



**County Fire Department
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

KUYLER CROCKER
District One

PETE VANDER POEL
District Two

AMY SHUKLIAN
District Three

J. STEVEN WORTHLEY
District Four

MIKE ENNIS
District Five

AGENDA DATE: October 23, 2018

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
County Counsel Sign-Off	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

CONTACT PERSON: Steven Murch PHONE: 559-802-9800

SUBJECT: Authorize the submission of a grant application to FEMA for Ballistic Personal Protective Equipment

REQUEST(S):
That the Board of Supervisors:

1. Authorize the submission of a grant application for a Federal Emergency Management Agency (FEMA) Assistance to Fire Fighters Grant to purchase ballistic personal protective equipment in the amount of \$90,000.
2. Authorize the Fire Chief, or his designee, to sign and electronically submit the grant application.

SUMMARY:
The Tulare County Fire Department (TCFD) is proposing to request grant funding from the Federal Emergency Management Agency Assistance to Fire Fighters Grant for the purchase of Ballistic Personal Protective Equipment (BPPE).

The purpose of this grant request is to assist the department in its effort to provide first responders with effective BPPE due to the increased exposure to incidents of violence and/or active shooter incidents through-out the nation. BPPE will help absorb the impact and reduce or stop penetration to the body from firearm projectiles, sharp weaponry and/or shrapnel from explosions. This additional protection will assist first responders in completing their rescue efforts, while greatly improving their overall safety.

SUBJECT: Authorize the submission of a grant application to FEMA for Ballistic Personal Protective Equipment

DATE: October 23, 2018

If awarded, the department will return to the Board of Supervisors to authorize acceptance of grant funds. Obtaining this award will allow the Fire Department to purchase thirty (30) Level IV Ballistic Personal Protective sets; vest, medical kit, helmet, and glasses.

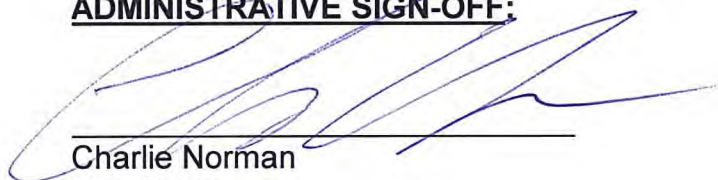
FISCAL IMPACT/FINANCING:

The award request is \$90,000 with an \$8,181 match requirement. If awarded, the Fire Department will return to the Board to accept the grant award. There will be no fiscal impact to the General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year strategic plan includes the Safety and Security initiative, which calls for planning and coordinating emergency preparedness and response. Approval to apply for the requested grant will support efforts to obtain necessary emergency preparedness equipment for emergency responders.

ADMINISTRATIVE SIGN-OFF:



Charlie Norman
Fire Chief

Cc: Auditor-Controller
County Counsel
County Administrative Office (2)

Attachment(s): Draft Grant Application

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF AUTHORIZE THE) Resolution No. _____
SUBMISSION OF A GRANT APPLICATION)
TO FEMA FOR BALLISTIC PERSONAL)
PROTECTIVE EQUIPMENT

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: MICHAEL C. SPATA
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

1. Authorized the submission of a grant application for a Federal Emergency Management Agency (FEMA) Assistance to Fire Fighters Grant to purchase ballistic personal protective equipment in the amount of \$90,000.
2. Authorized the Fire Chief, or his designee, to sign and electronically submit the grant application.

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
AFG Application (General Questions and Narrative)

OMB No.: 1660-0054
Expiration Date: August, 31 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 9 hours per response for FEMA Form 080-0-2 "AFG Application (General Questions and Narrative)". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits.

