



STATE OF ILLINOIS

**PAT QUINN
GOVERNOR**

SMALL EQUIPMENT GRANT PROGRAM APPLICATION FORM

Administered by



**Office of the Illinois State Fire Marshal
Lawrence T. Matkaitis, State Fire Marshal
1035 Stevenson Drive
Springfield, Illinois 62703-4259
(217) 785-0969
Fax: (217) 782-1062**

**APPLICATION DEADLINE:
POSTMARKED NO LATER THAN
*SEPTEMBER 30, 2014***

SMALL EQUIPMENT GRANT PROGRAM GUIDANCE

The purpose of this program is to provide grants directly to local units of government for the purchase of small equipment by a fire department, fire protection district or township fire department. An "Illinois fire department" is defined as a unit of local government (as defined in Article VII, Section 1 of the Illinois Constitution of 1970 and in 5 ILCS 70/1.28) in Illinois that provides fire suppression within a geographical area. These grants may not exceed \$26,000 in any single fiscal year to any fire department. In state fiscal year 2015, the Office of the Illinois State Fire Marshal is authorized to distribute a total of \$1 Million for the Small Equipment Grant Program.

Eligible applicants for the Small Equipment Grant Program are limited to Illinois fire departments as defined herein. **Fire departments that are for-profit entities, non-profit entities, associations and/or not-for profit corporations (i.e., that are not governmental bodies) are not eligible to apply for a grant under this program. Units of local government that do not operate fire departments are similarly not eligible (e.g., a municipality that contracts for fire suppression from another municipality or fire district).**

Program Priorities

This program is an innovative approach to a problem that has long caused difficulties for the fire departments in Illinois, particularly those that have hardships in generating the necessary revenue for small equipment. The purpose is to allow eligible applicants the opportunity to purchase small equipment. Grants under this program may be used in combination with other funding sources; however, the purchase must remain in line with the original purpose of this program. Grants under this program may not be used to pay off previously purchased items.

The Review Committee believes that the greatest benefit will be realized by awarding grants to fire departments that have either few or no resources to purchase equipment, as opposed to departments with adequate resources.

For the FY '15 grant period, priority will be classified in tiers, 1 through 4, with the highest priority given to tier 1. This grant period, we are designating 25% of the funds to Tier 2. Due to budget appropriations, Tiers 3 & 4 will not be considered. Applications are reviewed by the Review Committee and scored based on need. Please see attachment for tier definitions.

Those applicants receiving a grant in the previous application cycle will not be given high consideration. Previous grant recipients are still eligible to receive a grant but the point total for their application will result in a lower priority.

Application Procedure

Eligible applicants should submit a completed and signed application form to the Office of the Illinois State Fire Marshal, Attn: Small Equipment Grant Program, 1035 Stevenson Drive, Springfield, Illinois 62703-4259. One individual should be designated as the primary contact and authorized representative of the department. The individual selected as the department's authorized representative is left to the discretion of each department. The application will include a series of questions designed to provide general information about the department and their community, as well as questions on your proposed equipment purchase. Applicants must provide budget information detailing the two most recent operating budgets and an appropriation

ordinance for your unit of local government. Please see attached budget page for additional guidance.

Eligible applicants must also have complied with the National Fire Incident Reporting System (NFIRS) for a minimum of the previous 24 months. To confirm NFIRS compliance, it is the responsibility of each department to attach Monthly Incident Count reports for the years 2012, 2013 and 2014 to the grant application (DO NOT

attach individual monthly reports). NFIRS confirmation must be received on or before **September 30, 2014. NO EXCEPTIONS!**

NFIRS Compliance using Web-based tools: Go to:

<https://www.nfirs.fema.gov/NFIRSWebTools/welcome.do>

- Click on Summary Output Report Tools on the left side of the screen.
- Sign In.
- Click on the "Monthly Incident Counts" report.
- Choose year to run, choose ALL for "Incident Status", choose ALL for "Release Status", scroll through NFIRS "tree" until you find your department, click box next to your department, and then click "Generate Report".
- To find completed reports, click on "Completed Reports" on the left side of the screen. Click the PDF icon to the right of the completed report. Once open, print and attach to grant application.
- Complete this task for year 2012, 2013 and 2014.

(For Fire Chiefs only: If you do not have access to the FD Mail System, please contact our office at sfm.infosysrequest@illinois.gov or call 217/785-1526.) If you have questions regarding NFIRS Compliance, please e-mail Jessica Blackford-Cleeton at Jessica.Blackford-Cleeton@illinois.gov.

