

## Entire Application

### Applicant's Acknowledgements

- \* I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.
- \* As required per 2 CFR § 25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.
- \* I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's one (1) year Period of Performance (POP).
- \* I certify that the applicant organization is aware that this application period is open from 10/11 to 11/18/2016 and will close at 5 PM EST; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.
- \* I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: [http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd\\_ehp\\_screening\\_form\\_51815.pdf](http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd_ehp_screening_form_51815.pdf)
- \* I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

Signed by **Jeremy K Moore** on 2016-11-07 17:44:40.0

### Overview

<p><b>* Did you attend one of the workshops conducted by an AFG regional fire program specialist?</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 30px;"> <p>No, I have not attended workshop</p> </div>
<p><b>* Did you participate in a webinar that was conducted by AFG?</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 30px;"> <p>No</p> </div>
<p><b>* Are you a member, or are you currently involved in the management, of the fire department or nonaffiliated EMS organization or a State Fire Training Academy applying for this grant with this application?</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 30px;"> <p>No, I am a grant writer or otherwise not affiliated with this applicant</p> </div>

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	Vickers Consulting Services, Inc.
Address 1	10601 Grant Road
Address 2	Suite 216
City	Houston
State	Texas

Zip 77070 - 4476  
[Need help for ZIP+4?](#)

In the space below please list the person your organization has selected to be the primary point of contact for this grant. This should be a department officer or member of the organization who will see this grant through completion, including closeout. 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 (select one)	N/A
* First Name	Jeremy
Middle Initial	K
* Last Name	Moore
* Primary Phone	918-259-8360 Ext. 6353 Type work
* Secondary Phone	918-694-8830 Ext. Type cell
Optional Phone	Type
Fax	918-259-8219
* Email	jkmoore@brokenarrowok.gov

#### Contact Information

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#### Alternate Contact Information Number 1

* Title	Admin Assistant
Prefix (select one)	N/A
* First Name	Margaret
Middle Initial	K
* Last Name	Hayes
* Primary Phone	918-259-8360 Ext. 6363 Type work
* Secondary Phone	918-694-8830 Ext. Type cell
Optional Phone	Type
Fax	
* Email	mhayes@brokenarrowok.gov

#### Alternate Contact Information Number 2

* Title	Acting Assistant Fire Chief
Prefix (select one)	N/A
* First Name	Phillip
Middle Initial	
* Last Name	Reid
* Primary Phone	918-259-8360 Ext. 6212 Type work
* Secondary Phone	918-259-2400 Ext. 6355 Type cell
Optional Phone	Type
Fax	
* Email	preid@brokenarrowok.gov

**Applicant Information**

EMW-2016-FO-01771

Originally submitted on 11/14/2016 by Will Doggett (Userid: brokenarrowok)

**Contact Information:**

Address: 1101 N 6th St

City: Broken Arrow

State: Oklahoma

Zip: 74012-2041

Day Phone: 9182598360

Evening Phone: 9182445686

Cell Phone:

Email: jdoggett@brokenarrowok.gov

**Application number is EMW-2016-FO-01771**

\* Organization Name

City of Broken Arrow

\* Type of Applicant

Fire Department/Fire District

\* **Fire Department/District, nonaffiliated EMS, and Regional applicants**, select type of Jurisdiction Served :

City

If "Other", please enter the type of Jurisdiction

**SAM.gov (System For Award Management)**\* What is the legal name of your Entity as it appears in [SAM.gov](#)?Note: This information must match your [SAM.gov](#) profile if your organization is using the DUNS number of your Jurisdiction. CITY OF BROKEN ARROW\* What is the legal business address of your Entity as it appears in [SAM.gov](#)?Note: This information must match your [SAM.gov](#) profile if your organization is using the DUNS number of your Jurisdiction.

\* Mailing Address 1

1101 N 6TH ST

Mailing Address 2

\* City

Broken Arrow

\* State

Oklahoma

\* Zip

74012 - 2041

[Need help for ZIP+4?](#)\* **Employer Identification Number** (e.g. 12-3456789)Note: This information must match your [SAM.gov](#) profile.

73-6005109

\* Is your organization using the DUNS number of your Jurisdiction?

Yes

I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you selected Yes above)

\* What is your 9 digit [DUNS number](#)?

078655495

(call 1-866-705-5711 to get a DUNS number)

If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here.

Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you

are using your Jurisdiction's bank account or have your own [DUNS number](#) and bank account separate from your Jurisdiction.

