

A RESOLUTION AUTHORIZING APPLICATION TO THE FEDERAL EMERGENCY MANAGEMENT AGENCY FOR A GRANT FOR THE FIRE DEPARTMENT

WHEREAS, this Council has received a memorandum from the Fire Chief indicating that \$100 million in grant money is available to fire departments in the United States; and

WHEREAS, if successful, a condition of the grant would be that the Village match the grant funds with ten percent (10%) of the amount granted to the Fire Department; and

WHEREAS, the purpose of the funds would be to provide a wellness and fitness program that includes equipment, physicals for all members and money to send two individuals to a training school to learn how to set up a proper physical fitness program; and

WHEREAS, if awarded a grant, this Council would agree to abide by the terms and conditions of the grant.

NOW, THEREFORE, BE IT RESOLVED by the Council of the Village of Richfield, Summit County, State of Ohio:

SECTION 1. That the Village Administration is hereby authorized and directed to submit an application for grant to the Federal Emergency Management Agency for grant money for the Fire Department, a copy of which application is attached hereto as Exhibit "A" and incorporated herein fully as if by reference.

SECTION 2. This Resolution shall take effect and be in force from and after the earliest period allowed by law.

PASSED: May 15, 2001

Michael J. Jones  
President of Council

Donald W. Larsen  
Mayor

Dated: 5/16/2001

ATTEST:

Carole Gibson  
Clerk of Council



Chief  
JOE STOPAK

# Richfield Fire Department

P.O. BOX 387  
4410 W. STREETSBORO ROAD  
RICHFIELD, OHIO 44286  
330 - 659-9400 FAX 330 - 659-4411

May 2, 2001

To: Mayor Larsen and Council Members  
From: Chief Joe Stopak  
Re: Federal Grant Money

The Federal Government through F.E.M.A ( Federal Emergency Management Agency ) is offering 100 million dollars in grant Money to those Fire Departments in the United States that apply.

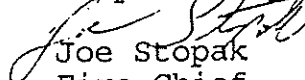
How much each Fire Department receives is based on population, budgets, type of community ( rural vs. urban ) and the written documentation as to the needs of the department.

The Richfield Fire Department has submitted a request in the amount of \$123,000.00. The amount we asked for will provide us with a wellness and fitness program that includes equipment, physicals for all members and money to send two individuals to a training school to learn how to set up proper physical fitness programs as mandated by N.F.P.A.1582. Also we asked for fire equipment that includes thermal imaging cameras with monitors, fire hose, ventilation fans, S.C.B.A. masks for each individual member, RIT Teampacks and hydraulic jacks for various types of rescue.

The only obligation to the Village would be to pay 10% of the amount granted to the Fire Department. If we received the full \$123,000.00 the Village would pay \$12320.00. I would hope that the Village would see the merit in this grant and allow us to submit for it.

Should the Mayor or Council Members have questions for me, I would be available to answer at once I would like to have the permission to do this as soon as possible.