You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

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 09/24 to 10/26/2018 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/qpd_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 Pete Marquez on 2018-10-03 17:15:47.0

Overview

<p>* Did you attend one of the workshops conducted by an AFG regional fire program specialist?</p> <p>No, I have not attended workshop</p> <p>* Did you participate in a webinar that was conducted by AFG?</p> <p>No</p>
<p>* 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?</p> <p>Yes, I am a member/officer of this applicant</p>

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

[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	Division Chief
Prefix (select one)	N/A
* First Name	Pete
Middle Initial	
* Last Name	Marquez
* Primary Phone	559-802-9800 Ext. Type work
* Secondary Phone	559-967-3442 Ext. Type cell
Optional Phone	Type
Fax	
* Email	PMarquez@co.tulare.ca.us

Intentionally left blank

Contact Information

Alternate Contact Information Number 1

* Title ASO
 Prefix (select one) N/A
 * First Name Steven
 Middle Initial
 * Last Name Murch
 * Primary Phone 559-802-9804 Ext. Type work
 * Secondary Phone 559-816-9961 Ext. Type cell
 Optional Phone Type
 Fax
 * Email SDMurch@co.tulare.ca.us

Alternate Contact Information Number 2

* Title Division Chief
 Prefix (select one) N/A
 * First Name Jeff
 Middle Initial
 * Last Name McLaughlin
 * Primary Phone 559-802-9802 Ext. Type work
 * Secondary Phone 559-731-8681 Ext. Type cell
 Optional Phone Type
 Fax
 * Email JEMcLaughlin@co.tulare.ca.us

FEMA Form 080-0-2

Applicant Information

* Organization Name Tulare County Fire Department
Fire Department/Fire District

* Type of Applicant

* Fire Department/District, Non-Affiliated EMS, and Regional applicants, select type of Jurisdiction County Served :
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. Tulare County Fire Department

* 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 1 835 S. Akers St.

Mailing Address 2

* City Visalia

* State California

* Zip 93277 - 9528
[Need help for ZIP+4?](#)

* Employer Identification Number (e.g. 12-3456789)

Note: This information must match your SAM.gov profile. 94-6000545

* Is your organization using the DUNS number of your Jurisdiction? No, we have our own DUNS number separate from our Jurisdiction.

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? 801975702

(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 Tulare County Fire Department
 Physical Address 2 835 S. Akers St.
 * City Visalia
 * State California
 * Zip 93277 - 9528
[Need help for ZIP+4?](#)

* Mailing Address 1 Tulare County Fire Department
 Mailing Address 2 835 S. Akers St.
 * City Visalia
 * State California
 * Zip 93277 - 9528
[Need help for ZIP+4?](#)

Bank Account Information

* The bank account being used is: (Please select one from the 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 122000496
 * **Your account number** 7020024059

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

* 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? Combination
- If you answered "Combination", above, how many career members in your organization? (whole numbers only) 85
- 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) 4
- * What type of community does your organization serve? Rural
- * 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) 4717
- * What percentage of your response area is protected by hydrants? (whole number only) 3 %
- * 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? Tulare County
- * Does your organization protect critical infrastructure? Yes
- If "Yes", please describe the critical infrastructure protected below:

The critical infrastructure within Tulare County are lakes (10), dams (2), Rivers (10), numerous canals, National Protected Areas (7), Indian Reservation (1), County Parks (14), State Highways 43, 63, 65, 99, 137, 190, 198, 201, 216 and 245, Santa Fe Union Pacific Rail, San Joaquin Rail and Amtrak Rail, Airports (13), Incorporated Cities (7), and 45 other communities. The Tulare County Fire Department protects these critical infrastructures with utmost importance to citizens, motorists and land owners whom travel, live or visit Tulare County.
- * What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties? 97 %
- * What percentage of your primary response area is for commercial and industrial purposes? 1 %
- * What percentage of your primary response area is used for residential purposes? 2 %
- * What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only) 464493
- * Do you have a seasonal increase in population? Yes
- If "Yes" what is your seasonal increase in population? 80000
- 300

- * How many active firefighters does your department have who perform firefighting duties? (whole numbers only)
- * How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only) 300
- Does your department have a Community Paramedic program? No
- How many personnel are trained to the Community Paramedic level? (whole numbers only)
- * How many stations are operated by your organization? (whole numbers only) 27
- * 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. AFG does not require NFIRS reporting for nonaffiliated EMS Organizations and State Fire Training Academy.
- If you answered "Yes" above, please enter your FDIN/FDID 54050
- * How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only) 300
- * 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) 300
- 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.

