

## Entire 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 12/26/2017 to 02/02/2018 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/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 **Brett Loomis** on **2018-01-31 17:37:39.0**

### Overview

**\* Did you attend one of the workshops conducted by an AFG regional fire program specialist?**

No, I have not attended workshop

**\* Did you participate in a webinar that was conducted by AFG?**

Yes

**\* 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?**

Yes, I am a member/officer of this applicant

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

-  
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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	Brett
Middle Initial	
* Last Name	Loomis
* Primary Phone	8319700901 Ext. Type cell
* Secondary Phone	8317587261 Ext. Type work
Optional Phone	Type
Fax	
* Email	brettl@ci.salinas.ca.us

FEMA Form 080-0-2

## Contact Information

## Alternate Contact Information Number 1

* Title	Grant Program Manager
Prefix (select one)	N/A
* First Name	Geoffrey
Middle Initial	
* Last Name	Maloon
* Primary Phone	8312772198 Ext. Type cell
* Secondary Phone	8312775895 Ext. Type home

Optional Phone	Type
Fax	
* Email	gmaloon@sbcglobal.net

Alternate Contact Information Number 2

* Title	Battalion Chief
Prefix (select one)	N/A
* First Name	Douglas
Middle Initial	
* Last Name	Dirksen
* Primary Phone	8319700909 Ext. Type cell
* Secondary Phone	8317587261 Ext. Type work
Optional Phone	Type
Fax	
* Email	douglasd@ci.salinas.ca.us

FEMA Form 080-0-2

**Applicant Information**

EMW-2017-FR-00462

Originally submitted on 02/02/2018 by Geoffrey Maloon (Userid: salinas)

**Contact Information:**

Address: 3357 N Polo Drive  
 City: Aptos  
 State: California  
 Zip: 95003  
 Day Phone: 8312772198  
 Evening Phone: 8312772198  
 Cell Phone: 8312772198  
 Email: gmaloon@sbcglobal.net

**Application number is EMW-2017-FR-00462**

\* Organization Name

Salinas Fire Department

\* Type of Applicant

Regional Request Fire

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

If "Other", please enter the type of Jurisdiction

Other (explain)

Two cities and various communities

**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 Salinas

\* 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

200 Lincoln Avenue

Mailing Address 2

\* City

Salinas

\* State

California

\* Zip

93901 - 2728

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

Note: This information must match your SAM.gov profile.

94-6000412

\* 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?

010919447

(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

65 West Alisal Street

Physical Address 2

Ste. 210

\* City

Salinas

\* State

California

\* Zip

93901 - 2728  
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\* Mailing Address 1

65 West Alisal Street

Mailing Address 2

Ste. 210

\* City

Salinas

\* State

California

\* Zip

93901 - 2728  
[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

122238420

\* Your account number

066001132

**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:

**Regional Request Department Characteristics (Part I)**

\* What kind of organization do you represent?

All Paid/Career

If you answered "Combination", above, how many Career members are in your organization? (whole number only)

\* What type of community will your regional project serve (what is the make up of the majority of the region affected by the project)?

Suburban

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

No

\* What is the square mileage of the region affected by the project? (whole number only)

39

\* In what county/parish is the host applicant physically located? If you have more than one station, in what county/parish is your main station located?

Monterey

\* Does your region protect critical infrastructure of the state?

Yes

\* What percentage of your region's land use is for Agriculture , Wildland , Open space, or Undeveloped properties?

2 %

\* What percentage of your region's land use is for commercial and industrial purposes?

39 %

\* What percentage of your region's land is used for residential purposes?

59 %

\* What is the permanent resident population of your region served? Remember this is the combined population of all departments/agencies included in this application

215000

\* Do you have a seasonal increase in population?

Yes

If "Yes" what is your seasonal increase in population?

1000000

\* What is the total membership in your region?  
*Remember this is the combined personnel of all departments/agencies included in this application.*

164

\* How many active members are trained to Firefighter I?

164

\* How many active members are trained to Firefighter II?

164

\* How many active BLS providers does your region have?