Any questions regarding the Small Equipment Grant Program or the grant application may be directed to Pam Sargent at 217/785-4717 or Pam.sargent@illinois.gov.

Evaluation Process

The Review Committee will score all eligible applications based on the answers provided to the questions in this application. Applications that best address the program's priorities will score higher than those not directed toward the priorities. The committee will use your narrative and answers to evaluate the application and determine ranking in a blind review.

When reviewing your application, the committee will evaluate the clarity of your submission and the demonstrated need for the equipment.

During the review process, you may be contacted for additional information. Processing your grant application will be delayed until the requested information is received.

After review by the committee, the ranked applications will be forwarded to the Office of the State Fire Marshal (OSFM). The OSFM will then notify the committee which applicants have met the requirements (outlined above) for the grant and the applicants will be notified that their grant request has been approved.

Applicants whose grants were denied by the Review Committee or the OSFM shall be notified in writing. An appeals process for applications that are not approved is established. If you wish to appeal the decision of the Review Committee, a request for reconsideration must be received at the Office of the Illinois State Fire Marshal within 30 calendar days of notification of denial of a grant.

If your grant request is denied, you may apply again during the next period when grant applications are accepted.

Recipient Responsibilities

Grant recipients must agree to the following:

1. Submission of a valid W-9 form. The name and legal status contained on the W-9 form must match IRS records associated with the FEIN submitted on the W-9 form.
2. Grant recipients shall submit to OSFM an expenditure report, on a form supplied by OSFM, and shall be due not later than nine months following receipt of the grant. The Expenditure Report must be returned including copies of all receipts for requested purchases with proof of a zero balance or a copy of your cancelled check. Unused funds are to be returned to OSFM within 45 days.
3. Equipment purchased under this grant program will not be given to, granted to, transferred to, leased to, or sold to any person or entity that is not eligible to participate in the grant program as an applicant.
4. Retain grant files and supporting documentation for the term of three years after the conclusion and final payment of the grant.
5. Ensure that all procurement actions on new equipment are conducted in a manner that provides, to the maximum extent possible, open and free competition. In doing so, you must follow your established procurement processes when purchasing small equipment with the grant funds. If you do not have established procedures, you should obtain at least two quotes/bids for the small equipment you are procuring and document the process in your files.
6. Recipients are also encouraged to take advantage of groups or bulk purchase programs.
7. Continue to provide information, through established reporting channels, to the U.S. Fire Administration's National Fire Incident Reporting System (NFIRS).
8. Small Equipment Grant Program proceeds are to be returned if any other funding (State or Federal) is received for the same purchase and is not supplementing the overall primary purchase. For example: the intended purchase costs \$25,000 and the recipient receives grant approval (\$20,000) and a grant from the federal FIRE Act Program (\$5,000). No money needs to be returned. However, if the purchase costs \$25,000 and your department receives full grant approval and a FIRE Act Grant, then you must reimburse the Small Equipment Grant Program in the amount of the FIRE Act Grant. The refunded amount shall be at least equal to the amount of the additional funding.

Applications must be postmarked no later than: *SEPTEMBER 30, 2014*

**STATE OF ILLINOIS
 SMALL EQUIPMENT GRANT PROGRAM
 OFFICE OF THE STATE FIRE MARSHAL
 1035 STEVENSON DRIVE
 SPRINGFIELD, ILLINOIS 62703**

GRANT APPLICATION FORM

A. APPLICANT INFORMATION		APPLICATION #: 15 -- (OSFM USE ONLY)	
1. Name and Mailing Address of Fire Department:		2. Has this department existed under a different name or merged with another company? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, list previous name(s):	
3. Federal Employee ID Number	4. Local Government Unit Name: _____	5. Department Phone Number PHONE: _____ FAX: _____	
3A. NFIRS FDID Number	Check Local Government Type: CITY <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> VILLAGE <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/>	6. County	
3B. Most recent ISO Rating and Type (City, Rural, etc.)			
7. Contact Information NAME: _____ WORK: _____ TITLE: _____ HOME: _____ E-MAIL ADDRESS: _____ CELL: _____			
B. GENERAL INFORMATION			
8. Department Information (All Required Fields) # Firemen: Full Time _____ Volunteer _____ Emergency Responses (Calls Per Year) _____ Population Served _____ Area Covered (sq. mi.) _____ Previous OSFM Grants Received (last 3 years) _____ Other Grants Received (last 3 years) _____		9. Description of Requested Equipment: _____ _____ _____ Cost for Requested Equipment: (Include Cost per Unit) \$ _____ x _____ = _____ \$ _____ x _____ = _____	
10. This EQUIPMENT IS <input type="checkbox"/> A REPLACEMENT <input type="checkbox"/> AN ADDITION (to our existing equipment)			
11. TOTAL ESTIMATED COST: \$ _____ List basis for cost (i.e. – vendor quote)			
12. TOTAL AMOUNT OF GRANT REQUESTED: \$ _____			