* What services does your organization provide?

Basic Life Support	Emergency Medical Responder Haz-Mat Operational Level	Rescue Operational Level Rescue Technical Level Structural Fire Suppression Wildland Fire Suppression
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* Please describe your organization and/or community that you serve.

Tulare County has an area of 4,717 square miles and a population of 464,493. It is home to Mt. Whitney; the highest point in the contiguous United States (14,505) and the General Sherman Giant Sequoia; the biggest tree in the world (274.9 tall x 102.6 wide). It is geographically diverse with a flat, fertile and extensively cultivated valley floor in the western half that has made it the nations 2nd leading producer of agricultural commodities. The eastern half is home to the towering granite peaks, dense forests, wild rivers and chaparral foothills of the Sierra Nevada Range. The Tulare County Fire Department became an operation of the County on July 1, 2007. Prior to this date, fire services were provided through a contract with the California Department of Forestry and Fire Protection (CALFIRE). The County had been contracting for these services since 1927. The reason for terminating the contract was to decrease operational expenses by providing for fire and emergency services in-house with a direct labor force, rather than contracting from a third party. After 11 years as a County entity, the Tulare County Fire Department has successfully reduced its operating expenses. The Tulare County Fire Department serves the entire unincorporated area of the County and some areas of the incorporated cities through mutual aid agreements. Services provided to residents and visitors of Tulare County include: responding to fires, medical emergencies, motor vehicle accidents, technical rescues

and other life threatening or dangerous conditions as the lead agency, or in support of that agency having jurisdiction. In an effort to minimize dangerous conditions, emergency situations and threats to life, property and the environment, the Department strives to maintain a comprehensive Community Risk Reduction and Fire Prevention Program that in addition to the traditional delivery of fire suppression service, includes fire protection planning, fire prevention education, fire law and code enforcement and fire suppression cost recovery. The Department also participates in fire protection service agreements that allow the Tulare County Fire Department to receive and deliver fire protection service assistance from, and to, cooperating agencies. The operational structure of the Tulare County Department is as follows: Fire Personnel (300) and Stations (27): Field personnel consist of 9 Shift Battalion Chiefs, 1 Administration Battalion Chiefs, 31 Fire Captains, 49 Fire Lieutenants, 7 Fire Apparatus Engineers, and approximately 200 reserve firefighting personnel. The fire station staffing varies from all reserve staffing to one person staffing supported by reserve firefighters. Fire personnel are responsible for emergency response readiness, pre-fire planning, fire prevention tasks, fire apparatus maintenance, station training, and station maintenance. Fire Personnel respond to fires, medical aids, traffic accidents, hazardous material incidents and rescue calls. Emergency Fire Communications Center (FireComm): 8 fulltime employees and varying number of extra help dispatchers. FireComm personnel perform emergency dispatching services for the Tulare County Fire Department, Woodlake Fire Protection District, City of Farmersville FD, and City of Exeter FD. On an average year, FireComm dispatches approximately 14,000 incidents. Resource Management Agency: 3 dedicated fire mechanics are responsible for maintaining and repairing 85 vehicles ranging from large aerial firefighting apparatus to light duty utility vehicles with a couple of in-service vehicles that date back to the 1980s. Facility Maintenance: 1 maintenance worker is responsible for the maintenance and repair of 27 fire stations, contracting with private vendors when necessary. The fire stations range in age from 12 to 60 years old.

FEMA Form 080-0-2

Fire Department Characteristics (Part II)

	2017	2016	2015
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	1	2	2
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	13	2	7
* 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?	4	3	4

*Over the last three years, what was your organization's operating budget? 19890253

* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)? 13039648

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

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

If Yes, describe the planned purpose of this fund

* What percentage of your annual operating budget is derived from:

Enter numbers only, percentages must sum up to 100%

	2017	2016	2015
Taxes?	50 %	50 %	50 %
Bond Issues?	0 %	0 %	0 %
EMS Billing?	0 %	0 %	0 %
Grants?	1 %	1 %	1 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
Fee for Service?	49 %	49 %	49 %

* 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.