136

\* How many active ALS providers does your region have?

28

\* How many active Emergency Medical Responders does your region have?

0

\* How many personnel are trained to the [Community Paramedic](#) level?

0

\* How many stations are in your region?

11

\* If you (the host applicant) are a fire department, do you report to the National Fire Incident Reporting System (NFIRS)?

Yes

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

27070

\* How many regional partners will directly participate in this project?

1

\* Please list each participating agency by name along with a point of contact, to include a phone number. All regional participants must be eligible as defined by the AFG Funding Opportunity Announcement (e.g., Fire Departments or nonaffiliated EMS organizations)

**Participating**

**First Name**

**Last Name**

**Phone Number**

**Action**

**Organization Name**

City of Monterey

Gaudenz

Panholzer

8316463900  
Ext:[View](#)

\* Do all departments in this request report to NFIRS?

Yes

\* Do all agencies meet the regional minimum for NIMS compliancy?

Yes

\* What services are provided by your organization and the organizations participating in the regional application?

Advanced Life Support Non-Transport

[Rescue Fire Suppression](#)

Airport Rescue Firefighting (ARFF)

Haz-Mat Operational Level

BLS/ALS Schedule Transport

Haz-Mat Technical Level

Basic Life Support Non-Transport

Rescue Technical Level

Structural Fire Suppression

\* Please describe your organization and/or community that you serve. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

**WHO AND WHERE WE ARE AND COMMUNITY DESCRIPTION**

The City of Salinas is an economically diverse and multi-cultural community that serves as the county seat for Monterey County and the business hub for California's Central Coast Region and boasts a permanent resident population of over 150,000 that swells to over 200,000 during the harvest season in America's Salad Bowl. In addition to the residents of the City, the Department serves an unincorporated area near the City with an additional 12,000 residents and 32 square miles of homes, industry and agricultural fields.

The Salinas City Fire Department is an all risk 24/365 paid department that provides service from six fire stations strategically placed throughout the City. The City responded to 13,850 calls for service in 2015. Minimum on-duty daily staffing is twenty-three full-time personnel per shift manning six Advanced Life Support Paramedic engines, one ladder truck and a technical/specialist level Hazardous Materials Response Unit. The hazardous materials unit and the Fire Department's HAZMAT team, in partnership with the City of Seaside Fire Department and the Monterey County Health Department, provide primary hazardous materials mitigation response to all of Monterey and San Benito Counties.

The City of Monterey in Monterey County is located on the southern edge of Monterey Bay, on Central California's Pacific coast. It stands at an elevation of 26 feet (8 m) above sea level, on a land area of 8.466 square miles (21.927 km<sup>2</sup>). The 2010 census recorded a population of 27,810 which has since increased to approximately 30,000.

The City of Monterey Fire Department provides fire protection and emergency response services to the City of Monterey and also contracts fire response services to the Army Defense Language Institute & Foreign Language Center at the Presidio of Monterey, the Naval Postgraduate School and its housing located at La Mesa Village, and the neighboring cities of Sand City, Pacific Grove and Carmel-by-the-Sea, as well as the Monterey Airport. Due to these fire service contracts and tourism, the fire department services a population exceeding 70,000.

**DEMANDS ON THE ORGANIZATION**

The demands on the two organizations are very similar with one exception; Salinas already provides ALS non-transport services, but the candidate pool of new hires with paramedic certification has been very small in recent years. This has led to a paramedic shortfall in the organization that has resulted in significant amounts of mandatory overtime for our paramedics. This is not sustainable as it impacts morale as well as safety due to fatigue.

The City of Monterey is expanding its role into advanced life support for the first time and need a place to start. We would like to train more medics, but we will not be able to backfill the vacancies.

The reason for this need is that the ALS transport response agency in the County continues to experience high turnover and extended response times. Low reimbursement rates in much of the County limits the number of ambulances that the provider can put on the street at any given time. This has and will continue to result in poor patient outcomes with patients needing lifesaving ALS interventions.

