

FEMA GO Initiate an Application (FIRE GRANT PROGRAMS)

This Guide provides instructions for External FEMA GO Users that are serving in one of the following roles: Authorized Organization Representative (AOR), Financial Member, Programmatic Member, or Grant Writer. Will guide the user thru logging in, stating an application and completing sections required to submit an application.



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Introduction

This guide will walk you through the key steps for successfully:

1. Log into FEMA GO
2. Access to FEMA GO home page
3. Start an application
4. Complete sections required to submit an application.

Who is this for?

- Authorized Organization Representative (AOR)
- Financial Member
- Programmatic Member
- Grants Writer

****Note**** - Screens are based on a User's Assigned Role



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Login



Section 1: Log in to the FEMA GO site

- Go to <https://go.fema.gov>
- Log in: Enter Email and Password for FEMA GO account.
- Logging into the FEMA GO system will direct you to the FEMA GO Homepage.
- If you have not created an account, please refer to the linked guide for [User Registration](#).

***Remember:** Only a user in one of the listed roles can complete the steps in this guide.



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A screenshot of the FEMA GO login page. The page has a dark blue header with the "FEMA GO" logo. The main heading is "Welcome to FEMA Grants Outcomes!" followed by a subtext: "Grants Outcomes (GO) is FEMA's new platform for submitting, approving, and managing FEMA grants." There are two main sections: "Log in" and "FEMA employees". The "Log in" section has two input fields, "Email" and "Password", both highlighted with red rectangles. Below these fields is a "Log in" button, which is pointed to by a blue arrow. There is also a "Forgot password?" link and a "Create an account" button. The "FEMA employees" section shows a PIV card for "John Doe" with the text "Insert your PIV card into your smart card reader" and a "Log in with your PIV card" button. At the bottom, there is a "Department of Homeland Security (DHS) Consent" section with a blue information icon and a paragraph of legal text.

Start an Application



Section 2 : Start an Application

- ❑ An external user may under AFG, SAFER, or FP&S may start a grant application within FEMA GO.
- ❑ Locate the grant you wish to apply for under “Apply for a grant”

The screenshot shows the FEMA GO Grants page. The top navigation bar includes 'FEMA GO', 'Grants', and 'Team'. On the right, there are fields for 'Grant Identifier' and 'Search...'. The main content area is divided into two columns. The left column, titled 'My grants', lists five grants for 'Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)', each with a 'Grant ID' and a 'Manage grant' link. The right column, titled 'Apply for a new grant', lists three applications currently available: 'Disaster subapplication', 'Fiscal Year (FY) 2019 Assistance to Firefighters Grants application', and 'Fiscal Year (FY) 2019 Building Resilient Infrastructure and Communities application'. Each application has a 'Start application' link. A red box highlights the 'Apply for a new grant' header, and another red box highlights the 'Start application' link for the 'Fiscal Year (FY) 2019 Assistance to Firefighters Grants application', with a blue arrow pointing to it. A third red box highlights the 'Start application' link for the 'Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S) application'.

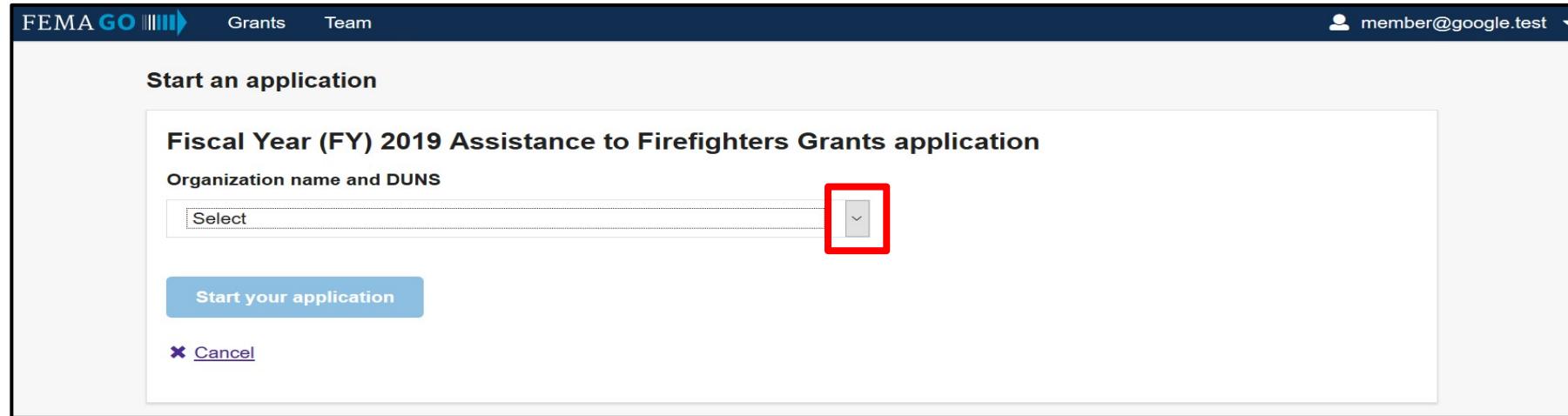
- ❑ Click “Start Application” link



FEMA

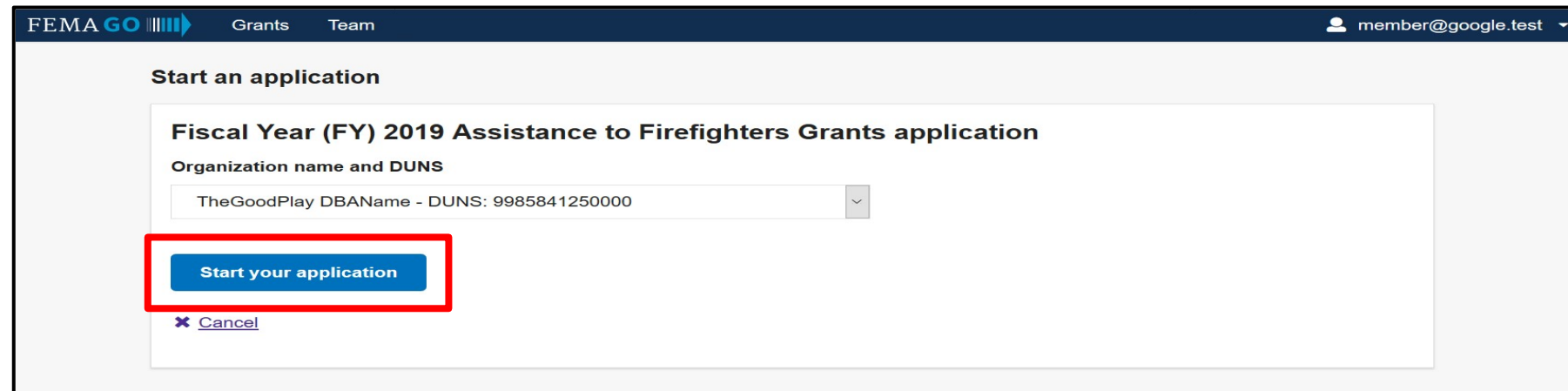
Section 2: Start an application

- ❑ From the drop down select your organization/DUNS.



The screenshot shows the FEMA GO interface with a dark blue header containing the logo, 'Grants', and 'Team' tabs. A user profile 'member@google.test' is in the top right. The main content area is titled 'Start an application' and contains a form for 'Fiscal Year (FY) 2019 Assistance to Firefighters Grants application'. The form has a section 'Organization name and DUNS' with a dropdown menu currently showing 'Select'. This dropdown is highlighted with a red rectangular box. Below the dropdown are two buttons: a blue 'Start your application' button and a purple 'Cancel' link.

- ❑ Click the "Start your application" button.



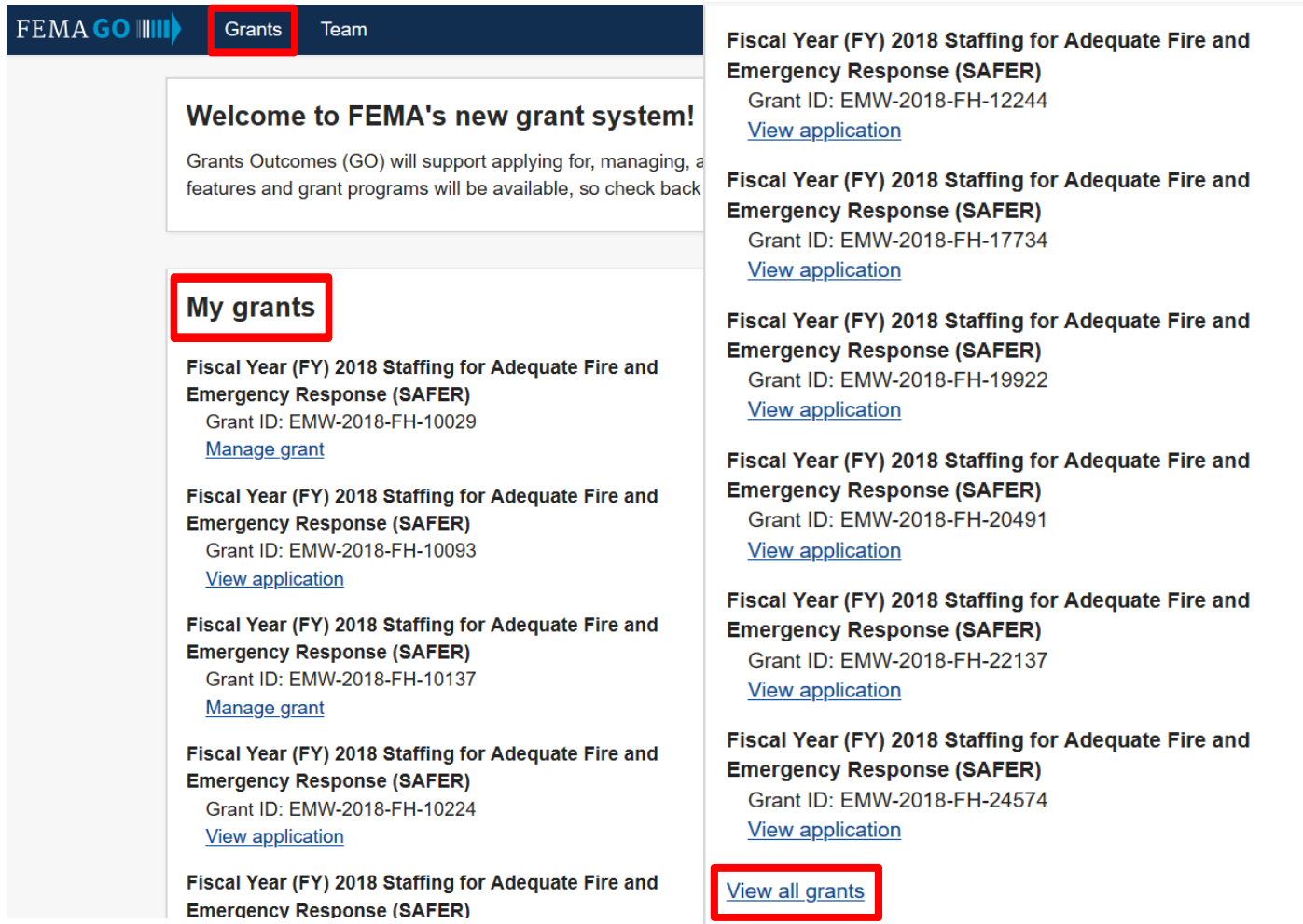
This screenshot shows the same FEMA GO application page as the previous one, but the dropdown menu is now populated with the text 'TheGoodPlay DBAName - DUNS: 9985841250000'. The blue 'Start your application' button is now highlighted with a red rectangular box. The 'Cancel' link remains below the button.