Respectfully Submitted,

  
Joe Stopak  
Fire Chief

cc: file



Chief  
JOE STOPAK

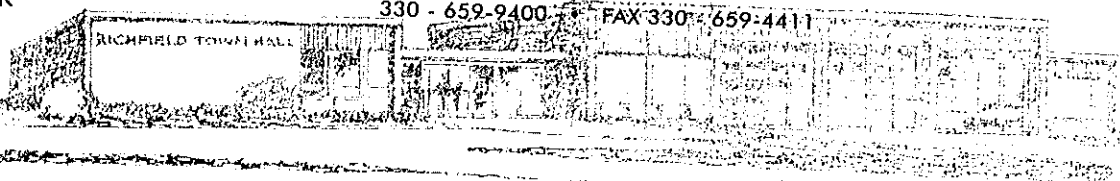
# Richfield Fire Department

P.O. BOX 387

4410 W. STREETSBORO ROAD

RICHFIELD, OHIO 44286

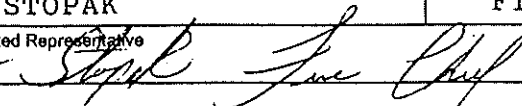
330 - 659-9400 FAX 330 - 659-4411



HERE IS A SNAPSHOT OF RICHFIELD. WE ARE THE RICHFIELD FIRE DEPARTMENT IN NORTHWEST SUMMIT COUNTY OF OHIO. WE COVER 1.5 SQUARE MILES FROM ONE CENTRAL FIRE STATION. OUR PERSONNEL CONSISTS OF A CHIEF, EIGHT FULL-TIME FIREMEDICS, AND 20 PART-TIME/VOLUNTEER FIREFIGHTERS. WE ARE A 24HOUR/7DAYS A WEEK SERVICE. OUR EQUIPMENT IS TWO FIRE ENGINES, TWO RESCUE SQUADS, A TANKER, A PICK-UP TRUCK AND A UTILITY TRUCK. RICHFIELD IS A RURAL/SUBURBAN AREA WITH I-77, I-271, AND THE OHIO TURNPIKE INTERSECTING THROUGH IT. THUS WE HAVE NUMEROUS TRUCKING OUTFITS, WAREHOUSES, AND RECENTLY NEW COMMERCIAL HIGH RISE DEVELOPMENTS. OUR RESIDENTIAL POPULATION IS 5,800 WITH A CONSTANT FLOW OF THOUSANDS OF WORKERS AND TRANSIENTS. WE HAVE MANY OLD FARM HOUSES THAT ARE DISAPPEARING TO NEW SPRAWLING HOUSING DEVELOPMENTS. OUR FIRE DEPARTMENT IS SLOWLY MAKING A TRANSITION TO A MORE FULL-TIME DEPARTMENT. THIS FEMA FIRE GRANT IS A GREAT THING AS IT COULD REALLY HELP US IN OUR GROWTH. PLEASE, CONSIDER OUR REQUESTS AS IT COULD MAKE OUR PERSONNEL SAFER, HEALTHIER, AND BETTER EQUIPPED, WHICH TRULY WILL BENEFIT OUR COMMUNITY.

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

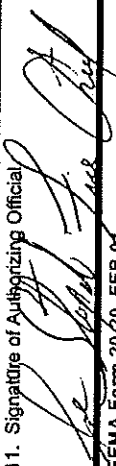
<b>1. TYPE OF SUBMISSION:</b> Application                      Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> APRIL 27, 2001	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: RICHFIELD FIRE DEPARTMENT		Organizational Unit: FIRE DEPARTMENT	
Address (give city, county, State, and zip code): 4410 STREETSBORO ROAD RICHFIELD, OH 44286-0387		Name and telephone number of person to be contacted on matters involving this application (give area code) CHIEF JOE STOPAK 330-659-9400	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 34 - 6583270		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                     A. State                      B. County                      C. Municipal                      D. Township                      E. Interstate                      F. Intermunicipal                      G. Special District                 </div> <div style="width: 45%;">                     H. Independent School Dist.                      I. State Controlled Institution of Higher Learning                      J. Private University                      K. Indian Tribe                      L. Individual                      M. Profit Organization                      N. Other (Specify) <u>FIRE DEPT.</u> </div> </div>	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award                      B. Decrease Award                      C. Increase Duration D. Decrease Duration                      Other (specify):		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Emergency Management Agency	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE: Firefighters Assistance Grants 83 - 554		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> VILLAGE OF RICHFIELD & TOWNSHIP			
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date	Ending Date	a. Applicant 14TH	b. Project 14TH
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 112,000 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE: _____	
b. Applicant	\$ 11,200 .00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 123,200 .00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative JOE STOPAK		b. Title FIRE CHIEF	c. Telephone Number 330-659-9400
d. Signature of Authorized Representative 		e. Date Signed APRIL 27, 2001	

1. PROGRAM AGENCY AND ORGANIZATION ELEMENT TO WHICH REPORT IS SUBMITTED  
 2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED  
 3. RECIPIENT ORGANIZATION (Name and complete address, including zip code)  
 RICHFIELD FIRE DEPARTMENT  
 4410 STREETSBO ROAD  
 RICHFIELD, OH 44286-0387

4. EMPLOYER IDENTIFICATION  
 34-6583270  
 5. RECIPIENT ACCOUNT NUMBER OR I.D. NO.  
 6. BUDGET PERIOD (Month, Day, Year)  
 Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
 7. Mark "X" in Appropriate Box  
 New Budget  
 Revised Budget. Enter Grant Number in Box 2 above  
 Date of Budget Revision: \_\_\_\_\_