**SPECIAL NEEDS AND SPECIAL HAZARDS**

Both Departments are unique for a number of reasons. Salinas is a major urban center in the center of the County with high crime and an aging housing stock with a significantly high call volume. Monterey is located on the coast and covers a significant portion of the coastline from Seaside to Carmel Highlands. This requires a significant level of additional

trained personnel in specialized tasks such as surf rescue, wildland firefighting, dive rescue, confined space rescue and other technical rescue disciplines.

**Regional Characteristics (Part II)**

	2016	2015	2014
* What is the total number of line of duty member fatalities in your region over the last three calendar years?	0	1	0
* What is the total number of line of duty member injuries in your region over the last three calendar years?	54	57	79

\*What is the cumulative total of the three-year budgets of all participating organizations in this project? 38305315

\* How much of this declared budget is dedicated to personnel costs (salary, fringe, and overtime)? 32729454

\* What percentage of the declared operating budget is derived from:

	2016	2015	2014
<b>Enter numbers only, percentages must sum up to 100%</b>			

<a href="#">Taxes?</a>	96 %	93 %	90 %
Bond Issues?	0 %	0 %	0 %
<a href="#">EMS Billing?</a>	0 %	0 %	0 %
Grants?	3 %	6 %	9 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
<a href="#">Fee for Service?</a>	1 %	1 %	1 %

\* 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

**WHY WE NEED FEDERAL FUNDING**

As described in detail below, the overall trend and outlook are good moving forward, but the need for this project is immediate and we are not able to fund it internally.

**INCOME VERSUS EXPENSES**

Monterey  
Revenue-\$17,089,113

Personnel = \$14.1M  
Maintenance& Operations = \$2.1M

2) Breaking it down by program (these wrap up the related personnel costs with the program)  
Administration = \$1,342k  
Prevention = \$355k  
Operations = \$13,973k  
Emergency Preparedness = \$121k  
Training = \$232k

Salinas-Expenditures by program are as follows:

Admin-\$612,284  
 Suppression-\$18,017,170  
 EMS-\$733,560  
 Prevention-\$710,073  
 Training-\$513,946  
 Maintenance-\$396,132  
 HazMat-\$233,037

Total: \$21,216,202

Total Revenue: \$21,216,202 funded from the City General Fund

OTHER ATTEMPTS TO FUND

Salinas recently passed a public safety measure to fund some capital outlay, but due to high crime the bulk of that funding has gone to the police department. The City of Monterey has explored a variety of options including a public safety tax, but the support for such as measure does not exist.

FINANCIAL COMMUNITY TRENDS

Overall finances for both cities are trending upward with a brighter outlook, but the effects of the recession are still being felt. The bulk of new money going to both departments is being spent on personnel that were lost during the recession. Personnel costs are expected to rise significantly for both agencies as SAFER grants sunset and those personnel are absorbed into the budget. As is the case with most California public agencies, the costs for the retirement system is increasing significantly over the next years. The two cities together are anticipating an increase of nearly \$10,000,000 in mandatory retirement contributions by 2022.

Salinas

Things are looking up for the City as revenue is increasing and for the current fiscal year the City has finally reached revenue levels equal to those seen before the recession, however, even with a 1 cent sales tax measure passing the Fire Department is seeing very little additional revenue. PD got almost \$4,000,000 (due to an astronomical crime rate in the City) while fire received only \$350,000. The entire increase was used in restoring services, promoting personnel and expanding the prevention bureau leaving none left over for this purchase.

Finally, the City will complete a SAFER grant during this fiscal year and the 14 positions that were funded will need to be absorbed into the Fire Department budget. The City does not intend to lay off the firefighters.

Monterey

The General Fund is balanced in the short-term, with a fund balance surplus of approximately \$203,000 at the end of FY15, but it develops a structural deficit of about \$711,000 in FY16. There are three primary factors creating this structural imbalance:

- Year 4 of the 5 year Council approved phased-in funding towards State mandated retiree health program unfunded liabilities(OPEB), which requires a minimum contribution by the City towards insurance premiums
- Increased pension contributions required by CalPERS due to actuarial methodology changes designed to speed up progress towards full funding of long-term liabilities
- Sunset of employee pension cost sharing for Monterey Police Officers Association employees.