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Section 2: Continue an Application that is already started

- ❑ Click on EITHER “Grants” OR “View all grants” to view your grants. Both selections will bring you to the same screen.



The screenshot shows the FEMA GO Grants page. The top navigation bar has 'FEMA GO' and a 'Grants' button highlighted with a red box. Below the navigation bar, there is a 'Welcome to FEMA's new grant system!' message. A 'My grants' section is highlighted with a red box and contains a list of grants. To the right, there is a detailed view of a grant application. At the bottom of this detailed view, a 'View all grants' button is highlighted with a red box.

Grants Team

Welcome to FEMA's new grant system!

Grants Outcomes (GO) will support applying for, managing, and tracking grant features and grant programs will be available, so check back soon.

My grants

- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FH-10029
[Manage grant](#)
- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FH-10093
[View application](#)
- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FH-10137
[Manage grant](#)
- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**
Grant ID: EMW-2018-FH-10224
[View application](#)
- Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)**

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-12244
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-17734
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-19922
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-20491
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-22137
[View application](#)

Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER)
Grant ID: EMW-2018-FH-24574
[View application](#)

[View all grants](#)



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Section 2: Continue an Application that is already started

- ❑ Enter the Grant ID number in either of the search field. The system will filter results as you type.

FEMA GO

GrantsTeam

Grant Identifier

Search...

member@google.test

Select an organization

TheGoodPlay DBAName

| | | |
|--|--|----------------------------------|
| FUNDING OPPORTUNITY Fiscal Year (FY) 2019 Assistance to Firefighters Grants | 344 DAYS REMAINING IN THE APPLICATION PERIOD - STATUS DATE 01/15/2020 STATUS Pending submission | I WANT TO... Select an action |
| GRANT ID EMW-2019-FG-00035 (manage grant) | | |
| FUNDING OPPORTUNITY Fiscal Year (FY) 2019 Assistance to Firefighters Grants | 344 DAYS REMAINING IN THE APPLICATION PERIOD - STATUS DATE 01/15/2020 STATUS Pending submission | I WANT TO... Select an action |
| GRANT ID EMW-2019-FG-00037 (manage grant) | | |
| FUNDING OPPORTUNITY Fiscal Year (FY) 2019 Assistance to Firefighters Grants | 344 DAYS REMAINING IN THE APPLICATION PERIOD - STATUS DATE 01/21/2020 STATUS Pending submission | I WANT TO... Select an action |
| GRANT ID EMW-2019-FG-00048 (manage grant) | | |

Search

Grant ID
EMW-2019-

Filters

Grant program

Fiscal Year

Sort

Sort by
Fiscal Year


☒ Ascending (A-Z)
☐ Descending (Z-A)




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Section 2: Continue an Application that is already started

- ❑ Once your grant is displayed, Click the dropdown under "I WANT TO" and select "Continue application".

FEMA GO  [Grants](#) [Team](#) Grant Identifier

Select an organization

TheGoodPlay DBAName 

| | | |
|--|---|---|
| FUNDING OPPORTUNITY Fiscal Year (FY) 2018 Staffing for Adequate Fire and Emergency Response (SAFER) GRANT ID EMW-2018-FH-10137 (manage grant) | PERIOD OF PERFORMANCE 05/24/2020 - 05/23/2023 STATUS STATUS DATE 11/26/2019 | I WANT TO... <div>Select an action </div> |
| FUNDING OPPORTUNITY Fiscal Year (FY) 2019 Assistance to Firefighters Grants GRANT ID EMW-2019-FG-00035 (manage grant) | 344 DAYS REMAINING IN THE APPLICATION PERIOD - STATUS Pending submission STATUS DATE 01/15/2020 | I WANT TO... <div>Select an action </div> <div>Continue application</div> <div>View application</div> |



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My Application



Section 4: My application

- ❑ Page will display program information, application ID, status, OMB number & expiration date. There is also a link to view the burden statement.

Fiscal Year (FY) 2019 Assistance to Firefighters Grants

Status: Pending submission

Application ID: EMW-2019-FG-00793

OMB number: 1660-0054, Expiration date: 11/30/2022 [View burden statement](#)

Link to burden statement

Office of Management and Budget (OMB) Burden Statement

OMB Number: 1660-0054

Expiration date: 11/30/2022

Public reporting burden for this data collection is estimated to average 9 hours per response for FEMA Form 080-0-2 " AFG Application (General Questions and Narrative) ". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

Close

Informational Slide



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Section 4: My application

- ❑ The page will show the left navigation panel (“left nav”) containing each section of the application.

FEMA GO Grants Team Grant Identifier Search... member@google.test Status: Pending submission

My application

- SAM.gov profile
- Applicant information
- Applicant characteristics
- Operating budget
- Applicant and community trends
- Community description
- Call volume
- Grant request details
- Grant request summary
- Budget summary
- Contact information
- Assurances and certifications
- Review application

Fiscal Year (FY) 2019 Assistance to Firefighters Grants

Application ID: EMW-2019-FG-00056

OMB number: 1660-0054, Expiration date: 11/30/2022 [View burden statement](#)

System for Award Management (SAM.gov) profile

All organization information in this section will come from the System for Award Management (SAM) profile for the selected organization.

TheGoodPlay DBAName

| | |
|---|---|
| Information current from SAM.gov as of: | 11/27/2019 |
| DUNS (includes DUNS+4): | 9985841250000 |
| Employer Identification Number (EIN): | 130871985 |
| Organization legal name: | The Good Place |
| Organization (doing business as) name: | TheGoodPlay DBAName |
| Mailing address: | 123 FIRST AVE P O Box 233 New York, NY 10017-1608 |

- ❑ Note that there are sections that must be completed before progressing to other sections.

Applicant and community trends

You cannot complete this section yet
You must [select an applicant type](#) before completing this section.



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Section 4: My application: SAM.gov profile

- ☐ Review SAM.gov profile and check the box to confirm information is correct (mandatory).

System for Award Management (SAM.gov) profile

Please identify your organization to be associated with this application.
All organization information in this section will come from the System for Award Management (SAM) profile for that organization.

TheGoodPlay DBAName

| | |
|--|---|
| Information current from SAM.gov as of: | 10/22/2019 |
| DUNS (includes DUNS+4): | 7088330830000 |
| Employer Identification Number (EIN): | 130871985 |
| Organization legal name: | The Good Place |
| Organization (doing business as) name: | TheGoodPlay DBAName |
| Mailing address: | 123 FIRST AVE P O Box 233 New York, NY 10017-1608 |
| Physical address: | 123 Park Place New York, NY 20817-1608 |
| Is your organization delinquent on any federal debt? | Y |
| Please provide an explanation in the space provided | |
| <input type="text"/> | |
| SAM.gov registration status: | Active as of 2018-01-27 01:30:05.000 GMT |

☐ We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date

Review bank account is required

***Notice: Please note any corrections to this profile must be done in SAM.gov**

FEMA GO has a nightly update with SAM.gov (updated info should appear within 72 hours). While you may proceed to other sections, SAM.gov information *must* be correct and verified before application can be submitted.

Applicant Information



Section 5: Applicant Information

☐ Provide the following:

- Applicant name
- Main address 1 (mandatory)
- Main address 2 (optional)
- City, State/territory (drop down selection mandatory)
- Zip Code (mandatory) Zip extension (optional)
- County/parish organizations physically located (mandatory)

Applicant information

Please provide the following additional information about the applicant.

Applicant name

Main address of location impacted by this grant

Main address 1

Main address 2 Optional

City

State/territory

Zip code

Zip extension

In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?

