

# Fiscal Year (FY) 2020 Assistance to Firefighters Grants

**DRAFT**

Application ID: EMW-2020-FG-13126

OMB number: 1660-0054, Expiration date: 11/30/2022 [View burden statement](#)

## System for Award Management (SAM.gov) profile

Please identify your organization to be associated with this application. All organization information in this section will come from the System for Award Management (SAM) profile for that organization.

ALACHUA, COUNTY OF

Information current from SAM.gov as of:	01/03/2021
DUNS (includes DUNS+4):	010508711
Employer Identification Number (EIN):	596000501
Organization legal name:	ALACHUA, COUNTY OF
Organization (doing business as) name:	
Mailing address:	12 SE 1ST STREET GAINESVILLE, FL 32601-6826
Physical address:	12 SE 1ST ST GAINESVILLE, FL 32601-6826
Is your organization delinquent on any federal debt?	N
SAM.gov registration status:	Active as of 12/23/2020

✔ We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date

## Applicant information

Please provide the following additional information about the department or organization applying for this grant.

Applicant name (i.e., fire department name)

Alachua County Fire Rescue RE: Michael Cowart

## Main address of location impacted by this grant

Main address 1

911 SE 5th Street

Main address 2

Optional

City

Gainesville

State/territory

Florida



Zip code

32601

Zip extension

8001

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?

Alachua

## Applicant characteristics

The Assistance to Firefighters Grants Program's objective is to provide funding directly to fire departments and nonaffiliated EMS organizations or a State Fire Training Academy for the purpose of protecting the health and safety of the public and first responder personnel against fire and fire-related hazards. Please review the Notice of Funding Opportunity Announcement (NOFO) for information on available program areas and for more information on the evaluation process and conditions of award.

Please provide the following additional information about the applicant.

Applicant type

Fire Department/Fire District



Is this grant application a regional request? A regional request provides a direct regional and/or local benefit beyond your organization. You may apply for a regional request on behalf of your organization and any number of other participating eligible organizations within your region.

Yes

No

What kind of organization do you represent?

All Paid/Career



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

216

How many of your active firefighters are trained to the level of Firefighter I or equivalent?

0

How many of your active firefighters are trained to the level of Firefighter II or equivalent?

216

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

Yes

No

Which of the following standards does your organization meet regarding physicals? If physicals are not required then do not select any option. (optional)

Meets NFPA or 1582 standard

Meets NTSB or DOT standard

Meets State/Local standard

How many members in your department are trained to the level of EMR or EMT, Advanced EMT or Paramedic?

242

Does your department have a Community Paramedic program?

Yes

No

How many personnel are trained to the Community Paramedic level?

2

How many stations are operated by your department?

15

Does your organization protect critical infrastructure of the state?

Yes

No

Please describe the critical infrastructure protected below.

Alachua County Fire Rescue (ACFR) protects multiple critical infrastructures within the county. Alachua County is home to one of the largest universities in the nation in the University of Florida. The University has an enrollment of over 50,000 people as well as associated support staff and professors. We also have 3 hospitals including a Veterans Administration (VA) hospital as well as several free standing

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

- Yes
- No

Please enter your FDIN/FDID.

11062

## Operating budget

What is your organization's operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) dedicated to expenditures for day-to-day activities for the current (at time of application) fiscal year, as well as the previous two fiscal years?

Current Fiscal Year

2021

Fiscal Year	Operating budget
2021	\$40,191,237
2020	\$38,193,839
2019	\$36,630,150

What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?

67 %

Does your department have any rainy day reserves, emergency funds, or capital outlay?

- Yes
- No

What is the total amount currently set aside?

\$954,585

Describe the planned purpose of this fund.

This money is used for unanticipated or unplanned expenses. Per Alachua County OMB policy, departments are required to set aside reserve emergency funds that is regulated by this policy. Any issuance of these reserves require Board approval.

What percentage of the declared operating budget is derived from the following	2021	2020	2019
Taxes	26 %	20 %	28 %
Bond issues	0 %	0 %	0 %
EMS billing	36 %	39 %	29 %
Grants	2 %	3 %	4 %
Donations	0 %	0 %	0 %
Fund drives	0 %	0 %	0 %
Fee for service	36 %	38 %	39 %
Other	0 %	0 %	0 %
Totals	100 %	100 %	100 %

Describe your financial need and how consistent it is with the intent of the AFG Program. Include details describing your organization's financial distress such as summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of your control.