The structural imbalance in FY16 through FY18, if not addressed, would result in an ending fund balance deficit of \$2.5 million.

**\* How many vehicles are operational within the region in each of the type or class of vehicle listed below? You must include vehicles that are leased or 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	13	6	76

Pumper, CAFS Pumper, Type I , Type II Engine Urban Interface			
Ambulances that are used for transport:	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):	0	0	0
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	3	1	16
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	3	0	12
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	1	0	4
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, Bariatric Ambulance(s)	14	0	28

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### Regional Call Volume

2016                      2015                      2014

\* **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	569	568	522
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	40	43	40
Rescue & Emergency Medical Service Incident - NFIRS Series 300	14658	14756	13260
Hazardous Condition (No Fire) - NFIRS Series 400	716	773	699
Service Call - NFIRS Series 500	1028	2156	2130
Good Intent Call - NFIRS Series 600	2561	2247	2343
False Alarm & False Call - NFIRS Series 700	1355	1289	1291
Severe Weather & Natural Disaster - NFIRS Series 800	14	5	5
Special Incident Type - NFIRS Series 900	27	31	27

### 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)	158	208	162
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	81	84	84
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	91	103	106
What is the total acreage of all vegetation fires?	132500	19	225

**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)	1817	1581	1512
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	2	3	5
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	116	55	58
How many EMS-BLS Response Calls	4689	4653	4346
How many EMS-ALS Response Calls	7940	8461	7318
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?	22	77	69
How many times did your organization receive Automatic Aid?	33	60	53
How many times did your organization provide Mutual Aid?	99	105	99
How many times did your organization provide Automatic Aid?	115	110	116
Of the Mutual and Automatic Aid responses, how many were structure fires?	44	60	65

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**Regional Request Information**

1. Select a program for which you are applying. **Regional applications are not eligible for modification of facilities or wellness and fitness programs.** You can apply for as many activities within a program as you need.

Program Name

Regional Request

\* 2. Is your department facing a new risk, expanding service to new area, or experiencing an increased call volume?

Yes

If you answered "Yes" to Question 2., please explain how your department is facing a new risk, expanding service to new area, or experiencing an increased call volume

Call volume trends indicate a 3-5% increase annually over the last ten years (average). Significant increases have been noted in EMS related calls for service and extended response times from the current private service provider have proven problematic.

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

\$0

FEMA Form 080-0-2

**Request Details**

## 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.

The activities for program **Regional Request** are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding
Equipment	0	\$ 0	\$ 0
Personal Protective Equipment	0	\$ 0	\$ 0
Training	1	\$ 579,000	\$ 0

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

**Training Program**

## Training Details

1. What type of training are you requesting?

Paramedic Training (EMT-P)

Please provide a detailed description of the Training Program you selected. Each department will send three personnel to paramedic training. Salinas will augment an existing ALS program and Monterey will implement a new program.

2. Generally, this program can best be categorized as:

Training that is evaluated/tested using a national, state, or local standard

3. How many personnel will be trained by this program? 6

4. Per the Notice of Funding Opportunity Announcement (NOFO), will you have a memorandum of understanding (MOU) in place prior to award? Yes

5. Generally, the training program provided under this grant:

Will address an identified risk for your region or community, please specify:	Explanation: Extended response times by the private transport provider and an increase in EMS calls for service have led to overextended crews, poor patient outcomes and inability to provide life saving interventions.
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6. Will this training enhance your ability to perform Mutual Aid? Yes

If you answered Yes to the question above, please explain. ALS provision capabilities during aid responses will make us much more valuable to our partners.