8. FEDERAL RATE SHARING (%)	90/10 (%)	90/10 (%)	90/10 (%)	Total (%)
PROGRAM ACRONYM WELLNESS/FIT. CFDA NUMBER 83-554	83-554	83-554	FF EQUIPMENT 83-554	
a. Personnel	1,000.00			
b. Fringe Benefits				
c. Travel				
d. Equipment	47,000.00		75,200.00	
e. Supplies				
f. Contractual				
g. Construction				
h. Other				
i. Total Direct Charges (10a to 10h)				
j. Indirect Charges				
k. Total (Sum of 10i & 10j)	48,000.00		75,200.00	
l. Federal Share	43,200.00		67,680.00	
Non-Federal Resources:				
m. Applicant	4,800.00		7,520.00	
n. State				
o. Local				
p. Other Sources				
q. Total (Sum of 10l to 10p)	48,000.00		75,200.00	
r. Program Income				

s. Detail on Indirect Cost  
 Type of Rate (mark "X" in one box)  
 Provisional-Final  
 Predetermined  
 Fixed with Carry-Forward  
 Rate: \_\_\_\_\_ %  
 Total Amount of Indirect Cost: \_\_\_\_\_  
 Base: \_\_\_\_\_

11. Signature of Authorizing Official  
  
 12. Name and Title (Type or print)  
 JOE STOPAK, FIRE CHIEF  
 13. Telephone Number (Area code, Number and Extension)  
 330-659-9400  
 Date Report Submitted  
 APRIL 27, 2001  
 FEMA Form 20-20, FEB-01

FEDERAL EMERGENCY MANAGEMENT AGENCY  
SUMMARY SHEET FOR ASSURANCES AND CERTIFICATIONS

O.M.B. No. 3067-0206  
Expires February 29, 2004

FOR  
FY 2001

CA FOR (Name of Applicant)  
RICHFIELD FIRE DEPARTMENT

This summary sheet includes Assurances and Certifications that must be read, signed, and submitted as a part of the Application for Federal Assistance.

An applicant must check each item that they are certifying to:

- Part I  FEMA Form 20-16A, Assurances-Nonconstruction Programs
- Part II  FEMA Form 20-16B, Assurances-Construction Programs
- Part III  FEMA Form 20-16C, Certifications Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements
- Part IV  SF LLL, Disclosure of Lobbying Activities (If applicable)

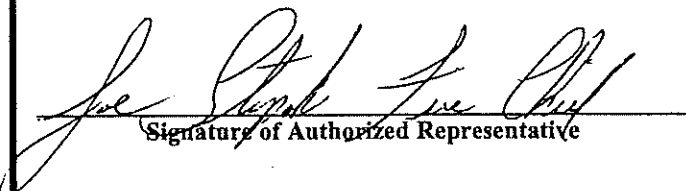
As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the identified attached assurances and certifications.

JOE STOPAK

Typed Name of Authorized Representative

FIRE CHIEF

Title

  
Signature of Authorized Representative

APRIL 27, 2001

Date Signed

NOTE: By signing the certification regarding debarment, suspension, and other responsibility matters for primary covered transaction, the applicant agrees that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by FEMA entering into this transaction.

The applicant further agrees by submitting this application that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the FEMA Regional Office entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. (Refer to 44 CFR Part 17.)

Paperwork Burden Disclosure Notice

"Public reporting burden for this form is estimated to average 1.7 hours per response. Burden means the time, effort and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0206). You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Please do not send your completed form to the above address.

## General Questions for All Applicants

Questions, page 1 of 2	For FEMA Use Only
<p>1. Are you a Fire Department or the authorized representative of a fire department? (circle one)</p> <p style="margin-left: 40px;"> <input checked="" type="radio"/> a) Yes.  <input type="radio"/> b) No.         </p>	
<p>2. Are you a Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property?</p> <p style="margin-left: 40px;"> <input type="radio"/> a) Yes.  <input checked="" type="radio"/> b) No.         </p>	
<p>3. Is your active firefighting staff (circle one):</p> <p style="margin-left: 40px;"> <input type="radio"/> a) all paid/career?  <input checked="" type="radio"/> b) all volunteer or combination volunteer and career?         </p>	
<p>4. Is your department located in (circle one):</p> <p style="margin-left: 40px;"> <input type="radio"/> a) an urban community              (population over 250,000)?  <input type="radio"/> b) a suburban community              (population between 20,000 and 250,000)?  <input checked="" type="radio"/> c) a rural community              (population under 20,000)?         </p>	
<p>5. How many active firefighters are in the operations/-EMS divisions of you department?</p> <p style="margin-left: 40px;"> <u>    29    </u> = Number of active firefighters.         </p>	



