.

As a duly authorized agent of the identified Fire Department, I hereby authorize participation in the AFG Regional Swiftwater Rescue Technician Grant Proposal and agree to the terms in this associated Memorandum of Understanding.

Fire Department Signature	12/3/2021 Date
Stoughton Fire Dept Department Name	39-6005622 EIN Number

Once completed please email forms to Peter Kaminski kaminski@blackearthfire.org

FY 2021 Assistance to Firefighters Grant Program Application Checklist

Completing this checklist will help you prepare your Assistance to Firefighters Grant (AFG) Program grant application. Collecting this information beforehand will reduce the time and energy needed to complete your application when the next grant cycle opens.

AFG Program Application Checklist Table 1: SAM.gov Profile

SAM.gov Profile		
☑ Is your System for Award Management (SAM) registration current?	☑ Yes	☐ No
☑ What is the expiration date for your SAM registration?	9/27/2022	
☑ Have you registered for Dun & Bradstreet Number Data Universal Numbering System (DUNS) Number?	073837692	
☑ Have you registered in the FEMA Grants Outcomes (FEMA GO) System?	yes	
Search the SAM.gov website to confirm this DUNS Number matches your SAM.gov registration. You will also find your expiration date through this search.		

AFG Program Application Checklist Table 2: Applicant Characteristics

Applicant Characteristics	
☐ Applicant type?	☑ Fire Department ☐ Nonaffiliated Emergency Medical Service (EMS) ☐ State Fire Training Academy (SFTA)
☑ Is this grant application a Regional Request? If yes, please list all eligible participating partners (POC name(s), POC phone number(s), EIN for each partner). Do you have a Memorandum of Understanding (MOU)? If yes, please upload with the application. *Note: community identification characteristic (e.g., Rural, Urban, or Suburban) and the organizational status of the host applicant (e.g., Career, Combination, or Volunteer) will be entered and used for the Regional application, regardless of the composition of the participating partners. For additional information on Regional applications and MOU requirements please refer to fiscal year (FY) 2021 AFG Program Notice of Funding Opportunity (NOFO).*	

Funding Op # DHS-21-GPD-044-00-98

CFDA # 97.044

FEMA

Applicant Characteristics	
☑ What kind of organization do you represent?	☐ All Paid/Career ☐ Volunteer ☐ Combination (Majority Career) ☑ Combination (Majority Volunteer)
☑ How many active firefighters does your department have who perform firefighting duties?	38
☑ How many of your active firefighters are trained to the level of Firefighter I or equivalent?	15
☑ Are you requesting training funds in this application to bring 100% of your firefighters into compliance with National Fire Protection Association (NFPA) 1001? NO	FF2 10
☑ Which of the following standards does your organization meet regarding physicals? If physicals are not required, then do not select any option. (optional) N/A	☐ Meets NFPA or 1582 Standard ☐ Meets National Transit Safety Board or Department of Transportation standard ☐ Meets State/Local standard
☑ How many members in your department are trained to the level of Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT), Advanced EMT or Paramedic?	2
☑ Does your department have a Community Paramedic program?	NO
☑ How many stations are operated by your department?	1
☑ Does your organization protect critical infrastructure of the state?	NO
☑ 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
☑ Do you offer live fire training?	yes

AFG Program Application Checklist Table 3: Operating Budget

Operating Budget			
☑ What is your operating budget for the current and two previous fiscal years?			
☑ What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)? 80 %			
☑ Does your department have any rainy-day reserves, emergency funds, or capital outlay? yes - changes year to year			
If yes, what is that amount set aside? Describe the planned purpose of this fund.			
☐ The percentage of your budget derived from: (whole percentage)			
	Current FY	Current FY-1	Current FY-2
Taxes	100 %	100 %	100 %

Operating Budget			
Bond issues	Ø %	Ø %	Ø %
EMS billing	Ø %	Ø %	Ø %
Grants	Ø %	Ø %	Ø %
Donations	Ø %	Ø %	Ø %
Fund drives	Ø %	Ø %	Ø %
Fee for service	Ø %	Ø %	Ø %
Other (please explain 'Other' portion of the budget)	Ø %	Ø %	Ø %

Total percentage must equal 100%

Use the information above in your financial narrative. It is important that your application remain consistent throughout. When breaking down the budget, be sure to account for all funding received.

(Budget breakdown should account for 100% of budget.)

Financial Need Narrative

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.

This section must be less than or equal to 4000 characters.