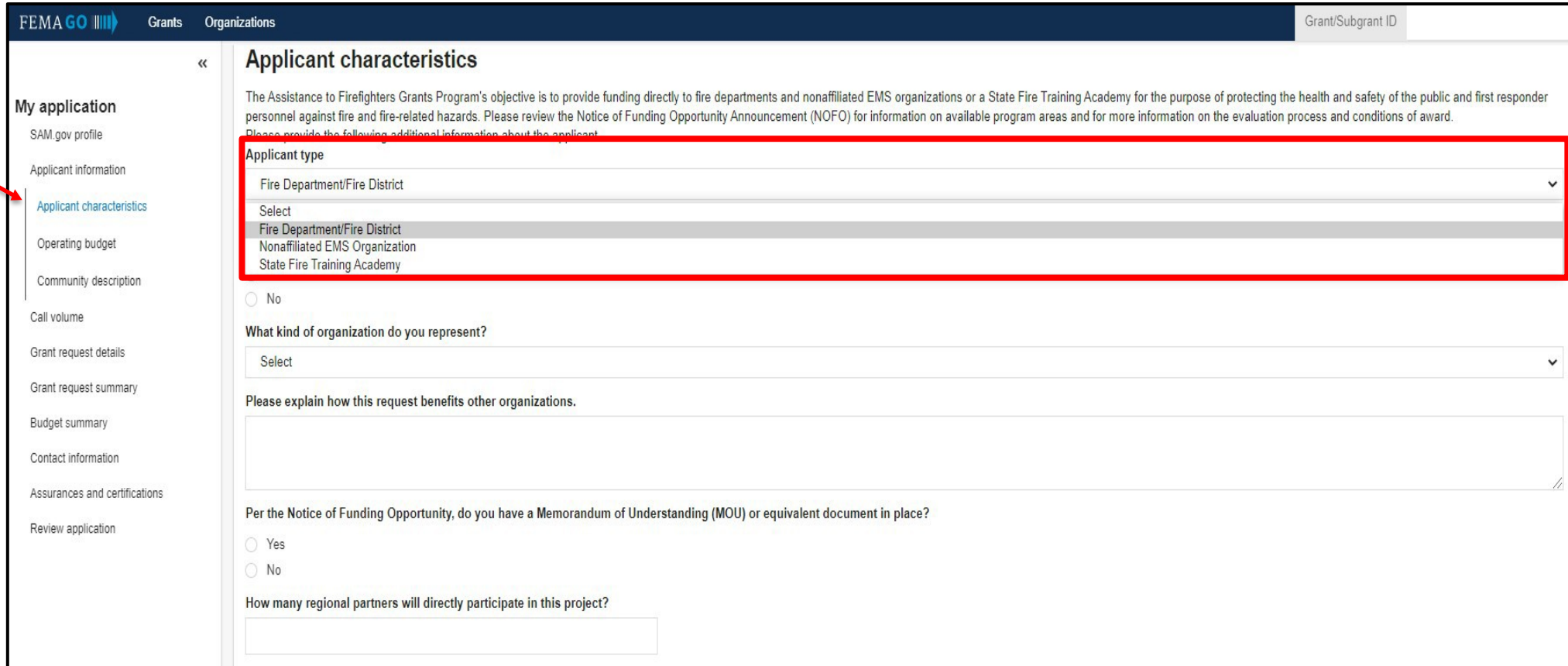


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Applicant Characteristics



- ❑ Drop Provide the following information about the applicant
- ❑ Drop For the Applicant type, click on the dropdown menu and select an option



FEMA GO Grants Organizations Grant/Subgrant ID

« Applicant characteristics

The Assistance to Firefighters Grants Program's objective is to provide funding directly to fire departments and nonaffiliated EMS organizations or a State Fire Training Academy for the purpose of protecting the health and safety of the public and first responder personnel against fire and fire-related hazards. Please review the Notice of Funding Opportunity Announcement (NOFO) for information on available program areas and for more information on the evaluation process and conditions of award. Please provide the following additional information about the applicant.

Applicant type

Fire Department/Fire District ▼

Select

Fire Department/Fire District

Nonaffiliated EMS Organization

State Fire Training Academy

☐ No

What kind of organization do you represent?

Select ▼

Please explain how this request benefits other organizations.

Per the Notice of Funding Opportunity, do you have a Memorandum of Understanding (MOU) or equivalent document in place?

☐ Yes

☐ No

How many regional partners will directly participate in this project?

My application

SAM.gov profile

Applicant information

Applicant characteristics

Operating budget

Community description

Call volume

Grant request details

Grant request summary

Budget summary

Contact information

Assurances and certifications

Review application



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Section 6: Applicant Characteristics

☐ *Complete required questions based on your selection*

Applicant characteristics

The Assistance to Firefighters Grants Program's objective is to provide funding directly to fire departments and nonaffiliated EMS organizations or a State Fire Training Academy for the purpose of protecting the health and safety of the public and first responder personnel against fire and fire-related hazards. Please review the Notice of Funding Opportunity Announcement (NOFO) for information on available program areas and for more information on the evaluation process and conditions of award.

Please provide the following additional information about the applicant.

Applicant type

Fire Department/Fire District

▼

Is this grant application a regional request? A regional request provides a direct regional and/or local benefit beyond your organization. You may apply for a regional request on behalf of your organization and any number of other participating eligible organizations within your region.

☒ Yes
☐ No

What kind of organization do you represent?

All Paid/Career

▼

❖ *Subsequent screens correlate to this selection, but functionality is similar across selections.*



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Section 6 : Applicant Characteristics

☐ *Complete required questions based on your selection*

Is this grant application a regional request? A regional request provides a direct regional and/or local benefit beyond your organization. You may apply for a regional request on behalf of your organization and any number of other participating eligible organizations within your region.

☒ Yes
☐ No

What kind of organization do you represent?

All Paid/Career

Per the Notice of Funding Opportunity, do you have a Memorandum of Understanding (MOU) or equivalent document in place?

☒ Yes
☐ No

Please attach your MOU or equivalent document (optional):

Maximum file size: 1 GB

| Filename | Date uploaded | Uploaded by | File size | Description |
|----------|---------------|-------------|-----------|-------------|
|----------|---------------|-------------|-----------|-------------|

❖ *Selecting “Yes” will trigger an attachment box (optional to attach)*



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Step 6: Applicant Characteristics

How many regional partners will directly participate in this project?

Entering a number will trigger a table.

A response is required.

Please list each participating agency by name along with a point of contact (POC), to include a phone number. All regional participants must be eligible as defined by the Notice of Funding Opportunity.

| Participating organization name | POC first name | POC last name | Phone number | Phone number extension | EIN |
|--|----------------|---------------|--------------|------------------------|-----|
| How many active firefighters does your region have who perform firefighting duties? This is the combined personnel of all departments/agencies included in this application. | | | | | |
| <div></div> | | | | | |
| How many of the active firefighters in your region are trained to the level of Firefighter I or equivalent? | | | | | |
| <div></div> | | | | | |
| How many of the active firefighters in your region are trained to the level of Firefighter II or equivalent? | | | | | |
| <div></div> | | | | | |

How many regional partners will directly participate in this project?

10

Please list each participating agency by name along with a point of contact (POC), to include a phone number. All regional participants must be eligible as defined by the Notice of Funding Opportunity.

| Participating organization name | POC first name | POC last name | Phone number | Phone number extension | EIN |
|---------------------------------|----------------|---------------|--------------|------------------------|-------------|
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |

How many active firefighters does your region have who perform firefighting duties? This is the combined personnel of all departments/agencies included in this application.

12

How many of the active firefighters in your region are trained to the level of Firefighter I or equivalent?

6

How many of the active firefighters in your region are trained to the level of Firefighter II or equivalent?

6



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Step 6: Applicant Characteristics: Complete required questions based on your selection

Are you requesting training funds in this application to bring 100% of the firefighters in your region into compliance with NFPA 1001?

☐ Yes ****a YES response will trigger a follow up question****

☐ No

Please describe in the box below your training program and your plans to bring the membership in your region up to Firefighter II.

How many members in your region are trained to the level of EMR or EMT, Advanced EMT or Paramedic?

Enter a number

Do the departments in your region have a Community Paramedic program?

☐ Yes ****a YES response will trigger a follow up question****

☐ No

How many personnel are trained to the Community Paramedic level?

How many stations are in your region?

Enter a number

Does your region protect critical infrastructure of the state?

☐ Yes ****a YES response will trigger a follow up question****

☐ No

Does your region protect critical infrastructure of the state?

☒ Yes

☐ No

Please describe the critical infrastructure protected below.

Response is required

Do all departments in this request report to NFIRS?

☐ Yes

☐ No

Please enter the FDIN/FDID of the host department.

Enter a number

***Notice: a response is required for all questions.**



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Operating Budget



Section 7: Operating Budget

☐ All questions in this section are required

Operating budget

What is the cumulative operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) of all participating organizations in this project dedicated to expenditures for day-to-day activities for the current (at time of application) fiscal year, as well as the previous two fiscal years?

Current Fiscal Year

2019

| Fiscal Year | Operating budget |
|-------------|--|
| 2019 | <div><div></div><div>\$</div></div> <div>A response is required.</div> |
| 2018 | <div><div></div><div>\$</div></div> |
| 2017 | <div><div></div><div>\$</div></div> |

What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?

%



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Section 7: Operating Budget

☐ All questions are required in this section

| What percentage of the declared operating budget is derived from the following | 2020 | 2019 | 2018 |
|--|--|--|--|
| Taxes | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| Bond issues | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| EMS billing | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| Grants | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| Donations | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| Fund drives | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| Fee for service | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| Other | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| Totals | <div><div></div>0 % Must equal 100</div> | <div><div></div>0 % Must equal 100</div> | <div><div></div>0 % Must equal 100</div> |



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Section 7: Operating Budget

Describe your financial need and how consistent it is with the intent of the AFG Program. Include details describing your organization's financial distress such as summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of your control.