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

Yes

\* I certify that my organization/entity is registered and active at [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

1101 N 6th St

Physical Address 2

\* City

Broken Arrow

\* State

Oklahoma

\* Zip

74012 - 2041  
[Need help for ZIP+4?](#)

**Mailing Address**

\* Mailing Address 1

1101 N 6th St

Mailing Address 2

\* City

Broken Arrow

\* State

Oklahoma

\* Zip

74012 - 2041  
[Need help for ZIP+4?](#)

**Bank Account Information**

\* The bank account being used is: (Please select one from right)

Maintained by my Jurisdiction

Note: The following banking information must match your [SAM.gov](#) profile.

\* Type of bank account

Checking

\* Bank routing number - [9 digit](#) number on the bottom left hand corner of your check

103102892

\* **Your account number**

5001797

**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, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application.

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)**

\* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property?

No

\* What kind of organization do you represent?

All Paid/Career

If you answered "Combination", above, how many career members in your organization? (whole numbers only)

If you answered "Volunteer" or "Combination" or "Paid on-call", how many of your volunteer Firefighters are paid members from another career department? (whole numbers only)

\* What type of community does your organization serve?

Suburban

\* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)

No

\* What is the square mileage of your first-due response area? (whole number only)

105

\* What percentage of your response area is protected by hydrants? (whole number only)

60 %

\* 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?

Tulsa

\* Does your organization protect critical infrastructure?

Yes

If "Yes", please describe the critical infrastructure protected below:

The BAFD's 105 square mile first due response district is comprised of residential properties (45%), open space (40%) and commercial/industrial facilities (15%). According to the 2010 Census the department is responsible for protecting 38,954 housing units and 10,997 companies. Transportation risks include 2 highways encompassing 32 miles and 7 miles of rail line transporting freight and hazardous materials 4 times daily. Target hazards include 16 public schools, 1 college and 1 hospital.

\* What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties? ¿

40 %

\* What percentage of your primary response area is for commercial and industrial purposes?

15 %

\* What percentage of your primary response area is used for residential purposes?

45 %

\* What is the permanent resident population of your [Primary/First-Due Response Area or jurisdiction served?](#) (whole numbers only)

122970

\* 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? (whole numbers only)

160

\* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or

160

Paramedic? (whole numbers only)

Does your department have a [Community Paramedic](#) program?

No

How many personnel are trained to the [Community Paramedic](#) level? (whole numbers only)

0

\* How many stations are operated by your organization? (whole numbers only)

7

\* 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)?

Note: You will be required to report to NFIRS for the entire period of the grant. AFG does not require NFIRS reporting for Nonaffiliated EMS Organizations and State Fire Training Academy.

Yes

If you answered "Yes" above, please enter your [FDIN/FDID](#)

72002

\* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only)

160

\* How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I)

128

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

No

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

As an all paid/career fire department our issue is more of time than funding. We are dedicated to bringing 100% of our firefighters to FFII levels. We are not currently asking for funding.

\* What services does your organization provide?

Advanced Life Support

Haz-Mat Operational Level

Rescue Technical Level  
Structural Fire Suppression  
Wildland Fire Suppression

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

Located 11 miles from Tulsa, OK, the City of Broken Arrow is a suburban community of 122,970 residents residing in 105 square miles. Operating from 7 fire stations, the Broken Arrow Fire Department (BAFD) is a career fire department consisting of 160 certified firefighters. The BAFD provides structural & wildland firefighting, rescue services to the technician level, hazmat to the operational level and EMS to the ALS level. During 2015 firefighters responded to 9,973 incidents that included 78 structure fires, 35 vehicle fires, 500 MVA and 6,903 ALS EMS responses. Adding to the above totals the BAFD responded to 33 mutual aid and 92 automatic aid requests of which 3 were for structure fires.

The BAFD's 105 square mile first due response district is comprised of residential properties (45%), open space (40%) and commercial/industrial facilities (15%). According to the 2010 Census the department is responsible for protecting 38,954 housing units and 10,997 companies. Transportation risks include 2 highways encompassing 32 miles and 7 miles of rail line transporting freight and hazardous materials 4 times daily. Target hazards include 16 public schools, 1 college and 1 hospital.

**Fire Department Characteristics (Part II)**

2015

2014

2013

* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	0	0	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	0	0	0
* 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?	69	71	70
*Over the last three years, what was your organization's operating budget?	18367900		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	11523400		

Does your department have any rainy day reserves, emergency funds, or capital outlay? No

If yes, what is the total amount currently set aside?

* What percentage of your annual operating budget is derived from: <b>Enter numbers only, percentages must sum up to 100%</b>	2015	2014	2013
<u>Taxes?</u>	100 %	100 %	100 %
Bond Issues?	0 %	0 %	0 %
<u>EMS Billing?</u>	0 %	0 %	0 %
Grants?	0 %	0 %	0 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
<u>Fee for Service?</u>	0 %	0 %	0 %

\* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.