☒ Is it your organization's intent to apply for an Economic Hardship Waiver? Please attach your request for a waiver to your application. NO Guidance for requesting waivers can be found here: https://www.fema.gov/sites/default/files/2020-04/Eco_Hardship_Waiver_FPS_SAFER_AFG_IB_FINAL.pdf	☒ Cost Share ☐ Maintenance of effort

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?	☐ Yes	☒ No
☑ This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?	☐ Yes	☒ No

AFG Program Application Checklist Table 4: Applicant and Community Trends

Applicant and Community Trends			
Injuries and fatalities	**2020**	**2019**	**2018**

Applicant and Community Trends			
☐ What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	Ø	Ø	Ø
☐ What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	Ø	Ø	Ø
☐ What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?			
☐ What is the total number of members with self-inflicted fatalities over the last three calendar years?	Ø	Ø	Ø

AFG Program Application Checklist Table 5: Vehicle Inventory

Vehicle Inventory			
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.**			
Vehicle Inventory *List the number of:*	Front Line	Reserve	Seated Positions
Engines or Pumpers	2	1	17
Ambulances	Ø	Ø	Ø
Tankers or Tenders	1	Ø	2
Aerial Apparatus	1	Ø	6
Brush/Quick Attack	2	Ø	6
Rescue Vehicles	1	Ø	6
Additional vehicles	3	Ø	11
How many Advanced Life Support response vehicles are in your fleet?	Ø	Ø	Ø
☒ Is your department facing a new risk, expanding service to a new area, or experiencing an increased call volume? If yes, please explain. Volume increase, Low staffing, Water/swift Rescue			

AFG Program Application Checklist Table 6: Community Description

Community Description	
☐ Type of jurisdiction served	
☑ What type of community does your organization serve?	☐ ~~Urban~~ ☒ Suburban ☒ Rural
☑ What is the square mileage of your first due response zone/jurisdiction served?	79.2 sq mi
☑ What percentage of your primary response area is protected by hydrants?	15.5 %
☑ What percentage of your primary response area is for the following:	
Agriculture, wild land, open space, or undeveloped properties	89.85 %
Commercial/industrial	.15 %
Residential	10 %
☑ What is the permanent resident population of first-due response area?	18,963
☑ Do you have a seasonal increase in population?	NO
If yes, what is your seasonal increase in population (number of people)?	
Community Description Narrative Please describe your organization and/or community that you serve. *This section must be less than or equal to 4000 characters.*	

AFG Program Application Checklist Table 7: Call Volume

Call Volume
Please provide the total number of incidents that your organization responded to for each year of the previous three calenda year period. Include only those alarms which your organization was a primary responder and not second due or giving Mutual Aid. Note: Each incident must be counted only once regardless of the number of units or agencies that responded to that incident (e.g., a vehicle fire with entrapment and injuries may be counted as a vehicle fire or a rescue call or an EMS call, but not all three).
Summary

Call Volume			
**How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, enter 0)*	**2020**	**2019**	**2018**
NFIRS Series 100: Fire	47	57	75
NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)	2	Ø	1
NFIRS Series 300: Rescue & Emergency Medical Service Incident	115	103	67
NFIRS Series 400: Hazardous Condition (No Fire)	50	85	106
NFIRS Series 500: Service Call	19	19	19
NFIRS Series 600: Good Intent Call	29	13	9
NFIRS Series 700: False Alarm & False Call	89	89	96
NFIRS Series 800: Severe Weather & Natural Disaster	Ø	3	1
NFIRS Series 900: Special Incident Type	Ø	Ø	2

Fire			
** How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)*	**2020**	**2019**	**2018**
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)?	21	38	45 6
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?	8	5	6
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)?	8	11	14
What is the total acreage of all vegetation fires? Enter whole numbers only. If you have no vegetation fires, enter 0.	15	9	6

Rescue and Emergency Medical Service Incidents			
** How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)*	**2020**	**2019**	**2018**
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?	41	44	11
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?	Ø	Ø	5
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?	9	10	11
How many EMS-BLS Response Calls?	Ø	Ø	Ø
How many EMS-ALS Response Calls?	Ø	Ø	Ø
How many EMS-BLS Scheduled Transports?	Ø	Ø	Ø
How many EMS-ALS Scheduled Transports?	Ø	Ø	Ø

Call Volume			
How many Community Paramedic Response Calls?	Ø	Ø	Ø
Mutual and Automatic Aid			
* *How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, enter 0)*	**2020**	**2019**	**2018**
How many times did your organization receive Mutual Aid?	57	28	31
How many times did your organization receive Automatic Aid?	11	8	4
How many times did your organization provide Mutual Aid?	19	32	37
How many times did your organization provide Automatic Aid?	1	3	5
Of the Mutual and Automatic Aid responses, how many were structure fires?	37	48	38