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C. GRANT JUSTIFICATION

13. Detail reasons for requesting a grant under this program. Attach additional sheets if necessary.

- Include information on out-of-date and/or unsafe equipment as applicable to requested equipment.
- Detail current demand for services, increased demand for services, etc.
- Include information on equipment losses that were not covered by insurance.
- Provide details on services provided in the last two completed years for comparison purposes.
- Must include detailed information on all monetary and in-kind grants received in the previous 3 years (including, but not limited to dollar amount, source, purpose of grant, etc.).
- Must include historical information on levy rates (including, but not limited to the maximum rate, current rate, attempts to change the levy rate, etc.).

14. Applicable NFPA standards which the equipment being purchased meets/will meet: Standard _____ Edition _____

What % of your equipment meets current NFPA Standards? _____

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15. MABAS Member: YES NO DIVISION # _____

If NO, list any Fire Departments/Districts with which you have written mutual aid agreements:

Tier Definitions:

- Tier One (highest consideration) is defined as Fire Fighter Safety Equipment (examples: Personal Protective Equipment and Self Contained Breathing Apparatus, cylinder tanks, flashlights, cylinder fill stations, hand-held radios...)

- Tier Two (medium consideration) is defined as Vehicle Rescue Equipment. (examples: extrication tools, air lifting bags, reciprocating saw blades, halligan bar ...)

- Tier Three (low consideration) is defined as Apparatus Equipment, Communication Equipment and Station Equipment. (Examples: AED machines, vehicle/base radios, pagers, printers, software, thermal imaging cameras, fire hoses, nozzles, tools for truck...)

- Tier Four (consideration) is defined as Specialized Rescue Equipment. (examples: ventilation fans, remote area lighting, fire extinguishers, gas detectors, specialized rescue equipment, wildland firefighting gear, technical rescue equipment ...)

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Most recent annual operating budget (*Total Budget less personnel and Capital*). List the last two operating budgets of the Fire Department or Fire Protection District (not including entire municipality) or list expenditure/cost for fire department operations for the last two years. This number is significant in the ranking of the applications and must be available if requested (*do not send actual budget*). Please have elected/appointed official (i.e. Mayor, City Manager, District Trustee) sign below to verify figures.

I _____ verify the budget figures below are true and accurate
Print name to the best of my knowledge.

Signature

Date

Example:

Operating Budget/expenditures	Actual
Year: 2013	\$55,000.00
Utilities	\$3,500.00
Salaries	\$20,000.00
Insurance	\$5,000.00
Truck Maintenance & Gas	\$9,000.00
	\$37,500.00
Remaining for equipment, upgrades, training, etc.	\$17,500.00
Year: 2014	\$43,000.00
Utilities	\$2,700.00
Salaries	\$24,000.00
Insurance	\$4,300.00
Truck Maintenance & Gas	\$8,500.00
	\$39,500.00
Remaining for equipment, upgrades, training, etc.	\$15,300.00

Operating Budget/expenditures	Actual
Year:	
Year:	

D. CERTIFICATION OF APPLICATION

(to be signed by the **Fire Chief**, and the following (i.e. President and Secretary of Board of Trustees, or by Mayor and Clerk, or highest elected official and clerk or secretary of the unit of local government)

We, the undersigned and duly authorized officers of the _____ do hereby certify that the filing of this application was duly authorized, and that the statements made in this grant application and all exhibits, documents, and data submitted with this grant application are true and correct according to the best knowledge and belief of the undersigned, and are submitted as a basis for approval of a grant from the Illinois Small Equipment Grant Program. As part of the grant process, the Office of the Illinois State Fire Marshal is hereby authorized to verify any information contained herein.

DATE: _____

Signature

Printed Name

Title

Is your Department willing to participate in the Fire Equipment Exchange Program? YES NO

Complete application and submit to:

Office of the Illinois State Fire Marshal
Small Equipment Grant Program
1035 Stevenson Drive
Springfield, Illinois 62703-4259

NOTE: Eligible applicants are required to submit Monthly Incident Count reports to confirm Certification of Illinois NFIRS Compliance as part of this application. Please submit a Monthly Incident Count report (one page each) for 2012, 2013 and 2014.

Application must be postmarked no later than: September 30, 2014