Our department continues to recover from the financial devastation of the economic crisis from over a decade ago. During the crisis, the Department eliminated over 20 full time positions. ACFR receives its funding primarily from two sources: MSBU Fire funding and medical billing fees for service. The MSBU Fire fund is primarily comprised of a Fire Assessment which is based on improved property values. With

In cases of demonstrated economic hardship, and upon the request of the grant applicant, the FEMA Administrator may grant an Economic Hardship Waiver. Is it your organization's intent to apply for an Economic Hardship Waiver?

Yes

No

## Other funding sources

This fiscal year, are you receiving Federal funding from any other grant program for the same purpose for which you are applying for this grant?

Yes

No

This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?

Yes

No

Please provide an explanation for other funding sources in the space provided below.

Alachua County Fire Rescue is currently receiving Federal grant funding under the S.A.F.E.R. grant to staff an additional suppression unit within our county. That funding is set to expire February 24th, 2021.

## Applicant and community trends

Please provide the following additional information about the applicant.

Injuries and fatalities	2020	2019	2018
What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	1	0	2
What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	3	1	2
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?	1	0	0

How many vehicles does your organization have in each of the type or class of vehicle listed below? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession.

 Seated riding positions

The number of seated riding positions must be equal or greater than the total number of frontline and reserve apparatus. If there are zero frontline and zero reserve apparatus, the number of seated riding positions must be zero.

Type or class of vehicles	Number of frontline apparatus	Number of reserve apparatus	Number of seated riding positions
Engines or pumpers (pumping capacity of 750 gallons per minute (GPM) or greater and water capacity of 300 gallons or more): pumper, pumper/tanker, rescue/pumper, foam pumper, CAFS pumper, type I, type II engine urban interface	13	4	39
Ambulances for transport and/or emergency response	20	6	40
Tankers or tenders (water capacity of 1,000 gallons or more)	4	0	4
Aerial apparatus: aerial ladder truck, telescoping, articulating, ladder towers, platform, tiller ladder truck, quint	1	0	3
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	7	0	14
Rescue vehicles: rescue squad, rescue (light, medium, heavy), technical rescue vehicle, hazardous materials unit	1	0	3
Additional vehicles: EMS chase vehicle, air/light unit, rehab units, bomb unit, technical support (command, operational support/supply), hose tender, salvage truck, ARFF (aircraft rescue firefighting), command/mobile communications vehicle	4	0	4

Is your department facing a new risk, expanding service to a new area, or experiencing an increased call volume?

Yes

No

## Community description

Please provide the following additional information about the community your organization serves.

Type of jurisdiction served

County



What type of community does your organization serve?

Suburban



What is the square mileage of your first due response zone/jurisdiction served?

969

What percentage of your primary response area is protected by hydrants?

12

What percentage of your primary response area is for the following:

Percentage  
(must sum to  
100%)

Agriculture, wildland, open space, or undeveloped properties

73

Commercial and industrial purposes

8

Residential purposes

19

Total

100

What is the permanent resident population of your first due response zone/jurisdiction served?

269043

Do you have a seasonal increase in population?

Yes

No

What is your seasonal increase in population (number of people)?

52367



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

Alachua County Fire Rescue (ACFR) is a diverse organization of public servants dedicated to enhancing and caring for those lives in our community through preparedness and immediate response to any and all of life's emergencies. ACFR originated in 1974 as the Department of Public Safety as the sole EMS provider in Alachua County. In 1985 implemented its first fire apparatus and the name changed to ACFR

## Call volume

Please provide the total number of incidents that your organization responded to for each year of the previous three year period (Jan - Dec). Include only those alarms which your organization was a primary responder and not second due or giving Mutual Aid.

Note: Each incident must be counted only once regardless of the number of units or agencies that responded to that incident (e.g. a vehicle fire with entrapment and injuries may be counted as a vehicle fire or a rescue call or an EMS call, but not all three).

## Summary

Summary of responses per year by category. Enter whole numbers only. If you have no calls for any of the categories, enter 0.

Summary of responses per year per category	2020	2019	2018
NFIRS Series 100: Fire	403	353	379
NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)	11	15	10
NFIRS Series 300: Rescue & Emergency Medical Service Incident	4054	3981	4004
NFIRS Series 400: Hazardous Condition (No Fire)	240	270	293
NFIRS Series 500: Service Call	269	384	396
NFIRS Series 600: Good Intent Call	470	2488	2712
NFIRS Series 700: False Alarm & False Call	823	796	815

Summary of responses per year per category	2020	2019	2018
NFIRS Series 800: Severe Weather & Natural Disaster	6	5	5
NFIRS Series 900: Special Incident Type	13	165	165
Total	42778	44294	44816

## Fire

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

How many responses per year per category?	2020	2019	2018
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)?	128	119	104
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?	61	74	66
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)?	86	65	91
Total	275	258	261

What is the total acreage of all vegetation fires? Enter whole numbers only. If you have no vegetation fires, enter 0.