## General Questions for All Applicants

Questions, page 2 of 2	For FEMA Use Only
<p>6. What is the permanent resident population of your primary/first-response area or jurisdiction served?</p> <p style="margin-left: 40px;"><u>5,800</u> = Population of response area.</p>	
<p>7. What category (or categories) of assistance are you applying for with this application and how much is the total Federal share of the cost of the project that you are seeking in each category?</p> <p>Category #1: <u>WELLNESS/FIT.</u>    \$ 43,200.00</p> <hr style="border: 0.5px solid black;"/> <p>Category #2: <u>FF EQUIPMENT</u>    \$ 67,680.00</p>	
<p>8. If the population you protect is 50,000 or less, you are required to provide a non-Federal cost-share equal to 10 percent of the total project cost. If the population you protect is over 50,000, you are required to provide a non-Federal cost-share equal to 30 percent of the total project cost. Are you willing to comply with this requirement? (circle one)</p> <p style="margin-left: 40px;"> <input checked="" type="radio"/> a) Yes.  <input type="radio"/> b) No.         </p>	
<p>9. It is also a requirement that departments receiving funding under this grant program agree to provide information to the national fire incident reporting system (NFIRS). If you receive an award, do you agree to provide information to this national system? (circle one)</p> <p style="margin-left: 40px;"> <input checked="" type="radio"/> a) Yes.  <input type="radio"/> b) No.         </p>	

## Questions for Firefighting Equipment Category

Questions	For FEMA Use Only
1. What equipment will your department purchase with this grant? (attach a general list)	
2. Generally, the equipment purchased under this grant program (circle one): a) Is necessary for basic firefighting capabilities, but has never been owned by this department. b) Will replace old, obsolete, or substandard equipment currently owned by this department. c) Will expand the capabilities of the department into a new mission area.	
3. Generally, the equipment purchased under this grant program (circle one): a) Will bring the department into statutory compliance, specifically: _____ b) Will bring the department into voluntary compliance with a national standard, specifically: <u>NFPA 1500 6-5</u> c) Has no statutory basis.	
4. What percentage of the equipment purchased under this grant program will benefit the health and safety of the firefighters and/or community?  <u>100</u> = Percentage of equipment for safety.	

## Questions for Wellness and Fitness Programs

Questions, page 1 of 2	For FEMA Use Only
<p>1. Do you currently have a wellness/fitness program at your department? (circle one)</p> <p style="margin-left: 20px;">a) Yes.</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> b) No.</p>	
<p>2. Does your department currently offer, or will this grant program provide, entry level physical examinations (as per NFPA 1582 standards) and a job related immunization program? (circle one)</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> a) Yes.</p> <p style="margin-left: 20px;">b) No.</p>	
<p>3. What does your existing wellness/fitness program provide and what will your program offer during the grant year? (circle all that apply)</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> a) Entry physical examinations (NFPA 1582).</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> b) Job related immunization program.</p> <p style="margin-left: 20px;">c) Health screening program.</p> <p style="margin-left: 20px;">d) Annual physical examination (NFPA 1582).</p> <p style="margin-left: 20px;">e) Formal fitness and injury prevention program.</p> <p style="margin-left: 20px;">f) Crisis management program.</p> <p style="margin-left: 20px;">g) Employee assistance program.</p> <p style="margin-left: 20px;">h) Incident rehabilitation program.</p> <p style="margin-left: 20px;">i) Injury/illness rehabilitation program.</p> <p style="margin-left: 20px;">j) Other, specify = _____</p>	

## Questions for Wellness and Fitness Programs

Questions, page 2 of 2	For FEMA Use Only
<p>4. Will participation in the wellness/fitness programs be mandatory? (circle one)</p> <p><input checked="" type="radio"/> a) Yes. b) No.</p>	
<p>5. Do you, or will you, offer incentives for staff to participate in the wellness/fitness programs? (circle one)</p> <p><input checked="" type="radio"/> a) Yes. b) No.</p>	

**Suggested Format for the  
Assistance to Firefighters Grants Program's  
Project Narrative**

**Instructions:** Please be sure that your narrative addresses each of the following areas to the best of your ability. Your narrative should be concise, but brief. If you need more room than has been allotted for your answer, please use the back of the suggested form or feel free to attach more sheets. Your narrative may not exceed a maximum of five pages including this form. The project narrative must be double spaced.

