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# 2023 Application

# HB 1168 Personal Protective Equipment (PPE)

#### Application Directions

* Fill out application completely. Incomplete applications will not be accepted.
* The maximum funding request per applicant is **$10,000.** No project match is required.
* Applicants may only submit one application per district/department or association of districts.
* Private and other state entities are non-eligible and/or Districts/Departments with no wildland fire responsibility within that District`s/Department`s jurisdiction are non-eligible.
* Application must be signed by an Authorized Representative with the authorization to act on behalf of the Applicant in their respective areas for matters related to this instrument; agreeing to the terms of grant award should applicant be selected for funding (see Section F).
* Applicants who received the PPE grant within the past 3 years will be considered last.
* Submit completed and signed application in pdf or word format:
  + Email: [fepp\_assist@dnr.wa.gov](mailto:fepp_assist@dnr.wa.gov)
  + If alternate options for submitting applications are needed, please contact Dan Boyle

[daniel.boyle@dnr.wa.gov](mailto:daniel.boyle@dnr.wa.gov)

Cell 360-480-0490

* Applications must be received by DNR no later than **January 31, 2023**.

#### Contact Information

1. Applicant:             Fire District/Fire Department (Full Name) FDID number
2. Mailing Address:

Street City Zip Code + 4

     

County Contact Email

1. Contact Name:

Printed Name Phone

(XXX-XXX-XXXX)

Title

1. Applicant DUNS number:       (must be provided)

* *If the applicant doesn’t have a DUNS number, one can be obtained at* [*https://fedgov.dnb.com/webform*](https://fedgov.dnb.com/webform)*)*

#### Eligibility Information *used for grant prioritization*

Fire district service area provides fire protection to one of the following (A. **OR** B.). Check appropriate box and provide community name(s) within service area.

1. Rural area or rural community with a population of 10,000 or fewer residents

Community Name(s)

1. Community of more than 10,000 residents AND a service area that includes a rural community of fewer than 10,000 residents *(includes communities served through Mutual Aid Agreements)*

Community Name(s)

1. **Funding Request** *used for grant prioritization*

Eligible Project Category *check all categories that apply*

New PPE purchase due to applicant not meeting Phase 1 volunteer percentage eligibility criteria *(70% or more volunteer)*

New PPE purchase due to need exceeding Phase 1 grant limits *(more than $6,000 purchase value)*

New PPE purchase to replace gear due to “age out” or safety recalls

1. **Fire District/Department Information** *used for grant prioritization*
2. Check appropriate box identifying if applicant’s organizational and/or operation structure has changed within the past 2 years

District underwent merger with another district *(describe in narrative)*

District is operating under a cooperative agreement or memorandum of understanding with another

District *(describe in narrative)*

District has experienced an increase in “red carded” *(trained in wildland fire suppression)* personnel

within past 2 years.

Indicate number of newly “red carded” personnel within past 2 years

Indicate total number of “red carded” personnel within district

None of the above

1. Annual Budget:
   1. Wildland Fire Operating Budget:

*dollars allocated to wildland suppression within overall budget*

* 1. Fire District Overall Operating Budget:

*EMS services, other grant dollars, capital outlays and construction should not be included*

1. Average No. of Annual Wildfire Responses *does not include structural, medical, or rescue*

Including initial attack, state mobilizations, incident management team participation, etc.:

1. Number of Paid Fire Staff       Number of Volunteer Fire Staff
2. Provide a narrative describing the project needs, how the project benefits the fire district, and how the project improves wildland fire response to benefit a local community.

1. Complete the “Project – Cost Summary” detailing purchases required to complete the project.

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| **Project – Cost Summary** | |
| **2023 PPE Grant** | |
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| **List all planned PPE purchases/quantities.** | **Funds Requested** |
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| Applicable Sales Tax (if not included above) |  |
| **Total** |  |

#### Signature Block

I certify that:

* The information provided is true and accurate to the best of my knowledge.
* If awarded a grant, applicant will comply with the following grant program requirements:
  + Complete PPE purchases no later than March 31, 2024.
  + Provide DNR with the following documentation within 30 days of project completion or April 30, 2024, whichever is earlier:
    - supporting documentation of all costs paid for with grant funding
    - date of receipt of PPE orders
    - photos of PPE purchases
  + Return all unused grant funds to DNR within 30 days of project completion or May 31, 2024, whichever is earlier.
  + Maintain fiscal records pertaining to the grant award for ten years after project completion or any dispute resolution, whichever is later.
  + Comply with all state and federal laws, rules, and regulations.

APPROVAL

By providing signature below, the signatory certifies that as a representative of the Applicant he/she is authorized to act in their respective areas for matters related to this instrument; agreeing to the terms of grant award should applicant be selected for funding.

     

Authorized Representative

Printed Name Title

Signature Date