In cases of demonstrated economic hardship, and upon the request of the grant applicant, the FEMA Administrator may grant an Economic Hardship Waiver. Is it your organization's intent to apply for an Economic Hardship Waiver?

- ☐ Yes
☐ No

☐ Choose either Yes or No. Choosing “Yes” triggers a follow up question.

In cases of demonstrated economic hardship, and upon the request of the grant applicant, the FEMA Administrator may grant an Economic Hardship Waiver. Is it your organization's intent to apply for an Economic Hardship Waiver?

- ☒ Yes
☐ No

Which type of waiver will you be applying for?

- ☐ Cost share
☐ Maintenance of effort



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Applicant and Community Trends



Section 8: Applicant and Community Trends

☐ Provide the following additional information about the applicant.

| Injuries and fatalities | 2018 | 2017 | 2016 |
|--|-------------------------------|-----------------------------|-----------------------------------|
| What is the total number of line of duty member fatalities in your region over the last three calendar years? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| What is the total number of line of duty member injuries in your region over the last three calendar years? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How many vehicles does your organization have in each of the type or class of vehicle listed below? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession. | | | |
| i Seated riding positions The number of seated riding positions must be equal or greater than the total number of frontline and reserve apparatus. If there are zero frontline and zero reserve apparatus, the number of seated riding positions must be zero.. | | | |
| Type or class of vehicles | Number of frontline apparatus | Number of reserve apparatus | Number of seated riding positions |
| Engines or pumpers (pumping capacity of 750 gallons per minute (GPM) or greater and water capacity of 300 gallons or more): pumper, pumper/tanker, rescue/pumper, foam pumper, CAFS pumper, type I, type II engine urban interface. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Ambulances for transport and/or emergency response. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Tankers or tenders (water capacity of 1,000 gallons or more). | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Aerial apparatus: aerial ladder truck, telescoping, articulating, ladder towers, platform, tiller ladder truck, quint. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Brush/quick attack (pumping capacity of less than 750 GPM and water carrying capacity of at least 300 gallons): brush truck, patrol unit (pickup w/ skid unit), quick attack unit, mini-pumper, type III engine, type IV engine, type V engine, type VI engine, type VII engine. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Rescue vehicles: rescue squad, rescue (light, medium, heavy), technical rescue vehicle, hazardous materials unit. | <input type="text"/> | <input type="text"/> | <input type="text"/> |



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Section 8: Applicant and Community Trends

☐ Provide the following additional information about the applicant.

Are the organizations in your region facing a new risk, expanding service to a new area, or experiencing an increased call volume?

☒ Yes

☐ No

Choosing “Yes” triggers a follow up question.

Are the organizations in your region facing a new risk, expanding service to a new area, or experiencing an increased call volume?

☒ Yes

☐ No

Please describe the critical infrastructure protected below.

critical infrastructure

Please explain how your department is facing a new risk, expanding service to a new area, or experiencing an increased call volume.

explanation



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Community Description



Step 9: Community Description

Community description

Please provide the following additional information about the community your organization serves.

Type of jurisdiction served

Select

What type of community does your organization serve?

Select

What is the square mileage of your first due response zone/jurisdiction served?

Please input square mileage

What percentage of your primary response area is for the following:

Agriculture, wildland, open space, or undeveloped properties

Commercial and industrial purposes

Residential purposes

Total

What is the permanent resident population of your first due response zone/jurisdiction served?

Do you have a seasonal increase in population?

Yes

No

Please describe your organization and/or community that you serve.

Type of jurisdiction served

Select

Airport/Port Authority

City

County

Indian Tribe

Other

Parish

Private not for profit organization

Town

Township

Unincorporated Community

Village

Ward

Type of jurisdiction served

Township

What type of community does your organization serve?

Select

Urban

Suburban

Rural

Select

“Type of jurisdiction served”

from drop down

Select

“what type of community does your organization serve”

from drop down



Step 9: Community Description

| What percentage of your primary response area is for the following: | Percentage (must sum to 100%) |
|---|----------------------------------|
| Agriculture, wildland, open space, or undeveloped properties | 40 |
| Commercial and industrial purposes | 40 |
| Residential purposes | 20 |
| Total | 100 |

What is the permanent resident population of your first due response zone/jurisdiction served?

Please fill in a number

A response is required.

Do you have a seasonal increase in population?

☐ Yes

☐ No

Please describe your organization and/or community that you serve.

What is your seasonal increase in population?

Please fill in a number

Choosing "Yes" triggers a follow up question.



FEMA

Call Volume



Step 10: Call Volume – Please provide the following additional information about the applicant.

Please provide the total number of incidents that organizations in your region responded to for each year of the previous three year period (Jan - Dec). Include only those alarms which these organizations were a primary responder and not second due or giving Mutual Aid. (Direct benefit means that the department will receive a portion of the grant funds or items purchased with the grant funds)

Note: Each incident must be counted only once regardless of the number of units or agencies that responded to that incident (i.e. a vehicle fire with entrapment and injuries may be counted as a vehicle fire or a rescue call or an EMS call, but not all three).

Summary

Summary of responses per year by category. Enter whole numbers only. If you have no calls for any of the categories, enter 0.

| Summary of responses per year per category | 2019 | 2018 | 2017 |
|---|----------------------|----------------------|----------------------|
| NFIRS Series 100: Fire | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NFIRS Series 300: Rescue & Emergency Medical Service Incident | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NFIRS Series 400: Hazardous Condition (No Fire) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NFIRS Series 500: Service Call | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NFIRS Series 600: Good Intent Call | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NFIRS Series 700: False Alarm & False Call | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NFIRS Series 800: Severe Weather & Natural Disaster | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NFIRS Series 900: Special Incident Type | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | 0 | 0 | 0 |



FEMA

Step 10: Call Volume

Fire

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

| How many responses per year per category? | 2019 | 2018 | 2017 |
|--|----------------------|----------------------|----------------------|
| Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | 0 | 0 | 0 |

What is the total acreage of all vegetation fires? Enter whole numbers only. If you have no vegetation fires, enter 0.

| Total acreage per year | 2019 | 2018 | 2017 |
|--|----------------------|----------------------|----------------------|
| What is the total acreage of all vegetation fires? | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Rescue and emergency medical service incidents

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

| How many responses per year per category? | 2019 | 2018 | 2017 |
|--|----------------------|----------------------|----------------------|
| Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Of the NFIRS Series 300 calls, how many are "Extractions from Vehicles" (NFIRS Code 352)? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How many EMS-BLS Response Calls? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How many EMS-ALS Response Calls? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How many EMS-ALS Scheduled Transports? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How many Community Paramedic Response Calls? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | 0 | 0 | 0 |



FEMA

❖ Respond by filling in numbers by year for Fire and Rescue Emergency Services

Step 10: Call Volume

Mutual and automatic aid

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

| How many responses per year per category? | 2019 | 2018 | 2017 |
|---|----------------------|----------------------|----------------------|
| How many times did organizations in your region receive Mutual Aid? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How many times did organizations in your region receive Automatic Aid? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How many times did organizations in your region provide Mutual Aid? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How many times did organizations in your region provide Automatic Aid? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Of the Mutual and Automatic Aid responses, how many were structure fires? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | 0 | 0 | 0 |

❖ Please provide the following additional information about the applicant.



FEMA

Grant Request Details



Section 11: Grant Request Details

Grant request details

Review and make changes to the recipient's activity below. Then, enter justifications for each change.

Add activity

Add item to Request Details

Item

Grant Writer Fee

QUANTITY

UNIT PRICE

TOTAL

Budget class

\$

Description

Confirm

[Cancel](#)

Add item to Request Details

Item

Grant Writer Fee

QUANTITY

UNIT PRICE

TOTAL

Budget class

\$

Description

Confirm

[Cancel](#)

Please select from drop down.



Section 11: Grant Request Details

- ☐ Selections will trigger additional information boxes if needed. In this example, adding equipment triggers a Narrative that must be completed. This will also prepopulate the Grant Request Summary.

Grant request details

Review and make changes to the recipient's activity below. Then, enter justifications for each change.

[Add activity](#)

Add activity to Request Details

Select item

Equipment

[Confirm](#)

[✕ Cancel](#)



FEMA

Section11: Grant Request Details

Total requested for Equipment activity: \$0

[Remove activity](#)

[Add item to Equipment](#)

Narrative

The narrative statements must provide all the information necessary for you to justify your needs and for FEMA to make an award decision. A panel of peer reviewers will perform the second phase of the applications' evaluations by using the narrative statements below to determine the worthiness of the request for an award. Please ensure that your narrative clearly addresses each of the following evaluation criteria elements to the best of your ability with detailed but concise information.

You may either type your narrative statements in the spaces provided below or create the text in your word processing system and then copy it into the appropriate spaces provided below. Please note the narrative block does not allow for formatting. Do not type your narrative using only capital letters. Additionally, do not include tables, special fonts (i.e., quote marks, bullets, etc.), or graphs.

Project Description and Budget: Clearly explain the organization's project objectives and the relationship to your organization's budget (e.g., personnel, equipment, contracts, etc.) and risk analysis by providing statistics to justify the needs. Describe the various activities to be implemented, including program priorities or facility modifications, to include details on how these are consistent with project objectives, your organization's mission and national, state, and/or local requirements. Provide details that link the proposed expenses to operations and safety, as well as to the completion of the project's goals.

Cost Benefit: Describe how you plan to address the operations and personal safety needs of your organization, including cost effectiveness and sharing assets. The Operations and Safety Cost Benefit statement should also include details about gaining the maximum benefits from grant funding by citing reasonable or required costs, such as specific overhead and administrative costs. The request should also be consistent with your organization's mission and identify how funding will benefit your organization and affected personnel.