Total acreage per year	2020	2019	2018
What is the total acreage of all vegetation fires?	10	8	10

## Rescue and emergency medical service incidents

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

How many responses per year per category?	2020	2019	2018
---	------	------	------

How many responses per year per category?	2020	2019	2018
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?	1914	2366	2312
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?	628	15	13
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?	188	192	156
How many EMS-BLS Response Calls?	0	0	0
How many EMS-ALS Response Calls?	3127	3064	3126
How many EMS-BLS Scheduled Transports?	0	0	0
How many EMS-ALS Scheduled Transports?	6539	6605	6292
How many Community Paramedic Response Calls?	2	0	0
Total	40543	39818	40041

## Mutual and automatic aid

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

How many responses per year per category?	2020	2019	2018
How many times did your organization receive Mutual Aid?	24	26	33
How many times did your organization receive Automatic Aid?	967	936	1639

How many responses per year per category?	2020	2019	2018
How many times did your organization provide Mutual Aid?	24	28	42
How many times did your organization provide Automatic Aid?	243	28	602
Of the Mutual and Automatic Aid responses, how many were structure fires?	48	161	109
Total	1306	1179	2425

## Grant request details

Are you requesting a Micro Grant? A Micro Grant is limited to \$50,000 in federal resources.

Yes

No



### Instructions

If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item [budget object class information](#). The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction. Select grant writer fee when adding an activity if there is a grant-writing fee associated with the preparation of the request

Grand total: \$482,989.97

Add activity

Program area: Operations and safety

Total requested for Equipment activity:  
\$482,989.97

Remove activity

Add item to Equipment

Please add the projects and items in your application for equipment. For each item you want funded, provide the requested information. Note: the unit price amount should reflect any volume discounts, rebates, etc. The option to select additional funding is available when adding items to support your request.

## Narrative

The narrative statements must provide all the information necessary for you to justify your needs and for FEMA to make an award decision. A panel of peer reviewers will perform the second phase of the applications' evaluations by using the narrative statements below to determine the worthiness of the request for an award. Please ensure that your narrative clearly addresses each of the following evaluation criteria elements to the best of your ability with detailed but concise information.

You may either type your narrative statements in the spaces provided below or create the text in your word processing system and then copy it into the appropriate spaces provided below. Please note the narrative block does not allow for formatting but you can expand the size of the narrative block. Do not type your narrative using only capital letters. Additionally, do not include tables, special fonts (i.e., quote marks, bullets, etc.), or graphs.

**Project Description and Budget:** Clearly explain the organization's project objectives and the relationship to your organization's budget (e.g., personnel, equipment, contracts, etc.) and risk analysis by providing statistics to justify the needs. Describe the various activities to be implemented, including program priorities or facility modifications, to include details on how these are consistent with project objectives, your organization's mission and national, state, and/or local requirements. Provide details that link the proposed expenses to operations and safety, as well as to the completion of the project's goals.

we will be able to increase our ability to rescue occupants involved in collisions that trap them in their vehicles. Right now, we have extrication equipment on 6 of our 11 fire rescue apparatus. We will be able to outfit all of our fire apparatus with basic extrication equipment to include 1 cutter, 1 spreader, and 1 ram. Currently we have older equipment that does not meet the 2020 edition of NFPA standard 1936. The vast majority of our current extrication equipment is manufactured prior to the 2010 revision with approximately half of it manufactured before there was even an NFPA standard for extrication equipment. The new equipment purchased with these funds would also make deploying the equipment faster and therefore reduce the amount of time needed to rescue occupants due to not having to deploy a pump and hydraulic lines as the new tools are battery operated and more portable. Our current equipment is

**Cost Benefit:** Describe how you plan to address the operations and personal safety needs of your organization, including cost effectiveness and sharing assets. The Operations and Safety Cost Benefit statement should also include details about gaining the maximum benefits from grant funding by citing reasonable or required costs, such as specific overhead and administrative costs. The request should also be consistent with your organization's mission and identify how funding will benefit your organization and affected personnel.

comprised to evaluate the tools will be that of our heavy rescue extrication specialists, an administrative employee, and someone from the finance and administration section. We will do all of this in compliance with the purchasing and requisition requirements of the County and that of the Grant. As has been documented in the FEMA emergency vehicle safety initiative we continue to see firefighters, law enforcement, and EMS responders killed and injured while operating at vehicle rescue scenes. With the award of this grant we will also be able to clear scene much faster making it safer for us and the traveling public. The tools that we will purchase through this award will be battery powered to aid in the transportation to and from the scene as well reduce the stress and workload compared to lined tools that require a separate pump and hydraulic lines. These tools will also provide an environmental benefit

