

## 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.

### OLMSTED FALLS, CITY OF

Information current from SAM.gov as of: 02/02/2020

DUNS (includes DUNS+4): 076749886

Employer Identification Number (EIN): 346002096

Organization legal name: OLMSTED FALLS, CITY OF

Organization (doing business as) name:

Mailing address: 26100 BAGLEY RD OLMSTED FALLS, OH 44138-1812

Physical address: 26100 BAGLEY RD OLMSTED FALLS, OH 44138-1812

Is your organization delinquent on any federal debt? N

SAM.gov registration status: Active as of 2019-10-11 00:00:00.000 GMT

☒ 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 applicant.

Applicant name Olmsted Falls Fire Department

### Main address of location impacted by this grant

Main address 1 9274 Columbia Rd.

Main address 2

City Olmsted Falls

State/territory OH

Zip code 44138

Zip extension 2429

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? Cuyahoga

## 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. No

What kind of organization do you represent? All Paid/Career

How many active firefighters does your department have who perform firefighting duties? 28

How many of your active firefighters are trained to the level of Firefighter I or equivalent? **28**

How many of your active firefighters are trained to the level of Firefighter II or equivalent? **28**

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001? **No**

How many members in your department are trained to the level of EMR or EMT, Advanced EMT or Paramedic? **28**

Does your department have a Community Paramedic program? **No**

How many stations are operated by your department? **1**

Does your organization protect critical infrastructure of the state? **No**

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**

Please enter your FDIN/FDID. **18077**

## Operating budget

What is your organizations 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?

**76727.36**

Current fiscal year: **2020**

Fiscal Year	Operating budget
2020	\$1,098,100.00
2019	\$1,017,500.00
2018	\$882,100.00

## Community description

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

Type of jurisdiction served **City**

What type of community does your organization serve? **Suburban**

What is the square mileage of your first due response zone/jurisdiction served? **4**

What percentage of your primary response area is protected by hydrants? **98**

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

Agriculture, wildland, open space, or undeveloped properties

Percentage  
(must sum  
to 100%)

5

Commercial and industrial purposes

10

Residential purposes

85

Total

100

What is the permanent resident population of your first due response zone/jurisdiction served? **8889**

Do you have a seasonal increase in population? **No**

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

The City of Olmsted Falls is located in Cuyahoga County in the midwestern state of Ohio along the southern edge of Lake Erie. Olmsted Falls has a total area of 4.12 square miles, of which 4.12 square miles is land and 0.00 miles is water. The estimated population of Olmsted Falls is 8,889 and the population density is 2,190.3 people per square miles. As of 2017, Olmsted Falls has 3,874 households with 2.29 individuals living within each household. Household income in 2017 dollars was \$63,750 with 2.8% of the population living in poverty. The population in the city is approximately 96.7% Caucasian, 0.9% African American, 0.1% Asian, 1.8% Latino, and 0.0% American Indian. Foreign-born citizens account for 13.7% of the population, and Olmsted Falls has 2.69% non-English or English as a second language (ESL) speakers. Public alerts and notifications may need to be developed and disseminated in various languages. The median age in Olmsted Falls is approximately 45.3 years old. Approximately 5.0% of the population is under 5 years old and is over 65 years old. It is important to keep these demographics in mind when developing and disseminating information related to an emergency incident. Children may not understand alerts and notifications, and the elderly population may not hear or be able to act on information they receive. Foreign-born citizens may not be proficient in English and/or may speak a language other than English at home. Olmsted Falls is home to six railroad crossings, with two rail lines: Norfolk and Southern, and CSX. There are four crossings in the Northern Zone, which are Norfolk and Southern rail lines, and two crossings in the southern zone, which are CSX rail lines. Roughly 100 trains each day with hazardous chemicals pass through Olmsted Falls. Olmsted Falls resides within Cuyahoga County, which boasts several cultural attractions, professional sports arenas, universities, museums, and other facilities. Cuyahoga County is also proximate to the Perry Nuclear Power Plant (roughly 20 miles to the northeast) and the Davis-Besse Nuclear Power Plant (roughly 60 miles to the west). In the event of an emergency incident at either nuclear power plant or in the wider Cuyahoga County area, populations may be evacuated into Olmsted Falls from affected locations.

## Applicant and community trends

Please provide the following additional information about the applicant.

Injuries and fatalities	2019	2018	2017
What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	0	0	1
What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	0	0	0
What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	0	0	0
What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	0	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

**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.	3	1	9
Ambulances for transport and/or emergency response.	1	1	6
Tankers or tenders (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.	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.	0	0	0
Rescue vehicles: rescue squad, rescue (light, medium, heavy), technical rescue vehicle, hazardous materials unit.	0	0	0
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.	1	0	2

Is your department facing a new risk, expanding service to a new area, or experiencing an increased call volume? **No**

**Call volume**

Summary	2019	2018	2017
Fire - NFIRS Series 100	26	25	36
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	2	0	2
Rescue & Emergency Medical Service Incident - NFIRS Series 300	910	883	883
Hazardous Condition (No Fire) - NFIRS Series 400	76	60	50



Service Call - NFIRS Series 500	88	85	84
Good Intent Call - NFIRS Series 600	63	64	65
False Alarm & Falls Call - NFIRS Series 700	46	53	61
Severe Weather & Natural Disaster - NFIRS Series 800	0	0	0
Special Incident Type - NFIRS Series 900	1	1	2

<b>Fires</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>
"Structure Fire" (Of the NFIRS Series 100 calls, NFIRS Codes 111-120)	13	13	26
"Vehicle Fire" (Of the NFIRS Series 100 calls, NFIRS Codes 130-138)	5	5	3
"Vegetation Fire" (Of the NFIRS Series 100 calls, NFIRS Codes 140-143)	8	7	7
Total acreage of all vegetation fires	0	0	0

<b>Rescue and Emergency Medical Service Incidents</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>
"Motor Vehicle Accidents" (Of the NFIRS Series 300 calls, NFIRS Codes 322-324)	10	10	11
"Extractions from Vehicles" (Of the NFIRS Series 300 calls, NFIRS Code 352)	0	0	0
"Rescues" (Of the NFIRS Series 300 calls, NFIRS Code 300, 351, 353-381)	5	5	5
EMS-BLS Response Calls	348	342	328
EMS-ALS Response Calls	547	526	518
EMS-BLS Scheduled Transports	0	0	0
EMS-ALS Scheduled Transports	0	0	0
Community Paramedic Response Calls	0	0	0

<b>Mutual and Automatic Aid</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>
Amount of times the organization received Mutual Aid	54	101	0
Amount of times the organization received Automatic Aid	0	0	0
Amount of times the organization provided Mutual Aid	141	180	205
Amount of times the organization provided Automatic Aid	0	0	0
Of the Mutual and Automatic Aid responses, amount that were structure fires	0	0	0

## Grant request details

### Program area: Operations and safety

**Total requested for Equipment activity: \$76,727.36**

#### Specialized Equipment (Other)

QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
12	\$1,180.00	\$14,160.00	Equipment
DESCRIPTION			
12 Snap-Change Cylinders for SCBA's			

#### More Details for Specialized Equipment (Other).

Generally the equipment purchased under this grant program will:

Replace unusable/unreparable equipment to meet current standard

Specify the age of equipment in years:

18

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

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

Are you requesting funding to be trained for these item (s)? (Funding for requested training should be requested as additional funding). **No**

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

### Specialized Equipment (Other)

QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
6	\$5,910.00	\$35,460.00	Equipment

#### DESCRIPTION

six (6) NFPA 2018 edition SCBA

### More Details for Specialized Equipment (Other).

Generally the equipment purchased under this grant program will: **Replace unusable/unreparable equipment to meet current standard**

Specify the age of equipment in years: **18**

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**

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

Are you requesting funding to be trained for these item (s)? (Funding for requested training should be requested as additional funding). **No**

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

### Monitor/Defibrillator - 15 leads

10

**Monitor/Defibrillator - 15 leads**

QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
1	\$27,107.36	\$27,107.36	Equipment

**DESCRIPTION**

One (1) LIFEPAK 15 to replace the LIFEPAK 15, 12-Lead EKG monitor for the front-line EMS unit that is 10 years old. The new LIFEPAK 15 12-Lead EKG monitor has diagnostic and interpretive capabilities that will be used to monitor firefighters during rehabilitation at extended emergencies and maintain the safety of the residents in the community.

**More Details for Monitor/Defibrillator - 15 leads.**

Generally the equipment purchased under this grant program will: **Upgrade technology to current standard**

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. **No**

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

Are you requesting funding to be trained for these item(s)? **No**  
(Funding for requested training should be requested as additional funding).

If you are not requesting training funds through this application, will you obtain training for this equipment through other sources? **No**

**More Details for Equipment.****Narrative****Project Description**

The Olmsted Falls Fire Department is requesting financial assistance of \$35,460.00 for the purchase of six (6) new NFPA 2018 edition SCBA to replace outdated, obsolete frontline SCBA, and \$27,107.36 to purchase one (1) LIFEPAK 15 to replace the 10 yr. old LIFEPAK 15, 12- Lead EKG monitor. Our request also includes \$14,160.00 for twelve (12) Snap-Change Cylinders, Carbon Wrapped pressure 4500. Our goal is to have a SCBA available for all of our riding positions for each firefighter. The six (6) new SCBA will help replace our current inventory of eighteen (18) SCBA. This grant award is aimed at filling all of our current riding positions. Even though we may be a smaller department, we staff our station by jump staffing. Therefore, our personnel need to be ready to respond at all times from any apparatus. Since we are requesting six (6) full packs, every firefighter will be issued their own face piece and voice amplifier. We were fortunate to repair a handful of masks in early 2019 in order to distribute individual masks to our firefighters, but none of those masks meet the current requirements and testing, and not everyone has a voice amplifier. In addition to distributing the masks we will also distribute each firefighter an APR use in certain situations that require protection from chemical or biological hazards. These APR's will interface

and be used in conjunction with their masks. APR's are a new item and piece of equipment for the firefighters and the department. When Cleveland hosted the Republican National Convention in the summer of 2016, Olmsted Falls knew there was a possibility we could have been called to assist with any emergency. We were part of the planning process with Cuyahoga County and had to make our resources and equipment available if needed. From the RNC, we learned we were not prepared for certain terrorist attacks. The APR's are an initial first step in protecting our first responders. The department has also adopted a new respiratory protection program and new SCBA and APR's are the backbone of that program. - Info and specs on new packs, all NFPA features we do not have now. - Implementation of new SCBA/Respiratory Protection Policy - Distribution of APR's and individual face pieces. - Fill system for high pressure cylinders to include new cascade bottles, blast-proof recharging station, and 6000 psi compressor. The eighteen (18) packs that remain in our inventory range in manufacture date from 2002-2004; therefore, the department has no SCBA above the 2002 edition of NFPA 1981. The department has 15 riding positions and we keep 3 spare packs. Our SCBS lack the low-pressure alarms for 33% remaining air, new end of service time indicators, updated/improved HUD, the new voice communication intelligibility requirements, updated universal PASS alarm tones, and the face pieces do not meet the new testing requirements. Aside from the lack of safety improvements, these packs have seen first due firefighting use for over fourteen (14) years and are in generally poor condition. Harnesses are bent or broken, straps are worn and showing signs of heat fatigue, cylinders are discolored and worn, face pieces are chipped, scratched, and most have no voice communications system/amplification. If awarded this grant these packs will be removed from service immediately. Another issue that is remedied if we are awarded this grant is our inventory of SCBA cylinders. Given the age of our SCBA packs, we are rapidly approaching the DOT hydrostatic life expectancy of 15% of our current SCBA cylinder inventory. An award from AFG would guarantee that all firefighters have two (2) cylinders of air. The department already performs daily checks of all SCBA's, face pieces, and cylinders. We also perform yearly bench testing and servicing. As part of an eight (8) community joint purchase we now have annual mask fit testing. All of these current practices will remain in place to maintain the new equipment.

#### Cost/Benefit

With the current financial state of the department and community, the benefits we would realize are numerous. As a department, we have very limited funds remaining after salaries and benefits. An aging vehicle fleet has usually accounted for most the equipment fund. Our budget estimates for 2020 leave us with \$45,000 for apparatus maintenance and capital expenses. This money is already earmarked for repairs of our existing fleet and replacement of aging equipment, essentially leaving us no additional monies for equipment purchase or replacement. We have also budgeted a portion of that money to cover any matching costs associated with this grant. With an already overtaxed population base, we cannot look to the public to fund this project. In response to budget restrictions we have had to cut almost all overtime, equipment cannot be replaced, and personnel cannot be added. While the department has done our due diligence in regards to budgeting, we still do not feel we can burden our citizens any further. Funding from the Assistance to Firefighters Grant is the only way this project can be funded. Given our expected call volume and a life expectancy of ten (10) years, we estimate that each of these SCBA units could see upwards of 2,000 uses. Interoperability is imperative to this department. An award from AFG would immediately increase interoperability with our automatic and mutual aid communities. As their SCBA's have advanced over the years, we have remained stagnant. With regional approaches to RIT/Mayday and fire ground communications, SCBA's compliant to the 2013 edition of NFPA 1981 allow us to provide better support to our brothers and sisters in those communities as well as their residents. Both the community and the firefighters will benefit from replacing the obsolete, worn out, unsafe SCBA. With the age and condition of our SCBA, a critical failure of these packs is imminent. An equipment malfunction or failure in an IDLH atmosphere has potentially fatal consequences for the firefighters, their fellow crew members, and any citizens they may be tasked with saving. When compared to death and injury costs (OSHA fines, overtime, legal claims, lost time, death benefits, BWC claims) and the damage it brings to the department and community; we feel our request is justified and necessary.

#### Statement of Effect

In 2019, we responded to over thirteen (13) structure fires and twenty one (21) other types of fires. The SCBA's will also be used in any IDLH atmosphere we encounter, such as, carbon monoxide incidents, gas leaks, smoke investigation, or any other situation that may arise (false alarms, smoke investigations, etc.) The new SCBA will provide additional safety to all members and the citizens we protect on a daily basis. The advances in NFPA 1981 provide the most protection for the firefighter, which leads to better protection of the public. An award from AFG will allow us to finally be able to have enough SCBA's for all of riding positions, eliminating the risk that someone would not be able to function on a scene. Over the last few years, there have been incidents where these obsolete packs have failed and have been placed out of service until they were repaired. Frequent "breakdowns" have also led to an increase in repair costs, which puts additional strain on our already tight budget. The Olmsted Falls Fire Department has had success in the past with several AFG awards. We have always



We have always been able to meet our matching fund requirement, have never had to return funds, and have always been in reporting compliance. The return on grant award and the benefits derived from this project cannot be overstated. Funding from this grant will provide the necessary equipment needed to adequately protect the health and safety of both the public and the firefighters. A purchase with AFG funding is the only possible way our department can buy the necessary equipment to keep our community safe. We have the full support of the Olmsted Falls City Council, the Mayor and the community for this project. Thank you for the opportunity and your consideration.

### 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	3	\$76,727.36
<b>Total</b>	<b>3</b>	<b>\$76,727.36</b>

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

### Budget summary

#### Budget summary

Object class categories	Total
Personnel	\$0.00
Fringe benefits	\$0.00
Travel	\$0.00
Equipment	\$76,727.36
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00
<b>Total direct charges</b>	<b>\$76,727.36</b>
Indirect charges	\$0.00
<b>TOTAL</b>	<b>\$76,727.36</b>
<b>Non-federal resources</b>	
Applicant	\$3,653.68
State	\$0.00
Other sources	\$0.00
Remarks	
<b>Total Federal and Non-federal resources</b>	
Federal resources	
Non-federal resources	
<b>TOTAL</b>	<b>\$76,727.36</b>
Program income	\$0.00

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## 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?



### Grant writer fee

In order to request a grant writer fee, the answer to this question must be "Yes"

## 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.

**Matthew Sheehan**  
Chief

**Primary phone**  
4402353238  
Work

**Additional phones**  
2162975110  
Mobile

**Fax**  
4402353267

[msheehan@olmstedfalls.org](mailto:msheehan@olmstedfalls.org)

## Assurance and certifications

OMB number: 4040-0007, Expiration date: 02/28/2022 [View burden statement](#)

### SF-424B: Assurances - Non-Construction Programs

OMB Number: 4040-0007  
Expiration Date: 02/28/2022

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.

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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 cost) 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. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 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. §§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. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§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 Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; 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 Titles 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 interests 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. §§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. §§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.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

### Certifications regarding lobbying

OMB Number: 4040-0013

Expiration Date: 02/28/2022

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. 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 an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. 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 of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

**SF-LLL: Disclosure of Lobbying Activities**

OMB Number: 4040-0013

Expiration Date: 02/28/2022

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. § 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.

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Notice of funding opportunity**

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 Period of Performance (POP).

**Accuracy of application**

I certify that I represent the organization applying for this grant and have reviewed and confirmed the accuracy of all application information submitted. Regardless of 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, enforcement actions taken against an existing award pending investigation or review, or referral to the DHS Office of Inspector General.

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### **Authorized Organizational Representative for the grant**

By signing this application, I certify that I understand that inputting my password below signifies that I am the identified Authorized Organization Representative for this grant. Further, I understand that this electronic signature shall bind the organization as if the application were physically signed and filed.

### **Authorization to submit application on behalf of applicant organization**

By signing this application, I certify that I am either an employee or official of the applicant organization and am authorized to submit this application on behalf of my organization; or, if I am not an employee or official of the applicant organization, I certify that the applicant organization is aware I am submitting this application on its behalf, that I have written authorization from the applicant organization to submit this application on their behalf, and that I have provided contact information for an employee or official of the applicant organization in addition to my contact information.

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