The BAFD does not have the funding capacity whether within the operating budget or other sources to fund much needed EMS equipment at a cost of \$132,182. Even though the department has a combined operating budget of \$18,367,900, at face value would seem to fund any type of project, this is not the case. The operating budget, in fact, is 4 separate division budgets that fund fire operations (\$11,714,400), EMS (\$5,446,300), fire prevention (\$830,500) and training (\$376,700). Each division budget funds personnel costs, operational costs and capital purchases (if applicable).

The EMS equipment will fall within the purview of the EMS division. The EMS division has an operating budget of \$5,446,300 of which \$4,384,300 or 81% is earmarked for personnel costs. The remaining \$1,062,000 is further reduced by \$429,000 to fund one time capital purchases leaving the division with \$633,000 to fund the daily expenses of operating the EMS division. These expenses include material & supplies (\$377,000), property services (\$159,500), professional & technical services (\$89,000) and travel expenses (\$7,500). To fund the project through the budget would expend 21% of the budget or nearly all of the property services funds, something the department cannot afford to do and provide EMS services to the community.

The City of Broken Arrow has provided \$940,000 for 4 capital projects (included in the budget) that include costs overruns for a new fire station (\$511,000), ambulance purchase (\$225,000), capital outlay for EMS equipment including cardiac monitors (\$184,000) and communication equipment (\$20,000). The BAFD does not have any other options to purchase the EMS equipment as the funding has to be appropriated through the City which is not forth coming. Even though the median income and property levels for the community are comparable to state levels, asking for a tax increase to cover the expense is not an option as well, as 13% of the residents have income levels below the poverty level.

\* How many vehicles does your organization have in each 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.** ( 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
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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	5	3	30
Ambulances for transport and/or emergency response:	6	6	12
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	0	0	0
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	2	1	12
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	1	12
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	1	0	5
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	0	4

**Fire Department Call Volume**

2015                      2014                      2013

**\* Summary of responses per year by category** (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Fire - NFIRS Series 100	298	346	318
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	8	9	17
Rescue & Emergency Medical Service Incident - NFIRS Series 300	7582	7646	7254
Hazardous Condition (No Fire) - NFIRS Series 400	203	181	185
Service Call - NFIRS Series 500	753	664	675
Good Intent Call - NFIRS Series 600	656	663	631
False Alarm & False Call - NFIRS Series 700	460	387	351
Severe Weather & Natural Disaster - NFIRS Series 800	7	3	5
Special Incident Type - NFIRS Series 900	6	5	8

**FIRES**

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

Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	78	109	95
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	35	33	44
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	103	154	119
What is the total acreage of all vegetation fires?	0	0	0

**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)

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	500	496	435
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	9	16	13
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	59	29	25



How many EMS-BLS Response Calls	0	0	0
How many EMS-ALS Response Calls	6903	7032	6685
How many EMS-BLS Scheduled Transports	0	0	0
How many EMS-ALS Scheduled Transports	0	0	0
How many Community Paramedic Response Calls	0	0	0

#### 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)

How many times did your organization receive Mutual Aid?	29	57	41
How many times did your organization receive Automatic Aid?	1	0	1
How many times did your organization provide Mutual Aid?	33	40	50
How many times did your organization provide Automatic Aid?	92	121	70
Of the Mutual and Automatic Aid responses, how many were structure fires?	3	1	1

**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?

No

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

\$0

<p>* 4. Are you requesting a Micro Grant? A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.</p>	<p>No</p>
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**Request Details**

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

Activity	Number of Entries	Total Cost	Additional Funding
Equipment	1	\$ 132,186	\$ 0
Modify Facilities	0	\$ 0	\$ 0
Personal Protective Equipment	0	\$ 0	\$ 0
Training	0	\$ 0	\$ 0
Wellness and Fitness Programs	0	\$ 0	\$ 0

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

**Equipment**

Equipment Details

- 1. What equipment will your organization purchase with this grant? Power Lift Cots/Stretchers
- \* Please provide a detailed description of the item selected above. power load fastener systems
- 2. Number of units: (whole number only) 6
- 3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 22031
- 4. Generally the equipment purchased under this grant program will:

Buy equipment for the first time (never owned before)

5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? Yes

In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

6. Is your department trained in the proper use of the equipment being requested? Yes

7. Are you requesting funding to be trained for these item(s)? (Funding for

requested training should be requested in the Equipment Additional Funding section).(Under the Action column select Update Additional Funding)

8. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

## Firefighting Equipment - 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. **\*4000 characters**

Since 1973 the BAFD has provided fire based EMS to the community with the department expanding to an ALS service in 1999 the first fire department in the state to do so. As such, the department is the biggest and busiest fire based EMS service in the State of Oklahoma having responded to over 6,900 ALS calls in 2015. To provide vital ALS services, the department utilizes 6 ambulances equipped with power cots. The power cots allow the legs of the cots to be raised and lowered hydraulically with or without a patient on them, but a firefighter still needs to load and unload the cot. This means a firefighter has to support the entire weight of the cot (50% more than a conventional cot) and the patient during the load and unload phase.