A diminishing operational budget means that funding is not available for this need and the department must rely on grant funding such as this grant to improve service delivery and ensure the safety of personnel. In the current fiscal year 66% of the department budget is dedicated to personnel costs with the remaining 34% to be spent on basic firefighter training and equipment along with other operational costs. Reducing funding for personnel in order to purchase new equipment and training would severely impact the department's response capabilities. Due to the lack of available purchasing funds for new equipment, a critical firefighter safety issue has come to light. Often firefighters respond to the scene of domestic violence, gang violence, or other

potential threats where firefighter safety is an issue even while staging out of the area. When you add in the increased threat of mass shootings and terrorism the danger increases. The department does not have any ballistic protection for its firefighters at this time, which increases the potential danger in today's hazardous environment. Thus, it would be extremely beneficial to our scene operations as well as firefighter safety for the Tulare County Fire Department to purchase new ballistic equipment, for already trained personnel, so that they can be utilized anywhere throughout the operational area. These trained personnel will also be able to train additional personnel to utilize this new equipment dramatically improving public and personnel safety.

* In cases of demonstrated economic hardship, and upon the request of the grant recipient, the FEMA Administrator may waive or reduce an AFG grant recipient's cost share requirement. Is it your department's intent to apply for cost share waiver? **No**

* 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
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	32	6	108
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):	7	0	18
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	2	0	8
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	19	0	51
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	2	0	6
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	37	0	39

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Fire Department Call Volume

2017 2016 2015

* **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	1523	1543	1127
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	26	26	29
Rescue & Emergency Medical Service Incident - NFIRS Series 300	7734	7326	7653
Hazardous Condition (No Fire) - NFIRS Series 400	333	330	333
Service Call - NFIRS Series 500	736	714	740
Good Intent Call - NFIRS Series 600	1583	1718	1882
False Alarm & False Call - NFIRS Series 700	357	345	332
Severe Weather & Natural Disaster - NFIRS Series 800	4	6	1
Special Incident Type - NFIRS Series 900	57	70	56

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)	287	292	295
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	348	360	301
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	527	523	34
What is the total acreage of all vegetation fires?	85000	39563	15000

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)	1312	1248	1124
Of the NFIRS Series 300 calls, how many are "Extractions from Vehicles" (NFIRS Code 352)	7	10	4
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	46	26	11
How many EMS-BLS Response Calls	6369	6057	6496
How many EMS-ALS Response Calls	0	0	0
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?	569	413	410
How many times did your organization receive Automatic Aid?	213	242	217
	346	327	340

How many times did your organization provide Mutual Aid?			
How many times did your organization provide Automatic Aid?	179	214	202
Of the Mutual and Automatic Aid responses, how many were structure fires?	130	80	146

FEMA Form 080-0-2

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" to Question 2, please explain how this request benefits other organizations below:
Tulare County Fire Department currently has cooperative mutual aid agreements with Fresno, Kings, and Kern Counties as well as the cities of Farmersville, Lindsay, Porterville, Tulare, Visalia, and Woodlake; all within the County of Tulare. These agreements provide a regional approach to assistance to all the listed Counties and Cities listed above.

* 3. Is your department facing a new risk, expanding service to new area, or experiencing an increased call volume?	Yes
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If you answered "Yes" to Question 3., please explain how your department is facing a new risk, expanding service to new area, or experiencing an increased call volume

With the increase of active shooter and terrorism events across the country, it has increased the potential risk to Tulare County to provide support to critical infrastructure, large events with a world wide attendance, and the nearly 100,000 children in daily attendance of schools within Tulare County.