**Applicant Name:**

RICHFIELD FIRE DEPARTMENT

**Category:**

FIREFIGHTING EQUIPMENT

**Please describe in full the project that you are requesting to be funded.**

WE ARE REQUESTING GRANT FUNDS FOR FIREFIGHTING EQUIPMENT THAT WILL ENABLE OUR FIRE DEPARTMENT TO QUICKLY AND SAFELY RESCUE DOWN FIREFIGHTERS AND DOWN VICTIMS. HAVING THE CORRECT EQUIPMENT WILL GIVE OUR FIREFIGHTERS THE BEST CHANCE OF A POSITIVE OUTCOME.

**Please provide a detailed description of your planned uses of the grant funds for each major budget category as listed on the budget form (SF 20-20).**

SEE ATTACHED NARRATIVES.

**Please explain why this program would be beneficial to your community and/or to your department.**

SEE ATTACHED NARRATIVES

**Please explain why this project cannot be funded solely through local funding.**

OUR LOCAL BUDGET FOR THIS YEAR IS ALLOCATED AND NEXT YEARS BUDGET IS EXPECTED TO SHOW LITTLE INCREASE.

**Please provide any additional relevant information that you would like us to consider when evaluating your application.**

SEE ATTACHED NARRATIVES.

ASSISTANCE TO FIREFIGHTERS GRANTS PROGRAM

RICHFIELD FIRE DEPARTMENT FIREFIGHTING EQUIPMENT LIST

1. THERMAL IMAGING CAMERA WITH REMOTE VIEWING SCREEN  
2 UNITS AT \$26,000.00 EACH  
TOTALS = \$52,000.00
2. S.C.B.A. MASKS 20 UNITS AT \$500.00 EACH  
TOTALS = \$10,000.00
3. RAPID INTERVENTION KITS W/MASK, REGULATOR, FITTINGS  
2 UNITS AT \$1,100.00 EACH  
TOTALS = \$2,200.00
4. POSITIVE PRESSURE SMOKE EXHAUSTING FANS, STACKABLE  
2 UNITS AT \$1,200.00 EACH  
TOTALS = \$2,400.00
5. LARGE DIAMETER 5" HOSE 1,000 FT.  
TOTALS = \$7,000.00
6. HYDRAULIC VEHICLE STABILIZATION KIT  
TOTALS = \$1,600.00

NAME: RICHFIELD FIRE DEPT. CATEGORY: FIREFIGHTING EQUIPMENT

DESCRIPTION OF REQUEST FOR FUNDS

WE ARE REQUESTING FIREFIGHTING EQUIPMENT TO ENABLE OUR FIREFIGHTERS TO BETTER RESCUE DOWN, INJURED OR LOST FIREFIGHTERS, AND TO RESCUE TRAPPED OR MISSING VICTIMS. OTHER FIREFIGHTING EQUIPMENT WE ARE REQUESTING WILL HELP VENTILATE AND EXTINGUISH FIRES IN BOTH RESIDENTIAL AND COMMERCIAL STRUCTURES. THIS HELPS TO BETTER LOCATE AND SAVE THOSE WHO ARE INSIDE A BUILDING. THE LAST PIECE OF EQUIPMENT WE ARE REQUESTING FUNDS FOR IS FOR STABILIZING VEHICLES AND COLLAPSED STRUCTURES. THIS IS NEEDED TO PROVIDE FIREFIGHTER SAFETY WHILE WORKING IN AND AROUND AN UNSTABLE ENVIRONMENT.