**Statement of Effect on Operations:** Explain how this funding request will enhance the organization's overall effectiveness. Describe how the grant award will improve daily operations and reduce the organization's risk(s) including how frequently the requested item(s) will be used and in what capacity. Indicate how the requested item(s) will help the community and increase the organization's ability to save additional lives and property. Jurisdictions that demonstrate their commitment and proactive posture to reducing fire risk, by explaining their code enforcement (to include Wildland Urban Interface code enforcement) and mitigation strategies (including whether or not the jurisdiction has a FEMA-approved mitigation strategy) may receive stronger consideration under this criterion.

serve by reducing the time it takes to set up equipment and perform extrication on these critically injured persons. The days of having to lug a heavy power unit in close proximity to a crash scene and then go back to the apparatus to get the tools and lines will be a thing of the past. These new battery powered tools will be used to start extrication of the patients as soon as the vehicle has been stabilized. The benefits of these new tools cannot be overstated. The effectiveness of our crews will be significantly increased with tools manufactured under the current NFPA 1936 standard. In 2019, over 60% of vehicles manufactured were made with advanced high strength steel (AHSS). These new alloys decrease the weight of the vehicle making them more fuel efficient but also have significantly higher tensile strengths than the metals used just a few years ago. Extrication equipment manufactured prior to these metals



[Close](#) ▼

Item

Cutter/Spreader ▼

✖ [Remove item](#)

QUANTITY	UNIT PRICE	TOTAL	Budget class
12	\$12,550.00	\$150,600.00	Equipmer ▼

Description

Spreaders: Battery operated spreaders are used in a variety of applications. In vehicle extrication, they can be used to create or widen openings for other tools to operate. They can be used to raise a dashboard off of a victim. They can also raise a vehicle off of a victim expeditiously with the applicable accessories. Spreaders can also be used in forcible entry operations.

Generally the equipment purchased under this grant program will:

Replace unusable/unreparable equipment ▼

Specify the age of equipment in years:

15

Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? In your narrative statement, please explain how this equipment will bring the organization into voluntary compliance.

- Yes
- No

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

- Yes

No

Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested as additional funding).

Yes

No

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

Yes

No



[Close](#) ▼

Item

Cutter/Spreader



[Remove item](#)

QUANTITY	UNIT PRICE	TOTAL	Budget class
26	\$316.73	\$8,234.98	Equipmer ▼

Description

This quantity consists of a mounting bracket for each tool in order to secure the equipment in accordance with manufacturer guidelines. This is an absolute requirement.

Generally the equipment purchased under this grant program will:

Replace unusable/unrepairable equipment ▼

Specify the age of equipment in years:

20

Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? In your narrative statement, please explain how this equipment will bring the organization into voluntary compliance.

Yes

No

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

Yes

No

Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested as additional funding).

Yes

No

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

Yes

No



[Close](#) ▼

Item

Cutter/Spreader



[✖ Remove item](#)

QUANTITY	UNIT PRICE	TOTAL	Budget class
13	\$12,487.69	\$162,339.97	Equipmer ▼

Description

Battery operated cutters allow for vehicle components to be cut and cleared from the vehicle, which is essential in tactics such as roof removal. The cutters also are used to make cuts to facilitate the lifting of a dashboard off a victim or to remove mounted seat brackets to assist in victim removal. Cutters can also be used in forcible entry operations and have been used to cut objects to free imaled

Generally the equipment purchased under this grant program will:

Replace unusable/unrepairable equipment ▼

Specify the age of equipment in years:

13



Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? In your narrative statement, please explain how this equipment will bring the organization into voluntary compliance.

Yes

No

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

Yes

No

Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested as additional funding).

Yes

No

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

Yes

No



[Close](#) ▼

Item

Cutter/Spreader



[Remove item](#)

QUANTITY	UNIT PRICE	TOTAL	Budget class
12	\$11,238.75	\$134,865.00	Equipmer ▼

Description

Ram: Battery operated Ram extrication tools that are specifically designed to lift or spread. They can be used for a variety of purposes, including: vehicle extrications, forcible entry operations, and structural collapse operations.

Generally the equipment purchased under this grant

program will:

Replace unusable/unrepairable equipment ▼

Specify the age of equipment in years:

32

Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? In your narrative statement, please explain how this equipment will bring the organization into voluntary compliance.

Yes

No

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

Yes

No

Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested as additional funding).