Statement of Effect on Operations: Explain how this funding request will enhance the organization's overall effectiveness. Describe how the grant award will improve daily operations and reduce the organization's risk(s) including how frequently the requested item(s) will be used and in what capacity. Indicate how the requested item(s) will help the community and increase the organization's ability to save additional lives and property.

A activity must contain at least one item. You must add a item or remove this activity.

❖ You must add at least one item to an activity.



FEMA

Section 11: Grant Request Details – Add Item to Activity / Remove Activity

- ❑ Each activity requires at least one item to be added or the activity must be removed.

Add item to Equipment

Item

ALS/BLS Equipment

QUANTITY

UNIT PRICE

\$

TOTAL

Budget class

Description

[Confirm](#)

[Cancel](#)

This picture demonstrates adding an item to an Equipment activity.

Removing an activity prompts a “Remove section” confirmation screen.

Remove section

Are you sure you want to remove this Equipment section? This will also remove the items within this section. This cannot be undone.

[Delete](#)

[Cancel](#)



FEMA

Grant Request Summary



Step 12: Grant Request Summary

- ❑ The table below summarizes the number of items and total costs within each activity for which you have requested funding.

Grant request summary

The table below summarizes the number of items and total cost within each activity you have requested funding for. This table will update as you change the items within your grant request details.

Grant request summary

| Activity | Number of items | Total cost |
|-----------|-----------------|------------|
| Equipment | 0 | \$0.00 |
| Total | 0 | \$0.00 |

Is your proposed project limited to one or more of the [following activities](#) ⓘ : Planning and development of policies or processes. Management, administrative, or personnel actions. Classroom-based training. Acquisition of mobile and portable equipment (not involving installation) on or in a building.

☐ Yes

☐ No

- ❖ This table will automatically update according to any changes made to the grant request details.



FEMA

Section 12: Grant Request Summary

- ☐ Select Yes or No regarding the activities in your proposed project.
- ☐ A selection of "No" will trigger a follow-up prompt to download the EHP Screening Form.
- ☐ Lastly upload the form from your computer.

Is your proposed project limited to one or more of the [following activities](#) ⓘ : Planning and development of policies or processes. Management, administrative, or personnel actions. Classroom-based training. Acquisition of mobile and portable equipment (not involving installation) on or in a building.


☐ Yes
☒ No

Please download the EHP Screening form available at <https://www.fema.gov/media-library/assets/documents/90195>. Please complete the form and attach your completed form here.

EHP screening form Attachment

Maximum File Size:
25mb

Accepted File Types:
.pdf, .doc, .docx, .xls, .xlsx, .jpg

 Upload from your computer

| Filename | Date uploaded | Description |
|----------|---------------|-------------|
|----------|---------------|-------------|



FEMA

Budget Summary



Section 13: Budget Summary

❑ The Budget displays the financial information provided by category.

Budget summary

| Object class categories | Total |
|---|----------------|
| Personnel | \$0.00 |
| Fringe benefits | \$0.00 |
| Travel | \$0.00 |
| Equipment | \$0.00 |
| Supplies | \$0.00 |
| Contractual | \$0.00 |
| Construction | \$0.00 |
| Other | \$0.00 |
| Total direct charges | \$0.00 |
| Indirect charges | \$0.00 |
| TOTAL | \$0.00 |
| Non-federal resources | |
| Applicant | <div>\$0</div> |
| State | <div>\$0</div> |
| Other sources | <div>\$0</div> |
| Remarks | <div></div> |
| Total Federal and Non-federal resources | |
| Federal resources | - |
| Non-federal resources | - |
| TOTAL | \$0.00 |
| Program income | <div>\$0</div> |

!

Non-federal resources discrepancy

The combined Non-federal resources must equal the Non-federal resources of \$.



Contact Information




Section 14: Contact Information

- ☐ Select “Yes” to provide contact information for an additional person on the application
- ☐ Select “No” to prohibits adding a grant writer

Contact information

Did any individual or organization assist with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application?


☒ Yes
☐ No

 **Grant writer fee**
If you requested a grant writer fee, you need to list all individuals or organizations who assisted you with the application.

Application participants

Please add all individuals or organizations who assisted with the application.

Include all individuals or organizations who assisted with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application or not.


 **Add a participant.**
At least one participant is required.

Add a participant

Contact information

Did any individual or organization assist with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application?

☐ Yes
☒ No

 **Grant writer fee**
If you requested a grant writer fee, you need to list all individuals or organizations who assisted you with the application.

NOTE: if you select “No” here you will not be able to add a “Grant writer fee” in activities.



FEMA

Section 14: Contact information

- ❑ The application should have both a primary and secondary contact

Add application participant

Select an application participant from the dropdown list of grant writers associated with your organization. If any additional individuals or organizations assisted, select "Other preparer". Repeat this process to add all individuals or organizations that assisted with this application.

Add a participant

Select

First name

Last name

Primary phone

Email

Add mailing address

Address line 1

Address line 2 *Optional*

City

State/territory

Zip code

Zip extension *Optional*

[✕ Close](#)

Add application participant

Select an application participant from the dropdown list of grant writers associated with your organization. If any additional individuals or organizations assisted, select "Other preparer". Repeat this process to add all individuals or organizations that assisted with this application.

Add a participant

Select

Select

Other preparer

User1 Test (testuser1@test.com)



FEMA

Section 14: Contact Information

Add secondary point of contact

Select a secondary point of contact from the dropdown list of team members associated with your organization. If the secondary point of contact is not listed, select "New contact".

Add a point of contact

Select ▼

Title

Prefix

MR ▼

First name

Middle initial *Optional*

Last name

Primary phone

Ext *Optional*

Type

▼

Secondary phone

Ext *Optional*

Type

▼

Optional phone *Optional*

Fax number *Optional*

Email

[✕ Close](#)



FEMA

Assurances and Certifications



Section 15: Assurances and Certifications

☐ Check the box if the applicant is not currently required to submit the SF-LLL.

Assurances and certifications

SF-LLL: Disclosure of Lobbying Activities

The default for this page is set to an applicant needing to submit the SF-LLL – 10 Questions will follow (see next page)

OMB number: 4040-0013, Expiration date: 02/28/2022 [View burden statement](#)

Complete only if the applicant is required to do so by 44 C.F.R. part 18. Generally disclosure is required when applying for a grant of more than \$100,000 and if any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Further, the recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event described in 44 C.F.R. Â§ 18.110(c) that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the applicant.

☐ The applicant is not currently required to submit the SF-LLL

Assurances and certifications

SF-LLL: Disclosure of Lobbying Activities

OMB number: 4040-0013, Expiration date: 02/28/2022 [View burden statement](#)

Complete only if the applicant is required to do so by 44 C.F.R. part 18. Generally disclosure is required when applying for a grant of more than \$100,000 and if any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Further, the recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event described in 44 C.F.R. Â§ 18.110(c) that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the applicant.

☒ The applicant is not currently required to submit the SF-LLL



FEMA

Section 15: Assurances and Certifications

☐ The applicant is not currently required to submit the SF-LLL

1. Type of federal action:

Select

2. Status of federal action:

Select

3. Report Type:

Select

1. Type of federal action:

Select

Select

contract

cooperative agreement

grant

loan

loan guarantee

loan insurance

name

2. Status of federal action:

Select

Select

bid/offer/application

initial award

post-award

☐ Subawardee

3. Report Type:

Select

Select

initial filing

material change

name



FEMA

Section 15: Assurances and Certifications

4. Name and address of reporting entity:

☒ Prime
☐ SubAwardee

Name

Street 1

Street 2

City

State

Zip

Zip Ext

Congressional district, if known:

6. Federal department/agency:

4. Name and address of reporting entity:

☐ Prime
☒ SubAwardee

Tier, if known:

Name

Street 1

Street 2

City

State

Zip

Zip Ext

Congressional district, if known:

5. If reporting entity in No.4 is subawardee, enter name and address of prime:

Name

Street 1

Street 2

City

Please note:
Selecting "Sub
Awardee" adds more
questions



FEMA

Section15: Assurances and Certifications

7. Federal program name/description:

CFDA number, if applicable:

8. Federal action number, if known:

9. Award amount, if known:

10a. Name and address of lobbying registrant:

Prefix

First Name

Middle Name *Optional*

Last Name

Suffix

Street 1

Street 2 *Optional*

City

State

Zip *Optional*

Zip Ext *Optional*

7. Federal program name/description:

A response is required.

CFDA number, if applicable:

8. Federal action number, if known:

9. Award amount, if known:

A response is required.

10a. Name and address of lobbying registrant:

Prefix

First Name

A response is required.

Middle Name *Optional*

Last Name

A response is required.

Suffix

State

Zip *Optional*

Zip Ext *Optional*

❖ Many fields require a response.



Section 15: Assurances and Certifications

10b. Individual performing services: (including address if different from No. 10a)

Prefix
Select ▼

First Name
Middle Name
Last Name
Suffix
Select
Street 1
Street 2
City
State
Select ▼
Zip
Optional
Zip Ext
Optional

Select
Dr.
Miss
Mr.
Mrs.
Ms.
Rev.

First Name
A response is required.

Middle Name
Optional

Last Name
A response is required.

Suffix
Select ▼

Street 1
Street 2
Optional
City
State
Select ▼
Zip
Optional
Zip Ext
Optional



FEMA

Review Application



Section 16: Review Application

❑ Check marks indicate completed sections, while exclamation marks indicate sections that are incomplete.

Review application

Submit for signature

Please select any of the following links to view or edit a particular section of your application. You may submit your application for signature once your application is complete and without any errors.