DETAILED DESCRIPTION OF PLANNED USE OF EQUIPMENT

ITEM NUMBER 1 IS FOR 2 THERMAL IMAGING CAMERAS WITH REMOTE VIEWING SCREEN CAPABILITIES. WE DO NOT HAVE THESE UNITS AND THEY WILL ALLOW OUR FIREFIGHTERS THE ABILITY TO ENTER A SMOKE FILLED ENVIRONMENT AND SEARCH FOR VICTIMS OR FOR FIREFIGHTERS. THIS SYSTEM WILL ALSO ALLOW A FIRE OFFICER, OUTSIDE THE STRUCTURE, TO SEE WHAT THE FIREFIGHTERS ARE SEEING INSIDE. THIS RESULTS IN BETTER COMMUNICATION AND FASTER ACTION DURING A SEARCH AND RESCUE.

OUR FIRE DEPARTMENT HAS BEGUN WORKING WITH SURROUNDING FIRE DEPARTMENTS ON RAPID INTERVENTION TEAMS AND MUTUAL AID. WE ARE VOLUNTEER OR COMBINATION DEPARTMENTS WHO RELY ON EACH OTHER FOR FIRE CALLS. HAVING THERMAL IMAGING CAMERAS WILL MAKE OUR AREA R.I.T. SYSTEM WORK AND HELP SAVE LIVES.

ITEM NUMBER 2 IS FOR 20 S.C.B.A. MASKS. THIS WOULD ALLOW EACH MEMBER OF OUR FIRE DEPARTMENT TO BE ISSUED THEIR OWN MASK. SOME MEMBERS RESPOND DIRECTLY FROM HOME TO FIRES AND WOULD HAVE THE MASK WITH THEM. THIS ALLOWS FOR FASTER SWITCHING OF AIRPACKS AND NO TRANSMISSION OF VIRUS, BACTERIA, OR DISEASE. IF A MASK IS DAMAGED WE WOULD HAVE ADEQUATE SPARES.

ITEM 3 IS FOR 2 RAPID INTERVENTION KITS. WE DO NOT HAVE THIS EQUIPMENT AND WE WOULD BE IN LINE WITH NFPA 1500 6-5. THESE ITEMS WOULD BE PUT ON OUR 2 FIRE TRUCKS, WHICH GIVES US THE CAPABILITIES OF A RAPID RESCUE OF A DOWN FIREFIGHTER OR TRAPPED VICTIM. THIS WILL ALSO HELP US WORK WITH THE MUTUAL AID FIRE DEPARTMENTS IN OUR AREA THAT HAVE COMMITTED TO THE R.I.T. SYSTEM.

ITEM 4 IS FOR 2 ELECTRIC POSITIVE PRESSURE FANS THAT CAN BE STACKED. THE ONE POSITIVE PRESSURE FAN WE NOW HAVE IS GAS POWERED AND IS A BIT BULKY.



THE 2 ELECTRIC FANS COULD BE USED BETTER FOR INTERIOR WORK. WE HAVE HAD A RECENT GROWTH IN OUR HIGH RISE COMMERCIAL STRUCTURES AND STACKING EXHAUST FANS ARE NEEDED FOR THE SHEAR VOLUME NEEDED TO EXPELL SMOKE FROM HIGH RISES.

ITEM 5 IS FOR LARGE DIAMETER 5" HOSE. WE ARE GAINING MORE AND MORE FIRE HYDRANTS IN OUR RURAL COMMUNITY AND WATER DELIVERY TO FIRES IS BEST BY L.D.H. IN ADDITION WE HAVE MANY RESIDENTIAL STRUCTURES NOW THAT ARE HUNDREDS OF FEET FROM THE ROADWAY, WHICH L.D.H. IS NEEDED TO LAY UP TO THE ATTACK PUMPER.

ITEM NUMBER 6 IS FOR A HYDRAULIC VEHICLE STABILIZING KIT. THIS UNIT WILL PROVIDE SAFETY FOR OUR FIREFIGHTERS WORKING AROUND A FLIPPED VEHICLE OR A COLLAPSED STRUCTURE. THIS ALSO PROTECTS TRAPPED VICTIMS FROM ADDITIONAL ROLLOVER OR COLLAPSE AND FURTHER HARM.

#### LOCAL FUNDING ISSUES

THE RICHFIELD FIRE DEPARTMENT BUDGET IS EXHAUSTED FOR THIS YEAR. THERE WILL BE LITTLE INCREASE IN NEXT YEARS BUDGET AND THESE ABOVE ITEMS ARE NOT IN NEXT YEARS PLAN. WE BELIEVE THESE ARE ITEMS THAT NEED TO BE PURCHASED NOW, FOR THE SAFE OPERATIONS AT FIRE AND RESCUE SCENES.

