

## **2022 PUBLIC HEALTH AND SAFETY APPLICATION ADDITIONAL QUESTIONS**

Answer the appropriate questions for your application proposed activity below and submit with the application. Include as much specific detail as possible including ISO rating and improvement, current state of building to be replaced, number of documented problems with the facility or equipment, size of the service area, other uses for the buildings, etc., as appropriate. Also, be sure to include documentation to back up the narrative and details provided in the answers to these questions.

### **General (ALL applicants must answer the following questions)**

A. Explain why this project is essential to the improved livability of the community. Describe in detail the problem to be solved, how long it has existed, and the impact it has had on the community. Provide documentation.

B. Describe how the problem is proposed to be solved.

C. Describe alternative solutions and why the proposed solution is the best. If no alternatives exist, describe why the proposed solution is the only method. (Do not only refer to the engineering report.)

D. Demonstrate that the project is a high priority in the community. Include copies of newspaper articles, citizen petitions, resolutions and letters from community groups.

E. Provide a maintenance or operation budget (3 years if possible). Explain why the current budget is insufficient to address the problem. Provide the source of revenue if other than publicly funded. For buildings, the budget must contain: (1) Number of employees (FT and PT), (2) Salary/fringe benefits, (3) Maintenance, (4) Utilities, (5) Supplies, (6) Furniture/equipment, (7) Insurance

**\* All building applications must have a stamped preliminary architectural report submitted that includes a cost estimate included.**

**Fire Protection**

A. *Staff Information*

1. Number of people serving in the department:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

2. Will additional staff be hired if funded? If yes, describe how the additional staff cost will be funded.

B. *Existing Fire Protection System*

1. Describe the existing fire protection system.

- a. Provide map(s) showing the location of all existing fire stations and the actual area to which each provides fire coverage.
- b. If a truck is being requested for a new fire station that is being built locally, show where the new proposed fire station will be located and the area to be served.

2. For each existing fire station, indicate the average and longest response time (in minutes) to an area that is served by that fire station.

Station	Avg	Longest

Station	Avg	Longest

Describe how the project will affect These response times.

C. *Fire Protection Problem*

1. Describe why the problem has not been addressed previously. Thoroughly describe deficiencies and provide backup documentation such as maintenance records, repair costs/estimates, etc.

2. Describe on an annual basis the type and number of fires, and the amount of property loss. If possible, do this by individual stations. (Attach table if necessary)

Station	Type	Number	Loss Amount
TOTAL			

D. *Organization*

1. Describe how the existing fire department is organized and coordinates its fire protection efforts with surrounding fire departments. If automatic or mutual aid is used, explain how.

E. *ISO Rating*

1. Current ISO rating(s): \_\_\_\_\_  
(Provide documentation.)
2. If the project is funded, how will this affect the rating?
3. If the ISO rating changes as a result of the project, what is the estimated insurance savings for a home valued at \$150,00 in the service/target area?

F. *Equipment Insurance and Title*

1. Who will hold the title to the purchased equipment and provide the insurance?

G. *Existing Equipment*

1. Attach a list of existing applicable and related fire equipment. The "Existing Fire Equipment Inventory and Request List Template" may be used if needed.

H. *Requested Equipment*

1. Attach a list of requested fire equipment. The "Existing Fire Equipment Inventory and Request List Template" may be used if needed.
2. If the auxiliary equipment to be purchased will replace existing equipment, describe why the existing equipment is deficient.

## **Emergency Equipment/Ambulances**

### **A. Staff Information**

1. Number of people serving in the department:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

2. Will additional staff be hired if funded? If yes, describe how the additional staff cost will be funded.

### **B. Existing Emergency Services System**

1. Describe the existing ambulance service. Who is the provider? Provide a map of the service area.

2. Provide the average, longest, and shortest response times in minutes.

Station	Average	Shortest	Longest

C. *Emergency Services Problem*

1. Describe why the problem has not been addressed previously. Thoroughly describe deficiencies and provide backup documentation such as maintenance records, repair costs/estimates, etc.

2. How many calls have been received in the last 12 months? (Show by month)

Month	Calls	Comments
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
<b>TOTAL</b>		

D. *Equipment Insurance and Title*

1. Who will hold the title to the purchased equipment and provide the insurance?

E. *Existing Equipment*

1. Describe the existing applicable and related equipment and why it cannot handle the needs of the service area.

2. Attach a list of existing applicable and related EMS equipment. The “Existing Emergency Equipment Inventory and Request List Template” may be used.

F. *Requested Equipment*

1. Attach a list of requested emergency equipment. The “Existing Emergency Equipment Inventory and Request List Template” may be used if needed.

### **Communications Equipment**

Describe the existing communication system. If communications equipment is included in the grant proposal, describe how the existing system is deficient and how the proposal will remedy the issue.

#### ***A. Existing Communications System***

1. Describe the existing communications system. Who is the provider? List all departments that use the system. Provide a map of the service area.

#### ***B. Communications System Problem***

1. Describe why the problem has not been addressed previously. Thoroughly describe deficiencies and provide backup documentation such as maintenance records, repair costs/estimates, etc.

2. How many calls have been received in the last 12 months? (Show by month)

Month	Calls	Comments
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
<b>TOTAL</b>		

C. *Existing Equipment*

1. Describe the existing applicable and related equipment and why it cannot handle the needs of the service area.
2. Attach a list of existing applicable and related communications equipment. The “Existing Communications Equipment Inventory and Request List Template” may be used if needed.

D. *Requested Equipment*

1. Attach a list of requested emergency equipment. The “Existing Communications Equipment Inventory and Request List Template” may be used if needed.

**Buildings (EMS Stations, Clinics, etc.)**

A. Where is the closest public or private facility similar to the proposed project? Explain why it is not suitable to meet the needs of the project. Provide documentation.

B. Based on the present usage of the facility over the past year, describe the type of activities and organizations and the number and percentage of total users that are LMI.

C. Does the proposed facility expect to serve more than one jurisdiction? If so, describe the jurisdictions (incorporated municipalities and unincorporated communities).

D. How many hours per week will the facility be open and for what purpose? Include letters of commitment from organizations that will be using the facility.