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

\$0

* 5. Are you requesting a Micro Grant? A Micro Grant is limited to \$50,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.	No
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FEMA Form 080-0-2

DEPARTMENT OF HOMELAND SECURITY
 Federal Emergency Management Agency
Activity Specific Questions for AFG Operations and Safety Applications

OMB No.: 1660-0054
 Expiration Date: August, 31 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 4.6 hours per response for FEMA Form 080-0-2b "Activity Specific Questions for AFG Operations and Safety Applications". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

Request Details

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

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	0	\$ 0	\$ 0	View Details
Modify Facilities	0	\$ 0	\$ 0	View Details
Personal Protective Equipment	1	\$ 90,000	\$ 0	View Details View Additional Funding Narratives
Training	0	\$ 0	\$ 0	View Details
Wellness and Fitness Programs	0	\$ 0	\$ 0	View Details
Grant-writing fee associated with the preparation of this request.			\$0	

Request Details

Fire Department/Fire District Personal Protective Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Ballistic PPE	30	\$ 3,000	\$ 90,000	View Details

View Fire Operations and Firefighter Safety - Personal Protective Equipment

Personal Protective Equipment Details

1. Select the PPE that you propose to acquire (select one):

Please provide a detailed description of the item selected above.

Ballistic PPE

Level IV Ballistic Vest with side protection and medical kit, Ballistic Helmet, and Ballistic Glasses

2. Number of units: (whole number only)

30

3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

\$3000

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

0

- For turnout requests, what number of your on-duty active members **currently have** PPE that meets applicable NFPA and OSHA standards?

- If you are requesting new SCBA, how many of your seated riding positions **currently have** compliant SCBA assigned to it?

- If you are asking for specialized PPE (e.g., Haz-Mat), how many applicable members **currently have** specialized PPE that meets established standards?

5. What is the purpose of this request?

Increase supply for new hires and/or existing firefighters that do not have one set of turnout gear (PPE) or allocated seated positions (SCBA).

What are the specific ages of the type of PPE you are requesting?

Please assure that you've accounted for ALL gear for ALL members declared in Department

Age (in Years)	Current Inventory	Being Replaced
Less than 1	0	0
1	0	0
2	0	0

DRAFT

Characteristics - not just the gear you wish to replace. If you have 30 members then account for 30 sets of PPE.	3	0	0
	4	0	0
	5	0	0
	6	0	0
	7	0	0
	8	0	0
	9	0	0
	10	0	0
	11	0	0
	12	0	0
	13	0	0
	14	0	0
	15	0	0
	16	0	0
	17	0	0
	18	0	0
	19	0	0
	20	0	0
	21	0	0
	22	0	0
	23	0	0
	24	0	0
	25 or more	0	0

If you have indicated you are requesting SCBA or Cylinders in Question 1, to which edition(s) of the NFPA 1981 standard are your SCBA or Cylinders compliant? If not requesting SCBA/Cylinders, please select "N/A" and continue on to the next question. **Please account for ALL SCBA/Cylinders currently in your department's inventory - not just the SCBA/Cylinders you wish to replace. If you have damaged or inoperable SCBA/Cylinders/Face Pieces please list them in the "Obsolete/Damaged" section.**

N/A

Year

- 2013 Edition
- 2007 Edition
- 2002 Edition and older
- Obsolete/damaged

Current Inventory
SCBA Cylinders

Being Replaced
SCBA Cylinders

6. Are you requesting for members that currently do not have above-mentioned item? If Yes, enter the number of members that do not have this item. If No, click N/A. 300 N/A

DRAFT

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

8. Are you requesting funding for training for this PPE/SCBA? No

9. If you are not requesting training funds through this application, will you obtain training for this PPE/SCBA through other sources? Yes

FEMA Form 080-0-2b

Close Window

Budget

Budget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 90,000
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0
Federal and Applicant Share	
Federal Share	\$ 81,819
Applicant Share	\$ 8,181
Applicant Share of Award (%)	10

* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 8,181)

a. Applicant	\$ 8181
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 **\$ 90,000**

FEMA Form 080-0-2b

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 **Pete Marquez** on 10/03/2018

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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
--------	------	-------	-----	--------

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 Pete Marquez on 10/03/2018

FEMA Standard Form LLL

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