ADDITIONAL RELEVANT INFORMATION

WE ARE A COMBINATION VOLUNTEER DEPARTMENT IN A RURAL/SUBURBAN AREA. WE HAVE 3 MAJOR HIGHWAYS THAT INTERSECT THROUGH OUR COMMUNITY. THUS WE HAVE NUMEROUS TRUCKING OUTFITS AND WAREHOUSES BEING BUILT. WE HAVE A HAZARDOUS MATERIALS RESPONSE TEAM FOR SMALLER LEAKS AND SPILLS. THE THERMAL IMAGING CAMERAS WOULD BE OF GREAT VALUE IN RECON AND RESPONDING IN A TRAILER OR BUILDING. ADDITIONALLY THE FANS AND S.C.B.A. MASKS WOULD BE A GREAT VALUE IN HAZ-MAT OF CONFINED SPACE INCIDENTS.

**Suggested Format for the  
Assistance to Firefighters Grants Program's  
Project Narrative**

*Instructions: Please be sure that your narrative addresses each of the following areas to the best of your ability. Your narrative should be concise, but brief. If you need more room than has been allotted for your answer, please use the back of the suggested form or feel free to attach more sheets. Your narrative may not exceed a maximum of five pages including this form. The project narrative must be double spaced.*

**Applicant Name:**

RICHFIELD FIRE DEPARTMENT

**Category:**

WELLNESS AND FITNESS

*Please describe in full the project that you are requesting to be funded.*

WE ARE REQUESTING GRANT FUNDS FOR A WELLNESS AND FITNESS PROGRAM. WE SEE THE NEED FOR ESTABLISHING A PROGRAM TO KEEP OUR FIREFIGHTERS IN TOP SHAPE. WE WOULD SEND TWO MEMBERS FOR A COURSE TO SET UP AND BUY THE EQUIPMENT.

*Please provide a detailed description of your planned uses of the grant funds for each major budget category as listed on the budget form (SF 20-20).*

SEE ATTACHED NARRATIVES.

*Please explain why this program would be beneficial to your community and/or to your department.*

SEE ATTACHED NARRATIVES.

*Please explain why this project cannot be funded solely through local funding.*

SEE ATTACHED NARRATIVES

*Please provide any additional relevant information that you would like us to consider when evaluating your application.*

SEE ATTACHED NARRATIVES.

NAME: RICHFIELD FIRE DEPT.            CATEGORY: WELLNESS AND FITNESS

DESCRIPTION OF REQUEST FOR FUNDS

WE ARE REQUESTING GRANT FUNDS FOR A WELLNESS AND FITNESS PROGRAM. WE GIVE OUR ENTRY FIREFIGHTERS A PHYSICAL EXAM. WE ALSO HAVE AN IMMUNIZATION PROGRAM. BUT WE DO NOT HAVE A PHYSICAL FITNESS PROGRAM TO TEST FITNESS NOR TO ADVANCE PHYSICAL FITNESS. WE DO NOT HAVE EXERCISE EQUIPMENT, NOR HAVE WE HAD MUCH SPACE FOR EQUIPMENT. BUT, THIS FALL WE WILL MOVE INTO A NEW FIRE STATION, IN WHICH WE WILL HAVE ROOM FOR EXERCISE EQUIPMENT. AT THIS TIME WE WOULD LIKE TO GIVE ALL OUR FIREFIGHTERS A PHYSICAL MEDICAL EXAMINATION. THIS WILL HELP US COMPLY WITH NFPA 1582 AND WILL GIVE A BASE LINE PRIOR TO STARTING A PHYSICAL FITNESS PROGRAM. WE WILL THEN PURCHASE EXERCISE EQUIPMENT TO IMPLEMENT THE FITNESS PROGRAM. ALL FIREFIGHTERS WOULD BE REQUIRED TO SPEND TIME KEEPING FIT AND WE WOULD HAVE INCENTIVES TO PARTICIPATE.

