



General Instructions & Notices

Applicants are directed to "**Regional Live Fire Training Facility Grant Program Guidance**" as designed for this 3-year grant program which is The filing of an application does not bind the Review Panel to award nor the Municipality/Applicant(s) to accept any such grant. Incomplete applications and those received after the deadline will not be considered.

Deadline May 1st, 2019

Timeliness of filing and subsequent receipt by the Agency are solely the applicant's responsibility – all applications must be completed electronically or mailed to:

**LFTF Grant, Maine Fire Services Commission
19 Sewall Street
Brunswick, Maine 04011**

All decisions regarding grant awards made by the Board are final; applicants may appeal decisions in writing to the address provided above within 15 business days of the posting of awards.

A. Applicant Information	
1. Title of Lead Municipality/Applicant	<input type="text"/> City / Town of <input type="text"/>
2. Employer Identification Number (EIN)	<input type="text"/>
3. Principal Point of Contact	(Include salutation, name & title.) <input type="text"/>
4. Mailing Address (Include zip code+4)	<input type="text"/> <input type="text"/> <input type="text"/>
5. Telephone Number	(<input type="text"/>) <input type="text"/>
6. FAX Number	(<input type="text"/>) <input type="text"/>
7. E-mail address	<input type="text"/>

B. Additional Parties	
<input type="checkbox"/> none	Identify ALL Jurisdictions and Fire Departments participating in the proposed project. Attach additional sheets as may be required. (see page 2)
1. Formal Agreement Among Parties <i>NOTE: Formal agreement parties in addition to the lead municipality may include other municipalities, groups and organizations</i>	In accordance with program policy, multi-jurisdictional regional training partnerships must be documented (e.g. MOA, MOU, etc.) as required supporting documentation to the application for consideration of program funding. A copy of the agreement has been attached to this application. <input type="checkbox"/> Yes <input type="checkbox"/> No If a copy of the agreement has not been attached as required supporting documentation, this Application will be considered incomplete and funding will not be approved.



Reproduce and complete additional pages as necessary for complete disclosure.

Complete <u>one each</u> for ALL other Organizations of Interest (OI)	Number <input type="text"/>	of a total of <input type="text"/>	OI to proposed project
Title of Organization	<input type="text"/> <input type="text"/> <input type="text"/>	Municipality / Organization	<input type="text"/>
Employer Identification Number (EIN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Principal Point of Contact	(name & title) <input type="text"/>		
Mailing Address	(Include zip code+4) <input type="text"/>		
Telephone Number	(<input type="text"/>) <input type="text"/>		
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Mailing Address	(Include zip code+4) <input type="text"/>		
Telephone Number	(<input type="text"/>) <input type="text"/>		
FAX Number	(<input type="text"/>) <input type="text"/>		
Internet e-mail address	<input type="text"/>		



C. Previous Applications/Awards

1.	Has the Applicant previously applied for a MFSI Training Facilities Grant?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
2.	Has the Applicant previously received a MFSI Training Facilities Grant?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes

D. Project Narratives

Project Description and Budget

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Check **IF** a Continuation Sheet is used to provide more detail on your Description & Budget (**See page 5**)

Statement of Effect / Impact on Firefighter Training within the Region

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Check **IF** a Continuation Sheet is used to provide more detail on the impact on training (**See Page 6**)



D. Project Narratives (cont)

Financial Need: Please provide a description of your locality's funding need.

[Large empty text area for describing the locality's funding need.]

Check **IF** a Continuation Sheet is used to provide more detail on your financial need **(See page 7)**

**Cost / Benefit Analysis
Matching Funds, and
In-kind contributions**

None

Please identify and account all specific hard (cash) or soft (In-Kind) cost share, local match and in-kind contributions that will leverage local investments and maximize the cost/benefit analysis of the proposal.

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Check **IF** a Continuation Sheet is used to provide more detail on Benefit / Cost Sharing etc **(See Page 8)**

Continuation Sheet: Project Description & Budget
Please identify and describe the following:

How the project will meet the regional needs for basic training standards including the elements of Firefighter I & II as prescribed in NFPA 1001 and 1403
How the scope of the project matches the need in the area proposed
Previous experience managing MFSI or AFG grant programs in the past

Project Description & Budget

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Continuation Sheet: Impact on firefighter training within the region

Please identify and describe the following:

Provided data on firefighters trained and hours the facility has been, or will be used?
What geographical area of the State and how many departments and firefighters will this proposal serve?
How will the facility support and compliment MFSI certification training

Impact on firefighter training within the region

Continuation Sheet: Financial Need
Please identify and describe the following:

- The training facility being requested and the projects demonstrated financial need.
- The projects multi-jurisdictional regional training partnerships and support for the grant?
- Any MOU's and agreements supporting multi-jurisdictional regional training partnerships and support for the grant?
- The financial plan that demonstrates the ability to financially sustain and maintain the LFTF after the grant award

Financial Need:

Continuation Sheet: Cost Share / Benefit Analysis

Please identify and describe the following:

What is the benefit per firefighter, and projected cost for training hours, for the funds requested?

What hard (cash) or soft (In-Kind) will be provided by the municipality, towns, and or region to maximize the investment

What is the projected longevity of the training facility and how will the longevity be managed and ensured?

Cost / Benefit Analysis / Matching Funds, and In-Kind Contributions



Assurances

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

1. Will give the awarding agency 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.
2. 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.
3. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
4. Will comply with all Federal statutes relating to nondiscrimination.
5. Will comply with environmental standards pursuant to Local, State and Federal laws.
6. Will cause to be performed the required financial and compliance audits on the municipality's financial statements and schedules, and a single audit report in conformity with Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).
7. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Certification:

To be completed by either:

- County Administrator –or- Executive, City Manager, Town Mayor –or- Administrator; Deputy, or...
- Other duly authorized official whereby the application is accompanied by a copy of an 'Ordinance' or other such formal instrument clearly granting that party such authority.

This grant application is entered on behalf of the APPLICANT jurisdiction identified above with the knowledge and belief that all representations herein made are true and correct; with the understanding that all grant terms & conditions in-force as of the date of such application are hereby included by reference; with the further understanding that if an award is granted pursuant to this application that the recipient is bound by those same terms & conditions.

Signature	Date
Printed Name	Title