During 2015 the BAFD experienced, department wide, 69 firefighter injuries. Of the 69 injuries, 28 or 41% were EMS related with 13 or 46% directly attributed to power cot operation and patient lifting. The 13 injuries resulted in 2,256 lost man hours due to injury or the equivalent of 1 firefighter being out injured for 1 year.

The BAFD is requesting funding in the amount of \$132,186 (\$118,967 federal share) through the 2016 AFG Fire Operations and Firefighter Safety Program Area to purchase 6 power load fastener systems to augment the power cots at a cost of \$22,031 each.

The BAFD has the backing of the firefighters and the community to submit an AFG grant with the department funding the 10% match (\$13,219). The BAFD expects to have the project completed within the one year Period of Performance.

**\* 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. **\*4000 characters**

Without the power load fastener system, BAFD firefighters will continue to provide quality medical care utilizing the existing power cots. Regardless, accidents do happen and back injuries will be a fact of life for firefighters. As firefighters get older the chances of being injured increase as well. Unfortunately, the costs of such injuries could potentially exceed the cost of the project. A full time employee that is out injured still receives their weekly pay. The injuries will cause a reduction in shift staffing that will result in additional overtime costs to properly staff the department.

The total cost of the EMS project is \$132,186, with a useful service life of 10 years equates to 11¢ per person.

Delaying the purchase of the EMS equipment will result in higher costs in the future; as manufacturers report prices typically increase 3-5% per year.

First and foremost, the power load fastener system will provide for the health and safety of firefighters and the patients they treat. The power load fastener system is designed to support the power cot throughout the loading and unloading process. The system eliminates the need to steer the cot into and out of the ambulance. The system eliminates the patient drops by supporting the cot until the wheels are on the ground. With firefighters no longer supporting the power cot during loading and unloading will eliminate the potential for firefighters to be injured during this phase. As a result, the BAFD will see a reduction in the costs associated with injuries from operating the cots with those funds available to further improve firefighter safety.

**\* Section # 3** Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community? **\*4000 characters**

The new power load fastener system will enhance the BAFD's ability to perform its daily operations and increase its ability to provide quality medical care. The new system will instill confidence, not only with firefighters, but the district as well, that paramedics will be capable of performing their assigned duties effectively and efficiently.

BAFD personnel are relied upon every day to provide EMS ALS services to the first due district. With 6,903 EMS responses per year or nearly one EMS response per hour, the power load fastener system in conjunction with the power cots will be used each and every time a transport is needed.

The success of this project can be measured in a number of ways; a reduction in back injuries, a reduction in costs associated with back injuries, a reduction in overtime costs related to injuries and zero patient drops during loading and unloading the cot.

To provide for the safety of our firefighters and the patients they treat requires the installation of a power load fastener system. To do so requires the kind of assistance provided by the 2016 Assistance to Firefighters Grant Program. The Broken Arrow Fire Department hopes that the AFG will consider this a worthwhile project and provide the necessary funding to have it become a reality.

The Broken Arrow Fire Department would like to take this opportunity to thank the Peer Reviewers for their service.

**Budget**

Budget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 132,186
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0
<b>Federal and Applicant Share</b>	
Federal Share	\$ 120,170
Applicant Share	\$ 12,016
Applicant Share of Award (%)	10

\* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 12,016)

a. Applicant	\$ 12,016
b. State	\$ 0
c. Local	\$ 0
d. Other Sources	\$ 0

If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.

**Total Budget**

**\$ 132,186**

**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

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### FEMA Form SF 424B

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**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 **Jeremy Moore** on **11/10/2016**

**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 **Jeremy Moore** on **11/10/2016**



**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
Applicant's Acknowledgements	<a href="#">Complete</a>
Overview	<a href="#">Complete</a>
Contact Information	<a href="#">Complete</a>
Applicant Information	<a href="#">Complete</a>
Applicant Characteristics (I)	<a href="#">Complete</a>
Applicant Characteristics (II)	<a href="#">Complete</a>
Department Call Volume	<a href="#">Complete</a>
Request 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, Jeremy K Moore, am hereby providing my signature for this application as of 14-Nov-2016.**