DETAILED DESCRIPTION OF PLANNED USE OF FUNDS

IN THE PERSONNEL CATEGORY, WE WOULD SEND 2 FIREFIGHTERS TO THE OHIO FIRE ACADEMY TO TAKE THE PHYSICAL FITNESS COORDINATORS COURSE. THESE FIREFIGHTERS WOULD THEN BE ABLE TO SET UP A PHYSICAL FITNESS PROGRAM FOR ALL OF OUR FIREFIGHTERS.

WITH FUNDS FROM THE GRANT-WE WOULD GET EACH FIREFIGHTER A BASELINE PHYSICAL EXAM. THE NEXT STEP WILL BE TO PURCHASE EXERCISE EQUIPMENT TO BE HOUSED AND USED AT THE NEW FIRE STATION. THE MAJORITY OF THE GRANT FUNDS WOULD GO TOWARD THE PURCHASE OF A STAIRCLIMBING MACHINE, A ROWING MACHINE, MACHINE, A TREADMILL, AND A MULTI-TASK WEIGHT MACHINE.

#### BENEFITS OF A WELLNESS AND FITNESS PROGRAM

THE BENEFITS TO OUR FIREFIGHTERS WOULD BE ENOURMOUS. WE WOULD FIRST, POSSIBLY DETECT UNDERLYING MEDICAL PROBLEMS BY OUR MEMBERS BY A THOUROUGH PHYSICAL EXAM. THIS COULD SAVE A LIFE AND/OR EXTEND IT. SECONDLY, EACH MEMBER WOULD BEGIN TO GET IN SHAPE AND PROBABLY LOSE SOME UNWANTED WEIGHT. THIRDLY, THEY WOULD GET STRONGER, WHICH WILL EQUATE IN BETTER ON THE JOB PERFORMANCE AND LESS LIKELYHOOD OF INJURIES. FINALLY, A FITNESS PROGRAM CAN RELIEVE SOME STRESS AND PROMOTE A OVERALL GOOD HEALTHY ATMOSPHERE AT THE FIRE STATION AND TO THE COMMUNITY.

#### LOCAL FUNDING ISSUES

THE RICHFIELD FIRE DEPARTEMENT BUDGET IS EXHAUSTED FOR THIS YEAR. THERE WILL BE VERY LITTLE INCREASE IN NEXT YEARS BUDGET. THE WELLNESS AND FITNESS PROGRAM IS NOT IN NEXT YEARS BUDGET. WE BELIEVE NOW IS THE RIGHT TIME TO GET STARTED ON A WELLNESS PROGRAM.

ADDITIONAL RELEVANT INFORMATION

THE RICHFIELD FIRE DEPARTMENT IS A BLEND OF YOUNG AND OLD MEMBERS. WE ARE GROWING OUT OF MAINLY VOLUNTEER DEPARTMENT TO MANNING THE STATION 24 HOURS WITH 3 OR MORE PERSONNEL. WE NEED TO ESTABLISH A WELLNESS AND FITNESS PROGRAM TO ENCOURAGE THE OLDER MEMBERS TO KEEP IN SHAPE. THIS FIREFIGHTER GRANT WOULD BE JUST THE THING TO MAKE OUR FIRE DEPARTMENT BETTER AND STRONGER.

**Federal Emergency Management Agency  
Assistance to Firefighters Grant Program  
Application Checklist**

Fire Department:                     RICHFIELD FIRE DEPARTMENT                    

<b>To Complete the Application, Have You:</b>	<input type="checkbox"/>
Completed the Standard Form-424, Request for Federal Assistance (All fields identified in the application's instructions)?	X
Signed the Standard Form-424?	X
Completed FEMA Form 20-20, Budget Information – Non-construction Program, for each category applied for, one category per column?	X
Signed FEMA Form 20-20 (Budget Information)?	X
Completed and signed FEMA Form 20-16, Summary Sheet for Assurances and Certifications?	X
Completed and signed Standard Form LLL, Disclosure of Lobbying Activities if applicable?	X
Completed the General Questions for all applicants?	X
Completed the Category Specific Questions for all categories for which applying (no more than 2)?	X
Completed a project narrative that gives detailed information for all categories for which applying? (Five page limit for each narrative.)	X
Limited your application to two categories?	X
Sent an original and two copies of the completed application package?	X
Mailed the application package for delivery to FEMA by the May 2, 2001 Deadline?	X

***NO LATE OR INCOMPLETE APPLICATIONS WILL BE REVIEWED.***