AFG Program Application Checklist Table 8: Grant Request Details

Grant Request Details		
☒ Are you requesting a Micro Grant? A Micro Grant is limited to $50,000 in federal resources.	☐ Yes	☒ No
☐ Add Activity to Request Details	☐ Equipment ☐ Modify Facilities ☐ PPE ☐ Training ☐ Wellness and Fitness ☐ Grant Writer Fee ☐ Vehicle Acquisition	
Please note that Fire Department and nonaffiliated EMS applicants applying for Operations and Safety Activities (Equipment, PPE, Modify Facilities, Wellness and Fitness, and Training) and that wish to apply for a Vehicle must start a separate application. The number of applications that can be submitted in the same application cycle is limited based on the type of applicant/application selected. Please refer to the FY 2021 AFG Program NOFO for details.		
☐ Add Narratives to the Selected Activity *Note: each narrative section must be less than or equal to 4000 characters.*	☐ Project Description and Budget Narrative ☐ Cost Benefit Narrative ☐ Statement of Effect on Operations Narrative	

Grant Request Details	
☐ Add Item(s) to Selected Activity	Select items based on Activity (add quantity, unit price, budget class and description of item requested). Please see examples of questions below.
☐ Answer additional questions based on Activity/item selected	Additional questions vary based on the item and activity selected. Please see examples of questions below.

AFG Program Application Checklist: Examples of Additional Questions Based on Selected Activity

Additional Questions table 1: Equipment Activity

Equipment Activity		
1. Add Item to Equipment Activity Add quantity, unit price, budget category and description of the item.		
What is the purpose of this request?	☐ Obtain equipment to achieve minimum operational and deployment standards for existing missions ☐ Replace noncompliant equipment to current standard ☐ Obtain equipment for new mission ☐ Upgrade technology to current standard	
☐ Will the equipment being requested bring the organization into voluntary compliance with a national standard? In your narrative statement, please explain how this equipment will bring the organization into voluntary compliance.	☐ Yes	☐ No
☐ At what level of service will this equipment be used if awarded this grant?	Select appropriate option	
☐ Is your department trained in the proper use of the equipment being requested?	☐ Yes	☐ No
☐ Are you requesting funding to be trained for this item(s)? (Funding for requested training should be requested as additional funding).	☐ Yes	☐ No
☐ If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	☐ Yes	☐ No

Additional Questions table 2: Modify Facilities Activity

Modify Facilities Activity	
1. Add Project to Modify Facilities Activity	☐ Facility

Modify Facilities Activity		
Note: Additional Funding project must compliment the Facility project. Do not select Additional Funding only.	☐ Additional Funding	
Facility Identification		
Does this facility have a fire alarm system?	☐ Yes	☐ No
Does this facility have a fire sprinkler system?	☐ Yes	☐ No
Does this facility have a diesel/smoke removal system?	☐ Yes	☐ No
☐ When did the last major renovation to this facility occur? Please enter date built if no renovations have occurred.	MM/DD/YYYY	
2. Add Item to the selected Project	☐ Air Quality System(s) ☐ Generator(s) (fixed/primary/backup) ☐ Source Capture Exhaust System(s) ☐ Sprinkler System(s) ☐ Smoke/Carbon Monoxide/Alarm System(s)	
☐ What is the square footage of the area that your modification will directly affect?		
☐ Does the facility you wish to modify have a drive through bay?	☐ Yes	☐ No
☐ What is the age of the facility that is being modified?		
☐ What type of facility will be modified?	☐ Station with sleeping quarters (to include marine fire facilities) ☐ Station without sleeping quarters ☐ Training facilities ☐ Dispatch, administrative, maintenance, storage	
☐ What is the level of occupancy for the facility you wish to modify? *Note: The occupancy is defined by the number of hours the facility is used within a single 24-hour time period.*	☐ Full-Time (24/7) ☐ Part-Time (daily, but not 24/7) ☐ Occasional	
If requesting Source Capture Exhaust System: ☐ Will the installation of this unit upgrade, replace, or refurbish an existing system in place?	☐ Yes	☐ No