7. Will this training be: Instructor-led

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**Budget Item - Paramedic Training (EMT-P)**

- \* Item (select one) Paramedic
  - \* Please provide a detailed description of the item selected above. Tuition for six students at \$14,000 per student.
  - \* Select Object Class Contractual
- If you answered other above, please specify
- \* Number of units: (whole number only) 6
  - \* Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 14000

FEMA Form 080-0-2b

**Budget Item - Paramedic Training (EMT-P)**

- \* Item (select one) Paramedic
- \* Please provide a detailed description of the item selected above. 1500 hours of overtime at \$55 per hour for class attendance and overtime backfill per student.
- \* Select Object Class Personnel

If you answered other above, please specify

\* Number of units: (whole number only) 6

\* Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 82500

FEMA Form 080-0-2b

## Regional Training - 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

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### IDENTIFIED RISK

Extended response times from the primary ALS transport agency has created a significant need for paramedics on first responder units to provide ALS lifesaving interventions on scene while awaiting the arrival of paramedics on the ambulance. RMS data reveals trends in extended responses as well as times of day and busiest companies which will allow for the strategic placement of the new paramedics. Salinas is expanding the number of paramedics to relieve significant mandatory overtime due to short staffing. This is the result of an inability to recruit and hire qualified paramedic personnel over the last five years.

### SOLUTION

Both agencies intend to send three (each-total 6) personnel to paramedic training using AFG funds to assist with costs. This will allow the Monterey Fire Department to implement, for the first time, an ALS first responder program and provide ALS lifesaving interventions prior to the arrival of the private ambulance provider.

### WHAT STANDARDS MET

All trained personnel will be licensed and certified as nationally registered paramedics and California State paramedics as well as accreditation in Monterey County.

### COST OF PROJECT

The cost of this project includes \$14,000 in tuition costs for each firefighter. This will cover all costs including books and clinicals. The most significant cost will be the overtime backfill. The overtime is calculated for both agencies at 1,500 hours total per student. This includes overtime for the trainee as well as overtime to backfill created vacancies while the student is in class. At an estimated \$55 per hour the cost per student is \$82,500.

Tuition-\$84,000  
 Overtime-\$495,000  
 Total-\$579,000  
 Federal Share-\$526,364  
 Local Match-\$52,636

### TRAINING

Training will be provided by the only local paramedic training provider and will meet all State and National standards. Training will be evaluated and instructor led and will result in a nationally recognized certification pursuant to grant program guidelines.

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\* **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

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### WHY WE NEED FUNDING

The need for Federal funding is detailed in the financial need narrative. Two primary problems facing the two grant applicants are as follows:

Monterey-No current ALS program and extended response times from the County contract ALS transport provider has led to poor patient outcomes.

Salinas-An inability to be able to recruit and hire qualified paramedics has led to a shortage of paramedics in the fire department. This has created significant mandatory overtime problems for our paramedics and present with morale and fatigue issues.

#### WHAT IS THE BENEFIT

The greatest benefit for the City of Monterey will be a tremendous increase in the level of service that we can provide to our citizens and to our visitors. This grant will allow for the implementation of a program that data suggests could have saved numerous lives over the years had it existed prior.

For the City of Salinas the benefit is twofold, one we will reduce overtime costs, but more importantly we will reduce fatigue and improve morale and expect to see a correlation between those two things and an improvement in the provision of care to our constituents.

#### HOW WILL ITEMS IMPROVE FIREGROUND OPERATIONS

On the fireground both agencies will realize an increase in the number of paramedics on scene. This will assist in more effective rehab of firefighters as well as the ability to provide advanced lifesaving interventions in the case of a firefighter or civilian with a significant injury or medical emergency.

#### WHY IS THIS ECONOMICAL

This project is economical in that it will provide for a significant improvement in the delivery of service to our constituents and when extrapolated out over the number of EMS runs and the number of years these firefighters will work as paramedics the cost benefit is significant. Furthermore, training existing personnel in these skills allows both agencies to improve service levels without experiencing the high cost of bringing new personnel on board that may not be successful. Investing in current staff improves morale and retention.

#### INTEROPERABILITY

All equipment associated with this program will be interoperable with existing County equipment standards and the training and accreditation is Countywide. It is anticipated that this program will make both agencies better mutual and automatic aid partners.