✓

This application is ready to submit for signature
Submit this application for final signature to complete the application submission process.

| | | |
|---|-------------------------------|---------------------------|
| ✓ | SAM.gov profile | View/edit |
| ✓ | Applicant information | View/edit |
| ✓ | Applicant characteristics | View/edit |
| ✓ | Operating budget | View/edit |
| ✓ | Community description | View/edit |
| ✓ | Grant request details | View/edit |
| ✓ | Grant request summary | View/edit |
| ✓ | Budget summary | View/edit |
| ✓ | Assurances and certifications | View/edit |
| ✓ | Contact information | View/edit |



FEMA

Sign and Submit Application



Section 17: Sign and submit application


- ☐ Check marks indicates certifying contact information is correct. Password verifies that you are the AOR.

Confirm AOR contact information

Please confirm or update your contact information.

| Email | First name | Last Name |
|--------------------|------------|-----------|
| aor@microsoft.test | aor | Test |

| Area code | Phone number | Extension |
|-----------|--------------|-----------|
| 111 | 1111111 | 111 |

 **Edit your contact info**
[Edit your contact info](#)

☐ I certify that my contact information is accurate

Sign and submit

☐ By entering my password, I, aor Test, am hereby providing my signature for this application as of 02/05/2020 11:22 am.

Please enter your password

Submit

Return to edit application



FEMA

Section 17: Sign and Submit Application

- ❑ Assurance and certifications (SF-424B)
- ❑ Check marks certify contact information is correct.

Submit application

Assurance and certifications

SF-424B: Assurances - Non-Construction Programs

OMB Number: 4040-0007
Expiration Date: 02/28/2022

Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

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

- Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, 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.
- 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.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1693, and 1685-1696), which prohibits discrimination on the basis of sex; (c) Section 804 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (16 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

☐ I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Please enter your password

...a.net/application/.../view

Signature accepted
Your signature for this assurance has been accepted.

❖ Password verifies that you are the AOR



FEMA

Section17: Sign and submit application

☐ Assurance and certification (SF-425B).

☐ *Check the box then enter your FEMA GO password.*

Certifications regarding lobbying
OMB Number: 4040-0013
Expiration Date: 02/28/2022
Certification for Contracts, Grants, Loans, and Cooperative Agreements
The undersigned certifies, to the best of his or her knowledge and belief, that:


1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance
The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

☐ I, aor Test, am hereby providing my signature for this award as of 02/05/2020.
Please enter your password

Sign



Signature accepted
Your signature for this assurance has been accepted.

❖ Check marks indicates certifying contact information is correct. Password verifies that you are the AOR.



FEMA

Section 17: Sign and submit application

☐ Check marks certify contact information is correct. Password verifies that you are the AOR.

SF-LLL: Disclosure of Lobbying Activities

OMB Number: 4040-0013
Expiration Date: 02/28/2022

Complete only if the applicant is required to do so by 44 C.F.R. part 18. Generally disclosure is required when applying for a grant of more than \$100,000 and if any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement. The undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Further, the recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event described in 44 C.F.R. § 18.110(c) that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the applicant.

The applicant is not currently required to submit the SF-LLL.

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

☐ I, aor Test, am hereby providing my signature for this award as of 02/05/2020.
Please enter your password

Sign

Notice of funding opportunity

I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity.

☐ I, aor Test, am hereby providing my signature for this award as of 02/05/2020.
Please enter your password

Sign

Accuracy of application

I certify that I represent the organization applying for this grant and have reviewed and confirmed the accuracy of the information provided in the application.

☐ I, aor Test, am hereby providing my signature for this award as of 02/05/2020.
Please enter your password

Sign

Authorized Organizational Representative for the grant

By signing this application, I certify that I understand that inputting my password below signifies that the application was physically signed and filed.

☐ I, aor Test, am hereby providing my signature for this award as of 02/05/2020.
Please enter your password

Signature accepted
Your signature for this assurance has been accepted.

Notice of funding opportunity

I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity.

☒ I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Signature accepted
Your signature for this assurance has been accepted.

Accuracy of application

I certify that I represent the organization applying for this grant and have reviewed and confirmed the accuracy of the information provided in the application.

☒ I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Signature accepted
Your signature for this assurance has been accepted.

Authorized Organizational Representative for the grant

By signing this application, I certify that I understand that inputting my password below signifies that the application was physically signed and filed.

☒ I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Signature accepted
Your signature for this assurance has been accepted.

Please check the boxes then enter your FEMA GO password for each validation.

"Sign" button won't be active until both actions have been completed (checkbox and password).

A "Signature accepted" confirmation will display for each signature.



FEMA

Section 17: Sign and submit application

❑ Check marks certify contact information is correct. Password verifies that you are the AOR.

Authorization to submit application on behalf of applicant organization

By signing this application, I certify that I am either an employee or official of the applicant organization and am authorized to submit this application on behalf of my organization; or, if I am not an employee or official of the applicant organization, I certify that the applicant organization is aware I am submitting this application on its behalf, that I have written authorization from the applicant organization to submit this application on their behalf, and that I have provided contact information for an employee or official of the applicant organization in addition to my contact information.

☐ I, aor Test, am hereby providing my signature for this award as of 02/05/2020.

Please enter your password

Sign

Confirm AOR contact information

Please confirm or update your contact information.

| Email | First name |
|--------------------|------------|
| aor@microsoft.test | aor |

| Area code | Phone number |
|-----------|--------------|
| 111 | 1111111 |

Edit your contact info

[Edit your contact info](#)

☐ I certify that my contact information is accurate

Sign and submit

☐ By entering my password, I, aor Test, am hereby providing my signature for this application as of 02/05/2020

Please enter your password

Submit

Return to edit application

Authorization to submit application on behalf of applicant organization

By signing this application, I certify that I am either an employee or official of the applicant organization and am authorized to submit this application on behalf of my organization; or, if I am not an employee or official of the applicant organization, I certify that the applicant organization is aware I am submitting this application on its behalf, that I have written authorization from the applicant organization to submit this application on their behalf, and that I have provided contact information for an employee or official of the applicant organization in addition to my contact information.

☒ I, James Taylo, am hereby providing my signature for this award as of 02/05/2020.

Signature accepted

Your signature for this assurance has been accepted.

Confirm AOR contact information

Please confirm or update your contact information.

| Email | First name | Last Name |
|--------------------|------------|-----------|
| aor@microsoft.test | James | Taylo |

| Area code | Phone number | Extension |
|-----------|--------------|-----------|
| 111 | 1111111 | 111 |
| 342 | 9803333 | |
| 324 | 3674456 | |

Edit your contact info

[Edit your contact info](#)

☒ I certify that my contact information is accurate

Sign and submit

☒ By entering my password, I, James Taylo, am hereby providing my signature for this application as of 02/05/2020 12:15 pm.

Please enter your password

Submit

Return to edit application

❖ Once all fields have been entered, the Submit button will become active.



FEMA

Completed Application



Step 18: Completed – Application successfully submitted to FEMA

[Grant summary](#)
[My to do list](#)
[Application](#)
[Attachments](#)

You have successfully submitted your application.

Submitted to FEMA

EMW-2019-FG-00084: Fiscal Year (FY) 2019 Assistance to Firefighters Grants

The Good Place

Period of performance

Federal resources awarded

Required non-federal resources

Federal resources disbursed to recipient\$0

Pending disbursements to recipient\$0

Balance of federal resources available\$

My to do list

| Description | Status | Date of status | Due date | Action |
|-------------------|-------------------|----------------|------------|------------------------|
| EMW-2019-FG-00084 | Submitted to FEMA | 02/05/2020 | 01/01/2021 | Continue application ▾ |



FEMA

Step 18: Completed – Application successfully submitted to FEMA

[Grant summary](#)
[My to do list](#)
[Application](#)
[Attachments](#)

✔ You have successfully submitted your application.

Submitted to FEMA

EMW-2019-FG-00084: Fiscal Year (FY) 2019 Assistance to Firefighters Grants

The Good Place

Period of performance

Federal resources awarded

Required non-federal resources

Federal resources disbursed to recipient

Pending disbursements to recipient

Balance of federal resources available

\$0

\$0

\$

My to do list

| Description | Status | Date of status | Due date | Action |
|-------------------|-------------------|----------------|------------|------------------------|
| EMW-2019-FG-00084 | Submitted to FEMA | 02/05/2020 | 01/01/2021 | Continue application ▾ |



FEMA

Reopen Application



Section 19: Reopen Application

- ❑ Applications must be resubmitted to be considered for awards

The screenshot displays the FEMA GO Grants Outcomes system interface. At the top, the navigation bar includes the FEMA GO logo, 'Grants' and 'Organizations' dropdowns, and a 'Grant Identifier' field containing 'EMW-2019-FG-04762'. A blue arrow points to the search icon next to the identifier. Below the navigation bar, a 'Hello, FnAor!' greeting is followed by a welcome message and a search bar with the text 'Search here for an application that has already been submitted'. The main content area is divided into two columns: 'My grants' and 'Apply for a new grant'. The 'My grants' column lists two applications for 'Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S)', both with application ID EMW-2019-FP-00576 and due dates of 01/01/2021 3:00 am. The 'Apply for a new grant' column shows applications for 'Fiscal Year (FY) 2019 Assistance to Firefighters Grants' with an application period of 02/03/2020 - 01/01/2021. A green banner at the top of the main content area states 'You have successfully submitted your application.' Below this, the 'Grant summary' page is displayed for 'EMW-2019-FG-04762: Fiscal Year (FY) 2019 Assistance to Firefighters Grants'. The summary includes fields for 'Org Ser001 LN 10000', 'Period of performance', 'Federal resources awarded', 'Required non-federal resources', 'Federal resources disbursed to recipient' (\$0), 'Pending disbursements to recipient' (\$0), and 'Balance of federal resources available' (\$). A 'My to do list' table at the bottom shows the application status as 'Submitted to FEMA' with a due date of 01/01/2021 and an action to 'Reopen application'. A blue arrow points to the search bar in the top right corner. A text box on the right side of the summary page states 'Grant Summary page will be displayed'.