Additional Questions table 3: PPE Activity

PPE Activity		
1. Add Item to PPE Add quantity, unit price, budget category, and description of the item		
☐ What is the purpose of this request?	☐ Increase supply for new hires or replace out-of-service PPE and self-contained breathing apparatus (SCBA) ☐ Replace in-service or in-use/damaged/unsafe/unrepairable PPE and SCBA ☐ Replace in-service/in-use/expired/noncompliant PPE and SCBA ☐ Replace PPE and SCBA to upgrade technology	
Are you requesting for members that currently do not have above-mentioned item? (for PPE only)	☐ Yes	☐ No
Is your department trained in the proper use of the PPE/SCBA being requested?	☐ Yes	☐ No
Are you requesting funding for training for this PPE/SCBA?	☐ Yes	☐ No
If you are not requesting training funds through this application, will you obtain training for this PPE/SCBA through other sources?	☐ Yes	☐ No
How many of your on-duty active members currently have PPE that meets applicable NFPA and Occupational Safety and Health Administration (OSHA) standards? Or, how many of your seated riding positions currently have compliant SCBA assigned to it?		
☐ When requesting PPE (any PPE other than SCBA), what are the ages of your PPE in years?	Years Old	# of items
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	

PPE Activity		
	14	
	15	
	16	
	17	
	18	
	19	
	20	
	21	
	22	
	23	
	24	
	25 or older	

When requesting SCBA, to which edition(s) of the NFPA standard are your SCBA compliant?

Year	Current Inventory		Being Replaced	
	SCBA	*Cylinder*	*SCBA*	*Cylinder*
2018 Edition				
2013 Edition				
2007 Edition and older				
Obsolete/non-compliant				

Additional Questions table 4: Training Activity

Training Activity	
1. Add Project to the Training Activity	
Provide a detailed description of the Training Program you selected.	
Generally, this program can best be categorized as:	☐ Training that is evaluated using national or state standards ☐ Training that does not result in certification
How many personnel will be trained by this program?	
Generally, the training program provided under this grant will:	☐ Bring your department into compliance with recommended NFPA or other national standards ☐ Bring your department info compliance with mandates from national, state, or local, training requirements

Training Activity			
	☐ Address an identified risk for your department or community		
Will this training enhance your ability to perform Mutual Aid?		☐ Yes	☐ No
Will this training include members from other fire departments and/or nonaffiliated EMS organizations?		☐ Yes	☐ No
Will this training be:	☐ Instructor-led ☐ Self-directed/test-validated ☐ None of the above		
2. Add Item to the selected Training Project Enter quantity, unit price, budget category and description			

Additional Questions table 5: Wellness and Fitness Activity

Wellness and Fitness Activity			
1. Add Project to Wellness and Fitness Activity *Note: applicants that have some of the Priority 1 programs in place must apply for funds to implement the missing Priority 1 programs before applying for funds for any additional program or equipment within this activity. Please refer to FY 2021 AFG Program NOFO for additional information.*			
	Does your organization currently offer this activity?	Will this program be mandatory?	Will this program be offered to all?
Initial Physical Exam	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Job Related Immunization Program	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Periodic Physical Exam/Health Screening	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Behavioral Health NFPA 1500 or equivalent	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Wellness and Fitness Activity			
Cancer Screening Program/Equipment	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Add item to the selected Project Enter quantity, unit price, budget class and description			

Additional Questions table 6: Vehicle Acquisition Activity

Vehicle Acquisition Activity			
1. Add Item to Vehicle Acquisition Enter quantity, unit price, budget class and description *If applying for more than one vehicle, please select 'Add item to vehicle acquisition' again for separate narrative sections and questions.* *If Additional Funding for the vehicle acquisition is needed, please use '+Add cost' link located above vehicle description.*			
Please provide the model year, pumping capacity, and carrying capacity for each vehicle within your organization's inventory. The list of vehicles will be prepopulated based on your inputs to the Applicant and Community trends section of the application.			
Vehicle Type or Class	Model Year (e.g., 2002)	Pumping Capacity (GPM)	Carrying Capacity (gallons)
Add Item to Vehicle Acquisition Activity			
Is the vehicle you propose to buy		☐ Replacement of an existing apparatus ☐ New purchase	
Do you have a driver-training program equivalent to national or NFPA standards?		☐ Yes	☐ No
Are you requesting funding for training specific to the vehicle acquisition?		☐ Yes	☐ No
If awarded, will you develop and/or enforce standard operating policies/procedures that require: 1) all occupants to use seatbelts, 2) all drivers of the recipient's apparatus must adhere to all traffic signs, signals, and state traffic regulations?		☐ Yes	☐ No

Vehicle Acquisition Activity	
Will this vehicle be used on Automatic and/or Mutual Aid?	☐ Automatic Aid ☐ Mutual Aid ☐ Both ☐ None
☐ How many vehicles of this type or class in your fleet were manufactured prior to 2002?	
If applying for fire apparatus. ☐ Was the vehicle you are requesting to replace built prior to the applicable NFPA vehicle standard from 1992?	