#### LONG TERM VALUE

Each of the newly trained paramedics will respond on 28,800 EMS calls over the course of a 30-year career. This equates to a cost per paramedic of approximately .28 cents per call. In addition, the reduction in liability for the current ALS provider will result in better contract terms and parameters, thereby possibly reducing transport costs for residents and visitors experiencing a medical emergency.

#### CONSEQUENCES OF NOT RECEIVING

The consequences of not receiving this funding cannot be overstated. For the City of Salinas the consequence will be continued mandatory overtime for paramedics. There is a real cost to the City in dollars of overtime paid, but there is also a significant cost in terms of low morale and fatigue for our existing paramedics.

For the City of Monterey, the cost is a continued delay in the implementation of our ALS program. This will ultimately lead to poor patient outcomes that may include the death of patients that might have survived with ALS interventions. This grant is a tremendous step forward in the provision of EMS care.

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\* **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

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#### EFFECT OF CURRENT EQUIPMENT

The effect of having too few paramedics or of having none at all is significant and has been detailed above. RMS data analytics as well as anecdotal evidence has proven that the lack of ability to provide ALS care has resulted in poor patient outcomes and in some cases death in the City of Monterey. In addition, the lack of enough paramedics in Salinas has resulted in similar findings as low morale and fatigue can also result in poor patient outcomes.

#### HOW WILL THIS IMPROVE SAFETY AND PREVENT LOSS OF LIFE

Improved provision of care on EMS calls as well as on the fireground will be the result of this project. This could prevent a line of duty death from a sudden cardiac event while our firefighters are engaged in fire suppression activities both in the City of on a wildfire deployment anywhere in the State. Again, RMS data and anecdotal evidence suggests that numerous lives could have been extended or saved if Monterey was able to provide ALS care. In addition, the City of Salinas will realize improvements in care due to lower levels of fatigue. Fatigue can lead to mistakes while providing care as has been well documented in numerous studies both in the prehospital environment as well as in the hospital. We anticipate tremendous improvements in health and safety as a result of this program.

#### HOW WILL IT EFFECT THE FUTURE BUDGET

The effect on the future budgets include a significant reduction in overtime costs for the City of Salinas. The City of Monterey will experience initial start-up costs associated with the implementation of a new ALS program such as paramedic incentive pay as well as equipment purchases, but the City Council has indicated a willingness to cover the associated costs because it will lead to a tremendous improvement in the level of service provided by the Fire Department. Funds have already been set aside for these purchases.

#### EXTRA TRAINING?

Additional training will result from this grant, not only in the form of the initial training, but also in the form of additional continuing education requirements for the new paramedics as well as the ability for those new paramedics to provide training to their BLS partners on a regular basis.

#### FREQUENCY OF USE

Based on call volume of the two cities it is anticipated that during the course of a thirty-year career, the newly trained paramedics will respond on 28,800 EMS calls with the possibility of using their new skills on every single call and resulting in real lives saved.

#### HOW WILL WE MEASURE RESULTS?

Results will be measured through an examination of RMS run data that will include compliance with NFPA 1720, year over year firefighter and civilian injury and illness as well as response times for ALS arrival and patient outcomes over time.

FEMA Form 080-0-2b

### Budget

#### Budget Object Class

a. Personnel	\$ 495,000
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 0
e. Supplies	\$ 0
f. Contractual	\$ 84,000
g. Construction	\$ 0
h. Other	\$ 0

i. Indirect Charges	\$ 0
j. State Taxes	\$ 0
<b>Federal and Applicant Share</b>	
Federal Share	\$ 526,364
Applicant Share	\$ 52,636
Applicant Share of Award (%)	10

\* **Non-Federal Resources** *(The combined Non-Federal Resources must equal the Applicant Share of \$ 52,636)*

a. Applicant	\$ 52,636
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** **\$ 579,000**

FEMA Form 080-0-2b

**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 **Brett Loomis** on **01/31/2018**

**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 **Brett Loomis** on **01/31/2018**



**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 asterisk (\*) are required.**

**I, Brett Loomis, am hereby providing my signature for this application as of 02-Feb-2018.**