Search here for an application that has already been submitted

Grant Summary page will be displayed



FEMA

Section 19: Reopen Application

- ❑ On the *My to do list*, select “Reopen application” from the dropdown in the Action column.

My to do list

| Description | Status | Date of status | Due date | Action |
|-------------------|-------------------|----------------|------------|--|
| EMW-2019-FG-04762 | Submitted to FEMA | 03/02/2020 | 01/01/2021 | Reopen application ▼ Reopen application |

❖ *Notice the Status reflects that the application has been submitted to FEMA*



Section 19: Reopen An Application

- ❑ You can also access your grants by clicking the Grants tab in the upper left corner. You will be taken to your grants. Scroll the list to see which grants have been submitted to FEMA. Once you find the grant application you're looking for, click the dropdown in the Action column and select "Reopen application".

The screenshot shows the FEMA GO Grants management interface. At the top, there's a navigation bar with 'FEMA GO' and tabs for 'Grants' and 'Organizations'. A search bar on the right shows 'Grant Identifier' and 'EMW-2019-FG-04762'. The main content area has a greeting 'Hello, FnAor!' and a welcome message: 'Welcome to FEMA's new grant system! Grants Outcomes (GO) will support applying for, managing, and closing your FEMA grants. As the system is developed, more features and grant programs will be available, so check back often.'

Below the welcome message are two panels. The 'My grants' panel lists two grants for 'Fiscal Year (FY) 2019 Fire Prevention and Safety (FP&S)'. The first grant has Application ID: EMW-2019-FP-00576, Due date: 01/01/2021 3:00 am, and a 'Continue application' link. The second grant also has Application ID: EMW-2019-FP-00576, Due date: 01/01/2021 3:00 am, and a 'Continue application' link. The 'Apply for a new grant' panel shows 'Applications currently available to you' for 'Fiscal Year (FY) 2019 Assistance to Firefighters Grants application' with an application period of 02/03/2020 - 01/01/2021 and a 'Start application' link.

Below these panels is a table of grants. The table has columns: FUNDING OPPORTUNITY, 332 days remaining in the application period, STATUS, STATUS DATE, and I want to... (a dropdown menu). The first row shows 'Fiscal Year (FY) 2019 Assistance to Firefighters Grants' with a status of 'Submitted to FEMA' and a status date of '03/06/2020'. The 'I want to...' dropdown menu is open, showing options: 'Select an action', 'Reopen application' (highlighted), and 'View application'.

| FUNDING OPPORTUNITY | 332 days remaining in the application period | STATUS | STATUS DATE | I want to... |
|---|--|-------------------|-------------|---|
| Fiscal Year (FY) 2019 Assistance to Firefighters Grants GRANT ID EMW-2019-FG-04630 (manage grant) | | Submitted to FEMA | 03/06/2020 | <div>Select an action Reopen application View application</div> |



FEMA

Section 19: Reopen Application

- ❑ A warning will pop up asking if you are sure that you want to reopen the application. Click “Yes” to reopen application or “No, take me back” to cancel.

Reopen application

Assistance to Firefighters Grants

Application ID: EMW-2019-FG-04762

Application information:

If you reopen this application, it will not be considered for award. You have to resubmit the application before the submission deadline of 2021-01-01T21:00:00.000Z to be considered for an award.

Are you sure you want to reopen the application?

Yes

✕ No, take me back

Click “Yes” to reopen application “No, take me back” to return to the Grant summary page

Click “No, take me back” to return to the Grant summary page



FEMA

Section 19: Reopen Application

❑ Application has now been reopened in the editable form.

The screenshot shows the FEMA GO application interface. The top navigation bar includes the FEMA GO logo, 'Grants' and 'Organizations' dropdown menus, a 'Grant Identifier' search bar, and a user profile icon labeled 'FnAor LnAor'. The main header displays the application title 'Fiscal Year (FY) 2019 Assistance to Firefighters Grants' and the status 'Status: Pending submission'. Below the header, the application ID 'EMW-2019-FG-04762' is shown, along with OMB number 1660-0054 and an expiration date of 11/30/2022. A sidebar on the left lists various application sections: 'My application', 'SAM.gov profile', 'Applicant information', 'Applicant characteristics', 'Operating budget', 'Applicant and community trends', 'Community description', 'Call volume', 'Grant request details', 'Equipment', 'Grant request summary', 'Budget summary', 'Contact information', 'Assurances and certifications', and 'Review application'. The main content area is titled 'System for Award Management (SAM.gov) profile' and contains a table of organization information for 'Org Ser001 DN 10000'. The table lists various details such as current information from SAM.gov, DUNS number, EIN, legal name, DBA, mailing and physical addresses, federal debt status, and SAM.gov registration status. A checkbox at the bottom indicates that the user has reviewed their bank account information.

| System for Award Management (SAM.gov) profile | |
|--|--|
| All organization information in this section will come from the System for Award Management (SAM) profile for the selected organization. | |
| Org Ser001 DN 10000 | |
| Information current from SAM.gov as of: | 02/01/2020 |
| DUNS (includes DUNS+4): | 900010000null |
| Employer Identification Number (EIN): | 987654000 |
| Organization legal name: | Org Ser001 LN 10000 |
| Organization (doing business as) name: | Org Ser001 DBA 10000 |
| Mailing address: | 10000 Org Ser001 Blvd null Testington, TN 37201-null |
| Physical address: | 10000 Org Ser001 Blvd null Testington, TN 37201-null |
| Is your organization delinquent on any federal debt? | N/A |
| SAM.gov registration status: | undefined as of null |
| <input checked="" type="checkbox"/> We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date | |

❖ **IMPORTANT REMINDER:** The application needs to be resubmitted before the submission deadline to be considered for an award.



FEMA

Federal Financial Report (FFR) SF-425



Federal Financial Report (FFR) SF-425 Form

- ❑ When the Award has been accepted, you can then submit your Federal Financial Report SF-425 form.

| FUNDING OPPORTUNITY | PERIOD OF PERFORMANCE | STATUS | STATUS DATE | I want to... |
|--|-------------------------|------------------|-------------|--------------------|
| Fiscal Year (FY) 2019 Assistance to Firefighters Grants | 10/31/2020 - 10/30/2021 | Awarded accepted | 10/23/2020 | Select an action ▼ |
| GRANT ID | | | | |
| EMW-2019-FG-51247 (manage grant) | | | | |

- ❖ **IMPORTANT NOTE:** Only the AOR CAN SUBMIT THE Federal Financial Report (FFR) SF-425 FORM to FEMA



FEMA

Federal Financial Report (FFR) SF-425 Form

- ❑ Authorized users can either click on “Financial reports” on the left navigation bar to advance the screen up or simply scroll down on the right to so that the financial reports section is displayed.

The screenshot displays the FEMA GO system interface. The left navigation bar includes links for Grant summary, My to do list, Organization information, Payments, Amendments, **Financial reports** (circled in red), and Application. The main content area is titled 'Business Information' and contains fields for Doing business as name, Physical address, and Mailing address. Below this are sections for Payments, Amendments, and Financial reports. The Financial reports section shows a table with columns for Report, Due date, Status, Date of status, and Action. A vertical scroll bar is highlighted on the right side of the main content area.

| Payment number | Request date | Status | Date of status | Payment amount | Action |
|----------------|--------------|--------|----------------|----------------|--------|
|----------------|--------------|--------|----------------|----------------|--------|

| Request number | Request date | Status | Date of status | Action |
|----------------|--------------|--------|----------------|--------|
|----------------|--------------|--------|----------------|--------|

| Report | Due date | Status | Date of status | Action |
|---|------------|-------------------|----------------|-----------|
| Federal Financial Report for period ending 11/03/2020 | 11/03/2020 | Submitted to FEMA | 12/10/2020 | Actions ▾ |

Scroll Bar



FEMA

Federal Financial Report (FFR) SF-425 Form

☐ Financial reports section – will display the following information

- ❖ Report Name with period ending date
- ❖ Due Date
- ❖ Status of Report
- ❖ Date of Status
- ❖ Actions – Drop down selection

| Financial reports | | | | |
|---|------------|-------------------|----------------|--|
| Report | Due date | Status | Date of status | Action |
| Federal Financial Report for period ending 11/03/2020 | 11/03/2020 | Submitted to FEMA | 12/10/2020 | Actions ▾ View federal financial report |

Click the Action
drop down and
select View

Federal Financial Report (FFR) SF-425 Form

- ❑ After clicking the “Actions” dropdown and selecting the “Financial report” from the previous page, your organization’s information will be displayed in the following format.

«

Fiscal Year (FY) 2019 Assistance to Firefighters Grants

Status: Pending submission

My grant

Summary

Financial report

Grant ID: EMW-2019-FG-58761

Period of performance: 10/31/2020 to 10/30/2021

Federal resources awarded: \$200,038.10

Federal Financial Report (SF-425) for period ending 11/03/2020

Report status

Please note that you have until 11/03/2020 to submit your federal financial report.

OMB number: 4040-0014, Expiration date: 02/28/2022 [View burden statement](#)

Instructions

- Please use this page to submit your Federal Financial Report (SF-425) under grant EMW-2019-FG-58761.
- After completing all the sections, sign and submit the report by selecting the signature statement and entering your system password.
- Only users with the Authorized Organization Representative (AOR) or financial member roles can submit a Federal Financial Report (SF-425).