Yes

No

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

Yes

No



[Close](#) ▼

Item

Cutter/Spreader ▼

✕ [Remove item](#)

QUANTITY	UNIT PRICE	TOTAL	Budget class
46	\$585.87	\$26,950.02	Equipmer ▼

Description

Batteries: The quantity reflects two battery chargers per set of extrication equipment. 2 additional chargers are required for Fleet Maintenance, the division responsible for the repair and maintenance of extrication equipment.

Generally the equipment purchased under this grant program will:

Replace unusable/unrepairable equipment

Specify the age of equipment in years:

Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? In your narrative statement, please explain how this equipment will bring the organization into voluntary compliance.

Yes

No

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

Yes

No

Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested as additional funding).

Yes

No

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

Yes


No

## Grant request summary

The table below summarizes the number of items and total cost within each activity you have requested funding for. This table will update as you change the items within your grant request details.

## Grant request summary

Activity	Number of items	Total cost
Equipment	5	\$482,989.97
Total	5	\$482,989.97

Is your proposed project limited to one or more of the [following activities](#)  : Planning and development of policies or processes. Management, administrative, or personnel actions. Classroom-based training. Acquisition of mobile and portable equipment (not involving installation) on or in a building.

Yes

No

Please download the EHP Screening form available at <https://www.fema.gov/media-library/assets/documents/90195>. Once you have been awarded the grant and have accepted the award, please complete and send your screening form and attachments to [GPDEHPinfo@fema.dhs.gov](mailto:GPDEHPinfo@fema.dhs.gov).

## EHP screening form attachment (optional)

Maximum File Size:  
25MB

Accepted File Types:  
.pdf, .doc, .docx, .xls, .xlsx, .jpg

 Upload from your computer

Filename	Date uploaded	Description
 <a href="#">Extrication quote.pdf</a>	01/28/2021	 <a href="#">Remove</a>

## Budget summary

### Budget summary

Object class categories	Total
Personnel	\$0.00
Fringe benefits	\$0.00

Object class categories	Total
Travel	\$0.00
Equipment	\$482,989.97
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00
Total direct charges	\$482,989.97
Indirect charges	\$0.00
TOTAL	\$482,989.97
Non-federal resources	
Applicant	\$43,908.18
State	\$0.00
Other sources	\$0.00
Remarks	
Total Federal and Non-federal resources	
Federal resources	\$439,081.79
Non-federal resources	\$43,908.18
TOTAL	\$482,989.97
Program income	\$0

## Contact information

Did any individual or organization assist with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application?

Yes

No

## Secondary point of contact

Please provide a secondary point of contact for this grant.

The Authorized Organization Representative (AOR) who submits the application will be identified as the primary point of contact for the grant. Please provide one secondary point of contact for this grant below. The secondary contact can be members of the fire department or organizations applying for the grant that will see the grant through completion, are familiar with the grant application, and have the authority to make decisions on and to act upon this grant application. The secondary point of contact can also be an individual who assisted with the development, preparation, or review of the application.

MRS Cheryl Ellis  
Finance / Administration  
Secti

Primary phone  
3253843122  
Work

Additional phones  
3523843101  
Work

 Edit

Fax

[canderson@alachuacounty.us](mailto:canderson@alachuacounty.us)

## Assurances and certifications

### SF-LLL: Disclosure of Lobbying Activities

OMB number: 4040-0013, Expiration date: 02/28/2022 [View burden statement](#)















Complete only if the applicant is required to do so by 44 C.F.R. part 18. Generally disclosure is required when applying for a grant of more than \$100,000 and if any funds other 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 contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Further, the recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event described in 44 C.F.R. Â§ 18.110(c) that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the applicant.

✓ The applicant is not currently required to submit the SF-LLL

# Review application

[Submit for signature](#)

Please select any of the following links to view or edit a particular section of your application. You may submit your application for signature once your application is complete and without any errors.

-   This application is ready to submit for signature  
Submit this application for final signature to complete the application submission process.
-  [SAM.gov profile](#) [View/edit](#)
-  [Applicant information](#) [View/edit](#)
-  [Applicant characteristics](#) [View/edit](#)
-  [Operating budget](#) [View/edit](#)
-  [Community description](#) [View/edit](#)
-  [Applicant and community trends](#) [View/edit](#)
-  [Call volume](#) [View/edit](#)
-  [Grant request details](#) [View/edit](#)
-  [Grant request summary](#) [View/edit](#)
-  [Budget summary](#) [View/edit](#)
-  [Contact information](#) [View/edit](#)
-  [Assurances and certifications](#) [View/edit](#)