

ORGANIZATION INFORMATION:

Organization Name:		
Organization Legal Name:		
County:	Number of Stations/Locations:	
Physical Address:		
City:	St:	Zip:
Mailing Address:		
City:	St:	Zip:

CONTACTS:

Primary Contact (Full Name):	
Title:	Phone:
Email:	Alt. Phone:
Secondary Contact (Full Name):	
Title:	Phone:
Email:	Alt. Phone:

AGENCY SPECIFIC QUESTIONS

Type of Jurisdiction Served: Town/Village/City/Other	
If "other", please explain:	
Please describe the community you serve (Include population): (i.e., aging, students, low income, etc.)	
Does the agency protect critical infrastructure?	
If so, please explain:	
Structure of the organization: Volunteer/Paid/Combination	
Number of Paid:	Volunteer:
How many are employed or volunteer at other agencies?	
Does your agency require/provide NFPA or any other physicals?	
If so, please explain:	
Does the agency provide workers compensation and/or accidental death & dismemberment?	
Does the agency provide BLS or ALS services?	
Number of BLS Providers:	Number of ALS Providers:
Please describe your organization:	
Please describe the organization's training program:	
Please describe growing challenges/new risks facing the organization: (i.e., increased call volume, expanding service area, etc.)	

PAST GRANT QUESTIONS:

Past grants received: (include dates, amounts, and use)
During this fiscal year has your agency received any Federal funds or other grant awards that duplicates or overlaps the scope of this funding request?

BUDGET/MATCH QUESTIONS:

Does the agency have an emergency/reserve fund?
If so, what is the balance?
What is its purpose/use?
For cash match requirements, is the organization prepared to fund the match?
If so, how will this match be funded? (Include budget line)
Please Describe financial challenges/distress facing the organization:

GRANT/PROJECT SPECIFIC QUESTIONS:

Please describe the project to be funded:	
Will this grant/funding opportunity benefit more than one organization/agency?	
If so, please explain:	
Have you applied for this grant in the past?	
If so, when, and how many times?	
Other unsuccessful grants (if applicable):	
Reasons for denial:	
Is this a vehicle request?	
If so, is this a replacement vehicle?	
Make/Model of vehicle to be replaced:	Year of vehicle to be replaced:
VIN of vehicle to be replaced:	Mileage of vehicle to be replaced:

REFERENCE NUMBERS:

**DUNS:	
**System for Award Management (SAM) Registration:	
**Do you have your FEMA Go login?	
Bank Account Number:	Routing Number: