

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

Fire Prevention and Safety

OMB No.: 1660-0054

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PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2.5 hours per response for FEMA Form 080-0-3 "Fire Prevention and Safety". 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 Period of Performance (POP).

* ☒ I certify that the applicant organization is aware that this application period is open from 02/12 to 03/16/2018 and will close at 5 PM ET; 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

* ☒ 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.

Note: the Primary Point of Contact will be responsible for signing and submitting the application. Fields marked with an asterisk (*) are required.

By checking the box below and providing your password, you are providing your digital signature.

* Password:

* ☒ I am hereby providing my signature for this application

Overview

The FP&S (Fire Prevention and Safety) program intends to enhance the safety of the public and firefighters with respect to fire and fire-related hazards by assisting fire prevention programs and supporting firefighter health and safety research and development. Grant funds are available in two activities: Fire Prevention and Safety Activity and Research and Development Activity. Please review the Notice of Funding Opportunity for information on available categories within each activity area and for more information on the evaluation process and conditions of award.

*** Are you a member, or are you currently involved in the management of the fire department or organization applying for this grant with this application?**

- ☒ Yes, I am a member/officer/employee of this applicant
- ☐ No, I am a grant writer or otherwise not affiliated with this applicant

If you answered "No", please **complete** the information below. If you answered "Yes", please skip the Preparer Information section.

Note: Fields marked with an * are required.

Preparer Information	
Preparer's Name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Select a State"/>
Zip (i.e. 12345-6789)	<input type="text"/> - <input type="text"/> Need help for ZIP+4?
Primary Phone (i.e. 123-456-7890)	<input type="text"/> Ext. <input type="text"/> Type <input type="text" value="Select"/>
Email (i.e. user@xyz.org)	<input type="text"/>

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 an officer or member of the fire department or an employee of the organization applying for the grant that will see this grant through completion and has the authority to make decisions on and to act upon this grant application.

The Primary Contact, as listed below, is the person for which all exchanges of information will be made relative to the application; all information provided must be specific to the contact listed. The Primary Contact must be an employee of the fire department or organization applying for the grant and shall not

be a grant writer or a non-employee of the fire department or organization.

In addition to the Primary Contact information, you will be asked to provide two (2) Alternate Points of Contact on the next page. The Alternate contacts must be familiar with the application and should be able to answer any questions relative to this application in the event that Primary Point of Contact is unavailable. When you are finished, click the Save and Continue button below.

Reminder: Please list only phone numbers and email addresses where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.

Note: Fields marked with an * are required.

Primary Point of Contact	
* Title	Administrative Analyst I
Prefix (Select N/A if not applicable)	Mr. <input type="button" value="v"/>
* First Name	David
Middle Initial	<input type="text"/>
* Last Name	Jones
* Primary Phone (i.e. 123-456-7890)	530-470-2639 Ext. <input type="text"/> Type <input type="button" value="work"/> <input type="button" value="v"/>
* Secondary Phone (i.e. 123-456-7890)	432-557-6168 Ext. <input type="text"/> Type <input type="button" value="cell"/> <input type="button" value="v"/>
Optional Phone (i.e. 123-456-7890)	<input type="text"/> Ext. <input type="text"/> Type <input type="button" value="Select"/> <input type="button" value="v"/>
Fax (i.e. 123-456-7890)	<input type="text"/>
* Email(i.e. user@xyz.org)	David.Jones@co.nevada.ca.us
* Is there a grant-writing fee associated with the preparation of this request? This fee must be specifically identified and listed in the application "Request Details" section as a budget line item in order to be eligible for reimbursement. Fees for grant writers may be included as a pre-award or pre-application expenditure. However, fees payable on a contingency basis are not an eligible expense. For grant writer fees to be eligible as a pre-award expenditure they must be paid prior to award, (i.e., paid within 60 days of the end of the application period).	<input type="radio"/> Yes <input checked="" type="radio"/> No
If you answered yes above, what is the fee? (whole dollar amounts only)	\$ <input type="text"/>


Contact Information

In addition to Primary Point of Contact listed on the previous page, please provide two (2) additional points of contact for this application. These contacts should be members of the fire department or employees of the organization applying for the grant who will see this grant through completion, are familiar with the grant application, and have the authority to make decisions on and to act upon this grant application.

Reminder: Please list only phone numbers where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.

Note: Fields marked with an * are required.

Alternate Contact 1 Information			
* Title	<input type="text" value="OES Program Manager"/>		
Prefix	<input type="text" value="N/A"/>	Select N/A if not applicable	
* First Name	<input type="text" value="John"/>		
Middle Initial	<input type="text"/>		
* Last Name	<input type="text" value="Gulserian"/>		
* Primary Phone	<input type="text" value="530-265-1515"/> <small>(i.e. 123-456-7890)</small>	Ext. <input type="text"/>	Type <input type="text" value="work"/>
* Secondary Phone	<input type="text" value="530-913-0191"/> <small>(i.e. 123-456-7890)</small>	Ext. <input type="text"/>	Type <input type="text" value="cell"/>
Optional Phone	<input type="text"/> <small>(i.e. 123-456-7890)</small>	Ext. <input type="text"/>	Type <input type="text" value="Select"/>
Fax	<input type="text"/> <small>(i.e. 123-456-7890)</small>		
* Email	<input type="text" value="John.Gulserian@co.nevada.ca."/> <small>(i.e. user@xyz.org)</small>		

Alternate Contact 2 Information			
* Title	<input type="text" value="OES Director"/>		
Prefix	<input type="text" value="N/A"/>		Select N/A if not applicable
* First Name	<input type="text" value="Steve"/>		
Middle Initial	<input type="text"/>		
* Last Name	<input type="text" value="Monaghan"/>		
* Primary Phone	<input type="text" value="530-265-1239"/>	(i.e. 123-456-7890) Ext. <input type="text"/>	Type <input type="text" value="work"/>
* Secondary Phone	<input type="text" value="530-265-1218"/>	(i.e. 123-456-7890) Ext. <input type="text"/>	Type <input type="text" value="cell"/>
Optional Phone	<input type="text"/>	(i.e. 123-456-7890) Ext. <input type="text"/>	Type <input type="text" value="Select"/>
Fax	<input type="text"/> (i.e. 123-456-7890)		
* Email	<input type="text" value="Steve.Monaghan@co.nevada.c"/> (i.e. user@xyz.org)		

Applicant Information

Please provide the following information about your organization and click the *Save and Continue* button below. If you have not already done so, [check to see if someone has already started an application for your organization](#). If an application has been started, request access from the owner by clicking the link above. If you feel this person is not an appropriate representative of your organization, call the Help Desk at 1-866-274-0960.

Note: Fields marked with an * are required.

* Organization Name	<input type="text" value="County of Nevada"/>
* Are you a Fire Department?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Type of Applicant	<input type="text" value="County"/>
If "Other", please enter the type of Applicant	<input type="text"/>
What kind of Fire Department do you represent?	N/A
If you answered "Combination" above, what is the percentage of career members in your organization?	<input type="text"/>
* Are you a non-fire based EMS?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Type of community served?	<input type="text" value="Rural"/>
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.	<input type="text" value="County of Nevada"/>
* 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	<input type="text" value="950 MAIDU AVE"/>
Mailing Address 2	<input type="text"/>
* City	<input type="text" value="Nevada City"/>
* State	<input type="text" value="California"/>
* Zip	<input type="text" value="95959"/> <input type="text" value=""/> (i.e. 12345-6789) Need help for ZIP+4?

<p>* Employer Identification Number (i.e. 12-3456789) Note: This information must match your SAM.gov profile.</p>	<input type="text" value="94-6000526"/>
<p>* Is your organization using the DUNS number of your Jurisdiction?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No, we have our own DUNS number separate from our Jurisdiction.</p>
<p>* I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you select "Yes" above)</p>	<p><input checked="" type="checkbox"/> Yes</p>
<p>* What is your 9 digit DUNS number?</p>	<input type="text" value="010979029"/>
<p>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.</p>	<input type="text"/>
<p>* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>* 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.</p>	<p><input checked="" type="checkbox"/> Yes</p>
<p>* Please describe your organization and/or community that you serve. 4000 characters</p>	<div> <div>Nevada County is a county in the Sierra Nevada of California. As of the 2010 census, the population was 98,764 which reside in 52,590 housing structures. The racial makeup of Nevada County was 90,233 (91.4% White, 389 (0.4% African</div> <div></div> <div></div> </div>
<p>* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served?</p>	<div> <input type="text" value="98764"/> (Whole numbers only; do not enter special characters (i.e., decimals, commas, dollar signs, etc.) </div>
<p>* Do you currently report to the National Fire Incident Reporting System (NFIRS)? Note: You will be required to report to NFIRS for the entire period of the grant.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not a Fire Department</p>
<p>If you answered "Yes" above, please enter your FDIN/FDID.</p>	<input type="text"/>
<p>Headquarters or Main Station Physical Address</p>	

* Physical Address 1	<input type="text" value="950 Maidu Ave"/>	
Physical Address 2	<input type="text"/>	
* City	<input type="text" value="Nevada City"/>	
* State	<input type="text" value="California"/>	
* Zip	<input type="text" value="95959"/> - <input type="text" value="860"/>	(i.e. 12345-6789)
<input checked="" type="checkbox"/> Mailing Address is the same as the Physical Address Note: This information must match your SAM.gov profile.		
* Mailing Address 1	<input type="text"/>	
Mailing Address 2	<input type="text"/>	
* City	<input type="text"/>	
* State	<input type="text" value="Select a State"/>	
* Zip	<input type="text"/> - <input type="text"/>	(i.e. 12345-6789)
Bank Account information		
* The bank account being used is: (Please select one from right)	<input type="radio"/> Maintained by my Organization separately from my Jurisdiction Note: If this is selected, a 4 digit DUNS plus 4 is required if you answered "Yes" to using the DUNS number of your Jurisdiction. <input checked="" type="radio"/> Maintained by my Jurisdiction	
Note: The following banking information must match your SAM.gov profile.		
* Type of bank account	<input checked="" type="radio"/> Checking <input type="radio"/> Savings	
*Bank routing number - 9 digit number on the bottom left hand corner of your check	<input type="text"/>	(numbers only, no dashes)
*Re-enter Bank routing number	<input type="text"/>	
*Your account number	<input type="text"/>	(numbers only, no dashes)
*Re-enter Your account number	<input type="text"/>	
Applicant Budget		
* What is your department's operating budget (i.e., personnel, maintenance of apparatus, equipment, and facilities; utility costs; purchasing expendable	<input type="text" value="295000"/>	Current Fiscal Year (at time of application) (All Whole numbers only; do not enter special characters (i.e., decimals, commas, dollar signs, etc.))

items, etc.) for the current (at time of application) fiscal year and for the previous three **fiscal** years? Please indicate in the text box next to each of the budget figures what **fiscal** year that amount pertains to.

Budget:	<input type="text" value="240821"/>	Fiscal Year:	<input type="text" value="1617"/>
Budget:	<input type="text" value="217202"/>	Fiscal Year:	<input type="text" value="1516"/>
Budget:	<input type="text" value="194552"/>	Fiscal Year:	<input type="text" value="1415"/>

* Financial Need: Why are you unable to fund this project without Federal assistance? How are the critical functions of your organization affected without this funding? Please provide the details of your current operating budget. Include information on efforts to obtain funding elsewhere and how similar projects have been funded in the past (4000 characters).

Nevada County OES Department has an annual operating budget of \$295,000. This budget provides support to the county for the management and coordination of disasters, terrorism, search & rescue missions, floods and other major emergencies within the operational area. Other essential duties include write, update and maintain the Operational Area Emergency Plan, provide effective response to Search & Rescue and Law Enforcement missions, and conduct emergency preparedness training/awareness. As Nevada County does not have a Fire Department, OES provides support to the local level fire districts through fire inspections, grant applications, equipment orders, training, and collaboration of efforts.

Due to the scope of work and limited budget Nevada County OES Department has identified several activities needing to occur in order to reduce deaths injuries and property damage by reducing the risks associated with fire-related and other hazards. During the summer season the S. Yuba Canyon receives approximately 1,500 visitors each day. The visitors come to enjoy the scenic views and forested areas along the river. Many of these visitors camp along in nearby state and national parks. Visitors swim in the Yuba River, start campfires and hike on various trails within the area. Both Nevada County Residents and Visitors are made aware of the dangers in the canyon through river ambassadors, police and fire personnel that are stationed in this area.

Unfortunately however the canyon does not have cell coverage due to how remote the area is. Due to campsites within the S. Yuba Canyon Area wildfire is an ever present danger in the area. Additionally each year the S. Yuba Canyon is threatened by fires and is designated a high in terms of hazardous fuels conditions. According to the 2017 Nevada County Local Hazard Mitigation Plan Update, wildland fire is the most significant natural hazard (pg. iii). The last five years have shown an increase in significant wildfire events such as the Wind Complex in 2017 which burnt 17,037 acres and destroyed 398 structures and

Additional Information

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

☐ Yes ☒ No

* Is the applicant delinquent on any federal debt?

☐ Yes ☒ No

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

☒ Yes ☐ No

* If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application.

☒ Yes ☐ No

If you answered "Yes" to any of the additional questions above, please provide an explanation in

the space provided below(4000 characters):

The County of Nevada receives more than \$750,000 in Federal funds during a fiscal year. Specifically the County of Nevada Office of Emergency Services is receiving Federal Funding for 2017 Emergency Management Performance Grants in the amount of \$145,086 and the 2017 Homeland Security Grant Program at \$173,751. The County of Nevada consists of multiple departments and agencies and represents roughly 100,000 citizens. It is to our understanding that an A-133 audit may be required to in receiving funding for this grant.

Request Information

Activity Selection

Please use this section to select the award activity for which you want to apply. Once you are done, press the *Save and Continue* button below.

Note: Fields marked with an * are required.

* 1. Select one of the choices listed below. You can apply for a maximum of 3 projects within an activity.
(If you modify your selection, you will lose data entered under the original activity.)

Select	Activity Name
<input checked="" type="radio"/>	Fire Prevention and Safety
<input type="radio"/>	Fire Prevention and Safety and Research and Development
<input type="radio"/>	Research and Development

PAPERWORK BURDEN DISCLOSURE NOTICE

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Request Details

Below is a list of eligible **project categories** for which you may apply for under the Fire Prevention and Safety Activity, as well as a list of projects currently included within your application.

To begin, select the appropriate **project category** and click the *Add Fire Prevention and Safety* button. This will take you to the project capabilities screen in which you will answer questions about your organization's current capabilities. Once you have answered these questions, please click *Save and Continue*, at which point you will then be able to enter your proposed project.

Once you have outlined the project you will then be able to add the budget items that correspond to the project. To add another project under the same project category, you will click the "Add Additional Project" button.

If you wish to add another project under another project category, you will need to follow the above steps for each new project you wish to create.

As a reminder, you can only apply for 3 projects under this activity. You may update or delete a project by clicking the appropriate link under the Action column.

Once you are done, press the *Return to Summary* button below.

Note: Fields marked with an * is required.

* 1. Select one of the choices listed below. You can apply for a maximum of 3 projects within this activity.

Add Fire Prevention and Safety Activity

Select	Category
<input checked="" type="radio"/>	Community Risk Reduction
<input type="radio"/>	Code Enforcement/Awareness
<input type="radio"/>	Fire & Arson Investigation
<input type="radio"/>	National/State/Regional Programs and Studies

Add Community Risk Reduction Project

Fire Prevention and Safety	
Community Risk Reduction Project	Action
Community Risk Reduction - Capabilities Information	Update Delete

No project is currently specified for the category Community Risk Reduction.

Fire Prevention and Life Safety-Community Risk Reduction Capabilities

In order to help identify what your organization's **current** fire prevention and life safety education capabilities are, please answer the following questions. Please be sure to only address your **current** capabilities; you will answer questions about the proposed project(s) that your application is requesting after completing this section.

<p>* 1. Do you currently have a fire prevention and life safety education program?</p>	<p>Do you currently have a fire prevention and life safety education program? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>1a. If "Yes", check all that apply.</p>	<p>If "Yes", check all that apply.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Smoke alarm education <input checked="" type="checkbox"/> Smoke alarm distribution <input checked="" type="checkbox"/> Smoke alarm installation <input checked="" type="checkbox"/> Residential sprinklers <input checked="" type="checkbox"/> Fire extinguishers <input checked="" type="checkbox"/> Fire escape planning <input checked="" type="checkbox"/> Burn prevention <input checked="" type="checkbox"/> Juvenile firesetting <input checked="" type="checkbox"/> Disaster preparedness <input checked="" type="checkbox"/> In-school programming <input checked="" type="checkbox"/> Community CPR/first aid <input checked="" type="checkbox"/> Fall prevention <input checked="" type="checkbox"/> Home inspections <input type="checkbox"/> Other <input type="text"/> <p>Explain <input type="text"/> (Max. 40 characters)</p>
<p>2. For the above selected programs, how is it implemented? Check all that apply.</p>	<p>For the above selected programs, how is it implemented? Check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Door to Door <input checked="" type="checkbox"/> Public advertisement (i.e., media) <input type="checkbox"/> School visits <input checked="" type="checkbox"/> Brochures/handouts

<p>3. Is/are your program(s) targeted at a specific group?</p>	<div> <input checked="" type="checkbox"/> Open Houses <input checked="" type="checkbox"/> Fairs and festivals <input checked="" type="checkbox"/> Local civic organizations <input checked="" type="checkbox"/> Partnerships <input type="checkbox"/> Other </div> <div> Explain <input type="text"/> (Max. 40 characters) </div> <p>Is/are your program(s) targeted at a specific group? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>3a. If "Yes", check all that apply.</p>	<p>If "Yes", check all that apply.</p> <div> <input type="checkbox"/> Adults over 65 <input type="checkbox"/> Children under 14 <input type="checkbox"/> College/university housing <input type="checkbox"/> People with disabilities <input type="checkbox"/> Low-income families, neighborhoods <input type="checkbox"/> Firefighters <input type="checkbox"/> Geographic Area <input type="checkbox"/> Other </div> <div> Explain <input type="text"/> (Max. 40 characters) </div>
<p>4. Does your program address a specific problem?</p>	<p>Does your program address a specific problem?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>4a. If "Yes", check all that apply.</p>	<p>If "Yes", check all that apply.</p> <div> <input checked="" type="checkbox"/> Wildland <input checked="" type="checkbox"/> Community hazard <input type="checkbox"/> Residential fire issues <input checked="" type="checkbox"/> Arson/criminal activity <input type="checkbox"/> Carbon monoxide <input type="checkbox"/> Other </div> <div> Explain <input type="text"/> (Max. 40 characters) </div>
<p>5. On average, what is the total number of hours of fire prevention and life safety education programs conducted monthly by your organization?</p>	<p>On average, what is the total number of hours of fire prevention and life safety education programs conducted monthly by your organization? <input type="text"/></p>

	<p>Less than 20 hours</p> <p><input type="radio"/> Between 20 - 29 hours</p> <p><input type="radio"/> Between 30 - 39 hours</p> <p><input type="radio"/> Between 40 - 49 hours</p> <p><input checked="" type="radio"/> 50 hours or more</p>
6. Do you evaluate your existing fire prevention and life safety education programs?	<p>Do you evaluate your existing fire prevention and life safety education programs? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
6a. If "Yes", check all that apply.	<p>If "Yes", check all that apply.</p> <p><input checked="" type="checkbox"/> Count/contacts/outputs</p> <p><input checked="" type="checkbox"/> Pre and post testing</p> <p><input checked="" type="checkbox"/> Fire data analysis</p> <p><input checked="" type="checkbox"/> Injury/loss statistics</p> <p><input type="checkbox"/> Surveys</p> <p><input type="checkbox"/> Other <input type="text"/></p> <p>Explain <input type="text"/> (Max. 40 characters)</p>
7. Does your fire prevention and life safety education program have a dedicated coordinator?	<p>Does your fire prevention and life safety education program have a dedicated coordinator? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>7a. If "Yes", your department does have a dedicated coordinator, is this person certified to a recognized state or national standard?</p> <p>7b. If "No", your department does not have a dedicated coordinator, will you be requesting funds to hire and/or certify a dedicated coordinator in your grant request?</p>	<p>If "Yes", your department does have a dedicated coordinator, is this person certified to a recognized state or national standard? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If "No", your department does not have a dedicated coordinator, will you be requesting funds to hire and/or certify a dedicated coordinator in your grant request? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>

Community Risk Reduction Project Information

*1. Project

General Prevention/ Awareness

*If you selected "Other", above, please specify

Add Budget Item

Please provide the following information and click the *Save and Continue* button below.

- Be sure to include all costs necessary to deliver your requested project. Whether your project is one or two years in length, please enter the budget costs accordingly. i.e. If your narrative describes a one-year project, please only enter costs in the "First 12-months" section and "Description". If your narrative describes a two-year project, please enter costs for both years as necessary.
- The application system will automatically calculate your cost share at 5% of your Federal Share (cash OR in-kind) on the budget page of this application.

* Item	Emergency Satellite Phone Fixed
* Select Object Class	Equipment
If you selected other above, please specify	
First Twelve Months:	
Number of units, first twelve months	4 (Whole number only)
Cost per unit, first twelve months	\$ 10150 (Whole dollar amounts only)
Total for first twelve months:	\$ 40600
Second Twelve Months:	
Number of units second twelve months	(Whole number only)
Cost per unit second twelve months	\$ (Whole dollar amounts only)
Total for second twelve months:	\$ 0
* Description	<p>The space to the right should be used to provide further clarification on the costs (i.e. personnel costs: number of hours/rate/staff; or meeting costs: number of meetings/days/attendees). When describing personnel costs please include an hourly rate per person and percentage of effort. When describing travel costs, please include cost per person/per trip and detail out airfare costs, lodging costs, per diem</p> <p>QTY 4 Iridium Satellite Lexan Call Boxes. Call Boxes are solar powered, have a base post and sign stating (Emergency Phone). Emergency Phones will be installed in 4 Parking Lots near hiking trails towards the canyon which are near the main</p>



costs and other costs as well as number of days of travel. Budget justification for travel should also be included in the project narrative.	
--	--

Add Budget Item

Please provide the following information and click the *Save and Continue* button below.

- Be sure to include all costs necessary to deliver your requested project. Whether your project is one or two years in length, please enter the budget costs accordingly. i.e. If your narrative describes a one-year project, please only enter costs in the "First 12-months" section and "Description". If your narrative describes a two-year project, please enter costs for both years as necessary.
- The application system will automatically calculate your cost share at 5% of your Federal Share (cash OR in-kind) on the budget page of this application.

Note: Fields marked with an * are required.

* Item	Compact Variable Message Sign
* Select Object Class	Equipment 
If you selected other above, please specify	<input type="text"/>
First Twelve Months:	
Number of units, first twelve months	<input type="text" value="2"/> (Whole number only)
Cost per unit, first twelve months	\$ <input type="text" value="17240"/> (Whole dollar amounts only)
Total for first twelve months:	\$ <input type="text" value="34480"/>
Second Twelve Months:	
Number of units second twelve months	<input type="text" value="0"/> (Whole number only)
Cost per unit second twelve months	\$ <input type="text" value="0"/> (Whole dollar amounts only)
Total for second twelve months:	\$ <input type="text" value="0"/>
* Description	<p>The space to the right should be used to provide further clarification on the costs (i.e. personnel costs: number of hours/rate/staff; or meeting costs: number of meetings/days/attendees). When describing personnel costs please include an hourly rate per person and percentage of effort. When describing travel costs, please include cost per person/per trip and detail out airfare costs, lodging costs, per diem costs and other costs as well as number of days of travel. Budget justification for travel should also be included in the project narrative.</p> <div> <p>Variable Message signs that utilize LEDs and can present automated messages such so text, graphics or a combo of both. These will have the ability to use Preprogrammed and Programmed Messages. As this will be deployed in the S. Yuba Canyon message</p>  </div>

* Item	<input type="text" value="Portable Communication"/>	
* Select Object Class	<input type="text" value="Equipment"/>	
If you selected other above, please specify	<input type="text"/>	
First Twelve Months:		
Number of units, first twelve months	<input type="text" value="5"/>	(Whole number only)
Cost per unit, first twelve months	\$ <input type="text" value="1044"/>	(Whole dollar amounts only)
Total for first twelve months:	\$ <input type="text" value="5220"/>	
Second Twelve Months:		
Number of units second twelve months	<input type="text" value="0"/>	(Whole number only)
Cost per unit second twelve months	\$ <input type="text" value="0"/>	(Whole dollar amounts only)
Total for second twelve months:	\$ <input type="text" value="0"/>	
* Description	<p>The space to the right should be used to provide further clarification on the costs (i.e. personnel costs: number of hours/rate/staff; or meeting costs: number of meetings/days/attendees). When describing personnel costs please include an hourly rate per person and percentage of effort. When describing travel costs, please include cost per person/per trip and detail out airfare costs, lodging costs, per diem costs and other costs as well as number of days of travel. Budget justification for travel should also be included in the project narrative.</p> <div> <input type="text" value="Satellite Communication Devices for River Ambassadors for use in remote regions. When a fire and/or other emergency event happens river ambassadors can report it. Device specifications will allow for voice calling, text messaging, and data."/> </div>	

Total Budget

Budget Object Class			
Budget Amount	First 12-Month Period	Second 12-Month Period	Total
Personnel	6,400	0	6,370
Benefits	0	0	0
Travel	0	0	0
Equipment	80,270	0	80,300
Supplies	0	0	0
Contractual	0	0	0
Construction	0	0	0
Other	0	0	0
Indirect Charges	0	0	0
Total	86,670	0	86,670
Indirect Cost Details (complete this section only if you have a Federally approved Indirect Cost Rate agreement). Please note you must add the Indirect Costs as a line item within the Request Details section as they are not automatically calculated.			
Agency Indirect Cost Agreement with	<input type="text"/>		
Indirect Cost Rate	<input type="text"/> % (Whole numbers only; do not enter special characters (i.e., decimals, commas, dollar signs, etc.))		
Agreement Summary	<div><div></div><div></div><div></div><div></div></div>		
Total Federal and Applicant Share			
Federal Share	\$ 65,000		
Applicant Share (Cash OR In-Kind)	\$21,670		
Applicant Share of Award (%)	25		
* Non-Federal Resources			
a. Applicant	(Whole dollar amounts only) \$	<input type="text" value="14,170"/>	
b. State	(Whole dollar amounts only) \$	<input type="text" value="0"/>	
c. Local	(Whole dollar amounts only) \$	<input type="text" value="0"/>	
d. Other Sources	(Whole dollar amounts only) \$	<input type="text" value="7,500"/>	
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.			

Donation PGE - \$2,500 for Emergency Services
Donation Law Enforcement & Fire Protection Value - \$5,0000

A total of \$15,300 funds will be matched in in project

Total Budget

Assurances and Certifications

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 electronically submitted as a part of the application. **If the lobbying form is not applicable, please check the box below.**

Please click on the Incomplete/Complete link in the status column to go to individual forms.	Status
Part I: Form SF-424B, Assurances-Nonconstruction Programs	Complete
Part II: Form 20-16C, Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibilities Matters; and Drug-Free Workplace Requirements.	Complete
SF-LLL, Disclosure of Lobbying Activities (Complete only if applying for a grant of more than \$100,000 and have lobbying activities using Non-Federal funds. See Form 20-16C for lobbying activities definition.)	<input checked="" type="checkbox"/> Not Applicable Incomplete

FEMA Form SF 424B

You must read and sign these assurances. These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.

Note: Fields marked with an * are required.

O.M.B Control Number 4040-0007

Assurances Non-Construction Programs

Note: Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Note: the primary contact will be responsible for signing and submitting the application. Fields marked with an * are required.

By checking the box below and providing your password, you are providing your digital signature.

* Password:

* ☒ I, David Jones, am hereby providing my signature for this application

FEMA 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 FEMA 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 FEMA awarding office, i.e. regional office or FEMA 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	
950 Maidu Avenue	Nevada City	California	95959 -8600	Update Delete	
<input type="button" value="Add Place of Performance"/>					

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 FEMA funding. States and State agencies may elect to use a Statewide certification.

Note: the primary contact will be responsible for signing and submitting the application. Fields marked with an * are required.

By checking the box below and providing your password, you are providing your digital signature.

* ☒ I, David Jones, am hereby providing my signature for this application