System for Award Management (SAM.gov) profile

Organization information

←

Organization information

1. Federal agency and organizational element to which report is submitted?

FEMA

2. Federal grant or other identifying number assigned by federal agency?

EMW-2019-FG-58761

4a. DUNS (includes DUNS+4):

900021041

4b. Employer Identification Number (EIN):

987654000

The FEMA logo, featuring an eagle with wings spread, perched on a shield with a star, surrounded by the text "U.S. DEPARTMENT OF HOMELAND SECURITY".

FEMA

Informational slide

Federal Emergency Management Agency

78

Federal Financial Report (FFR) SF-425 Form

❑ After clicking the “Actions” dropdown and selecting the “Financial report” from the previous page, your organization’s information will be displayed in the following format.

| | |
|---|---|
| Organization legal name: | Org Ser001 LN 21041 |
| Organization (doing business as) name: | Org Ser001 DBA 21041 |
| Mailing address: | 21041 Org Ser001 Blvd Testington, TN 37201- |
| Physical address: | 21041 Org Ser001 Blvd Testington, TN 37201- |
| Information current from SAM.gov as of: | 02/01/2020 |
| Is your organization delinquent on any federal debt? | |
| SAM.gov registration status: | Active as of 12/31/2019 |
| 5. ID Number (You may input an account number or other identification number for your records only. This number is not used by FEMA.) <i>Optional</i> | |
| <div></div> | Optional entry for your organizational use |
| 6. Report type | semi-annual |
| | Type of report will pre-populate |



FEMA

Informational slide

Federal Financial Report (FFR) SF-425 Form

- ☐ There are a few sections that must be completed to submit the Federal Financial Report (FFR) SF-425 form.

What is your organization's basis for accounting for recording transactions related to this reward?

- ☐ Accrual basis of accounting (expenses recorded when they are incurred)
- ☐ Cash basis of accounting (expenses are recorded when they are paid)



Select one

8. Project/Grant period



From

10/31/2020

To

10/30/2021

9. Reporting period end date

11/03/2020



Items are pre-populated

Red blocks are
mandatory input fields



FEMA

Federal Financial Report (FFR) SF-425 Form

- ❑ There are a few sections that must be completed to submit the Federal Financial Report (FFR) SF-425 form.

Transactions (cumulative)

Federal cash overview

| | | |
|---|------------------------|-----|
| 10a. Cash Receipts | Calculated – Read only | \$0 |
| 10b. Cash Disbursements (this is the federal share of what you spent based on the total cost of all your requests). | | \$ |
| 10c. Total cash on hand | Calculated – Read only | \$0 |

Red blocks are mandatory input fields

Federal expenditures and unobligated balance

| | | |
|--|---------------------------|--------------|
| 10d. Total federal funds authorized | Pre-populated – Read only | \$200,038.10 |
| 10e. Federal share of expenditures | Pre-populated – Read only | \$ |
| 10f. Federal share of unliquidated obligations | | \$ |
| 10g. Total federal funds | Calculated – Read only | \$0.00 |
| 10h. Unobligated balance of federal funds | Calculated – Read only | \$200,038.10 |

10e – will only appear if you have submitted a previous FFR-SF425



FEMA

Federal Financial Report (FFR) SF-425 Form

❑ Additional section that must be completed to submit the Federal Financial Report (FFR) SF-425 Form

Recipient share

| | | |
|--------------------------------------|---------------------------|-------------|
| 10i. Total recipient share required | Pre-populated – Read only | \$10,001.90 |
| 10j. Recipient share of expenditures | | \$ |
| 10k. Remaining recipient share | Calculated – Read only | \$10,001.90 |

Program income

Did your organization earn income as a result of the work performed under this grant?

☒ Yes

☐ No

10l. Enter the amount of the federal share of program income earned. (Do not report any program income here that is allocated as part of the recipient's cost sharing amount listed above)

How was your program income used?

☐ To reduce the federal share of the total project costs

☐ To add to the committed total project costs and was used for other eligible activities

10o. Unexpended program income (Auto-calculated by the program income information you provided above)

\$0

Section only appear if previous complete is yes

Red blocks are mandatory input fields



FEMA

Federal Financial Report (FFR)- SF-425 Form

- ❑ Additional sections that must be completed to submit the Federal Financial Report (FFR) SF-425 form.


Indirect expenses

Does your organization have an indirect cost rate agreement with the federal government?

☐ Yes

☒ No

Red blocks are mandatory input fields



Additional questions only appear if the answer to this question is yes



FEMA

Federal Financial Report (FFR)- SF-425 Form

❑ Additional sections that must be completed to submit the Federal Financial Report (FFR) SF-425 form.

Indirect expense 1

11a. What type of rate is this?

Select

▼

Select

Provisional

Predetermined

Final

Fixed

Click drop down to make selection

11b. What is the indirect cost rate as stated in your organization's indirect cost share agreement?

%

11c. When does this rate apply?

Start date

End date

11d. Enter the amount of the base against which the rate(s) was applied

\$

11e. Indirect cost amount charged

11f. Of the amount charged, what is the federal share?

\$

Red blocks are mandatory input fields



FEMA

Federal Financial Report (FFR) SF-425 Form

☐ Last step requires an authorized representative to sign and submit a password

Remarks

Additional comments about your SF-425 reportOptional

☒ By signing this report, I FnAor LnAor certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Please enter your password.

.....

Submit←

- ☐ Once completing your Federal Financial Report (FFR) SF-425 you will see the following screen

You have successfully submitted your federal financial report (SF-425).

Award accepted

EMW-2019-FG-54648: Fiscal Year (FY) 2019 Assistance to Firefighters Grants

Org Ser001 LN 21024

| | |
|--|-------------------------|
| Period of performance | 10/31/2020 - 10/30/2021 |
| Federal resources awarded | \$200,038.10 |
| Required non-federal resources | \$10,001.90 |
| Federal resources disbursed to recipient | \$0 |
| Pending disbursements to recipient | \$0 |
| Balance of federal resources available | \$200,038.10 |



FEMA

- ❑ If you start a SF-425 and do not click submit – it will appear on your “My to do list” with a Status of Pending submission

| My to do list | | | | |
|---|--------------------|----------------|------------|-----------|
| Description | Status | Date of status | Due date | Action |
| Federal Financial Report for period ending 11/03/2020 | Pending submission | 11/03/2020 | 11/03/2020 | Actions ▾ |

| My to do list | | | | |
|---|--------------------|----------------|------------|--|
| Description | Status | Date of status | Due date | Action |
| Federal Financial Report for period ending 11/03/2020 | Pending submission | 11/03/2020 | 11/03/2020 | Actions ▾ Continue Federal Financial Report |

- ❑ From here you can select “Continue Federal Financial Report”



FEMA

Printing



Section 21: Printing

❑ Select the application you desire to print. Below is a read only version of the application.

«

Grant summary

Application

SAM.gov profile

Applicant information

Applicant characteristics

Operating budget

Community description

Grant request details

Fire & Arson Investigation

Arson Investigation Trailer Test Case Scenario ...

Grant request summary

Budget summary

Contact information

Assurance and certifications

System for Award Management (SAM.gov) profile

Please identify your organization to be associated with this application.
All organization information in this section will come from the System for Award Management (SAM) profile for that organization.

Org Ser001 DN 20111

Information current from SAM.gov as of: 02/03/2020

DUNS (includes DUNS+4): 900020111

Employer Identification Number (EIN): 987654000

Organization legal name: Org Ser001 LN 20111

Organization (doing business as) name: Org Ser001 DBA 20111

Mailing address: 20111 Org Ser001 Blvd Testington, TN 37201-

Physical address: 20111 Org Ser001 Blvd Testington, TN 37201-

Is your organization delinquent on any federal debt?

SAM.gov registration status: Active as of 12/31/2019

☒ We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date



FEMA

Section 21: Printing

❑ After selecting the Application link from the left navigation bar below is the image you will see

The screenshot shows the FEMA GO interface with the 'Application' link selected in the left navigation bar. The main content area displays the 'System for Award Management (SAM.gov) profile' for 'Org Ser001 DN 21000'. The page includes a header with 'FEMA GO' and navigation tabs for 'Grants' and 'Organizations'. The left sidebar lists various application sections, with 'Application' highlighted. The main content area contains instructions to identify the organization and lists current information from SAM.gov, including dates, DUNS numbers, EIN, legal name, and addresses. A checkbox at the bottom indicates that the user has reviewed their bank account information.

| Information current from SAM.gov as of: | 02/03/2020 |
|--|---|
| DUNS (includes DUNS+4): | 900021000 |
| Employer Identification Number (EIN): | 987654000 |
| Organization legal name: | Org Ser001 LN 21000 |
| Organization (doing business as) name: | Org Ser001 DBA 21000 |
| Mailing address: | 21000 Org Ser001 Blvd Testington, TN 37201- |
| Physical address: | 21000 Org Ser001 Blvd Testington, TN 37201- |
| Is your organization delinquent on any federal debt? | |
| SAM.gov registration status: | Active as of 12/31/2019 |

☒ We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date



FEMA

Section 21: Printing

FEMA Grants Outcome (FEMA GO): Print Functionality Instructions

- ❑ Following the successful submission of your application, authorized users can now print.

As an AOR, Organization Member, Financial Member, Programmatic Member, or Grant Writer you can print applications that have been “Submitted to FEMA” to review it offline and/or keep it as a record.

Please follow the following STEPS

- Complete the grant application (after successful completion) you will be directed to the Grants Landing Page (GLP)
- Select the “Application” Link from the left navigation panel
- Browser brings you to a “Read-Only” Version of submitted application
- Use keys ‘ctrl+p’ method to print application



FEMA

Please send any questions to:
FEMAGO@fema.dhs.gov
1-877-585-3242

