

Mississippi Forestry Commission

VFA-National Fire Plan Grant (VFA-NFP)

Wildland Firefighter Ready Kits - 2013



VOLUNTEER FIRE ASSISTANCE NATIONAL FIRE PLAN (VFA-NFP) GRANT ANNOUNCEMENT

The Mississippi Forestry Commission (MFC) expects to receive federal grant funds for sub-grants to rural communities under the VFA-NFP Grant Program. This program provides grants to eligible fire departments for the purchase of Wildland Firefighter Ready Kits. These ready kits may contain any or all of the following items: Nomex coveralls, helmet, goggles, headlamp, neckshroud, gloves, fire shelter, council rake, fire flap and a container for storage for up to a maximum of ten firefighters per approved applicant. All items will be purchased and kits assembled by the Mississippi Forestry Commission. This grant is a 50/50 matching grant; however, the match portion will be covered by the Mississippi Forestry Commission.

To be eligible for this grant, the fire department must provide the latitude and longitude of your primary station's location.

Note: Communities imposing strict boundary limits which exclude residences that are logically a part of the community, charge a fee for responses, or respond only to those who are paying members of the fire protection district are ineligible to participate in this program.

This grant package contains the application and other information needed for applying for a grant under the VFA-NFP Grant. There are five parts of the grant application, all of which must be correctly completed and signed where indicated by the Chief Executive Officer (mayor of city or town, president of chartered rural fire departments, fire chiefs, etc.) of the entity making application. **Incomplete applications, including applications not signed by the Chief Executive Officer, will be returned without action.**

The five parts of the grant application are:

- Part I: Application for VFA-NFP Program (signature required on Form 490.1)
- Part II: Program Narrative
- Part III: Firefighting Equipment List
- Part IV: Applicant Survey
- Part V: Assurances and Certifications (signature required on three forms)

To be considered for participation in this program, a completed and signed application must be postmarked by **Wednesday, August 28, 2013**. Mail to:

Mississippi Forestry Commission
VFA-NFP Grant Program
Attn: Sandra Snell
3139 Highway 468 West
Pearl, Mississippi 39208

Each applicant will be notified by letter if their application is approved or not approved.

For questions regarding the grant, please contact Sandra Snell at (601) 668-8499. To obtain an application, please contact Martha Moore at (601) 420-6017 or visit our website at www.mfc.ms.gov.

GENERAL INFORMATION

How Grant Funds Will Be Used?

Only Personal Protective Equipment (PPE) will be allowed for this grant. The Mississippi Forestry Commission will be putting together a Wildland Firefighter Ready Kit, which may include any or all of the following: Nomex coveralls, helmet, goggles, headlamp, neckshroud, gloves, council rake, fire flap and a container for storage.

Due to the access to State Contracts and the potential cost savings in buying in large quantities, the Mississippi Forestry Commission will purchase the Wildland Firefighter Ready Kits and distribute them to the successful grant applicants rather than each department buying items independently.

What Records Must Be Kept?

As in most federal grant programs, certain records and documents must be maintained by approved applicants. These records are subject to state and federal audits. The following records must be kept by the applicant:

1. Copy of Application (including all signed certifications)
2. Copy of Approval letter

INSTRUCTIONS FOR COMPLETING APPLICATION (FORM 490.1)

1. Enter the name and complete mailing address of the organization which will undertake the grant project.
2. Enter the GPS coordinates of Volunteer Fire Department location.
3. Enter the Federal ID Tax # and name of Organization that number is registered.
4. Check the type of fire department.
5. Check the U. S. Congressional District in which the fire department is located.
6. Enter the number of residents who will directly benefit from this project. This will be all persons residing in the project area.
7. Check the legal basis for you fire department's existence. If other, explain.
8. Complete the certification before submitting the application. Signature indicates applicant has authority to enter into this agreement with the Mississippi Forestry Commission. (Make sure that all phone numbers, etc. are entered to ensure contact if needed.)

There are **five parts** of the grant application packet. Form 490.1 is Part I. All five parts must be correctly completed and signed where indicated by the Chief Executive Officer (mayor of city or town, president of chartered rural fire departments, etc.) of the entity making application. **Incomplete applications, including applications not signed by the Chief Executive Officer, will be returned without action.**

Mail application packet to:

**Mississippi Forestry Commission
VFA-NFP Grant Program
Attn: Sandra Snell
3139 Hwy 468 West
Pearl, MS 39208**

Program Narratives

(Use additional sheet as necessary to completely describe your program)

INSTRUCTIONS FOR COMPLETING PROGRAM NARRATIVE

The Program Narrative is an **important part** of your application and **must** be included therein. Discuss the following points and any other points you think will describe your fire protection project.

GENERAL DESCRIPTION OF PROJECT AREA

Provide geographic description, indicate number of Wildland Urban Interface Communities in your area of responsibility, specific fire hazards if any, general fire problems, etc.

OBJECTIVES AND NEED FOR FINANCIAL ASSISTANCE

- Discuss the absence of PPE wildland fire clothing, etc.
- Discuss how the PPE wildland fire clothing, etc. will increase your fire protection capability.

RESULTS OR BENEFITS EXPECTED

- Discuss the continuing nature of your fire protection program. Describe source(s) of local funds. Is your funding source(s) adequate to maintain the program after the federal funds are depleted?
- State the number of square miles of area to benefit from this protection.

APPROACH

- Develop an Action Plan that includes what you plan to do with the PPE.
- List cooperators (other fire departments, etc.), if any, and give a description of your working relationship with them. If you are a part of a formally organized countywide fire protection organization, so state and name the other fire departments involved.

Instructions for Completing Firefighters Equipment List

(This list is to be used by the Mississippi Forestry Commission **PENDING GRANT APPROVAL**)

1. Enter sizes for Nomex coveralls for up to ten (10) firefighters. Make sure that you indicate correct sizes.
2. Enter sizes for Wildland Firefighter Gloves for up to ten (10) firefighters.

(Other items in the Wildland Firefighter Ready Kit do not require sizes)

Wildland Firefighter Ready Kits

| PPE – Nomex Coveralls | | | | | | |
|--|----------------|----------------|----------------|----------------|-----------------|-----------------|
| | Small | Medium | Large | X-Large | 2X-Large | 3X-Large |
| Chest Size | 34 – 38 | 38 – 40 | 42 – 44 | 46 – 48 | 50 – 52 | 54 - 56 |
| Waist | 28 – 30 | 32 – 34 | 36 – 38 | 40 – 42 | 44 – 46 | 48 – 50 |
| Sleeve Length | 32 | 33 | 34 | 35 | 36 | 37 |
| Inseam (Height Categories) | | | | | | |
| 28Short (Height 5’5” – 5’7”) | | | | | | |
| 30–32 Regular (Height 5’8” – 6’0”) | | | | | | |
| 34 Tall/Long (Height 6’1” – 6’4”) | | | | | | |
| 36X-Tall (Height 6’5” & Taller) | | | | | | |
| PPE - Gloves | | | | | | |
| Small | Medium | | Large | | X-Large | |
| | | | | | | |
| | | | | | | |

APPLICANT NAME _____

APPLICANT COUNTY _____

APPLICANT SURVEY

(It is important that all the following questions be answered. Provide appropriate answer where indicated.)

1. Is applicant current with the state reporting system?
APPLICANT MUST BE CURRENT IN THE NFIRS REPORTING SYSTEM THROUGH THE STATE FIRE MARSHAL'S OFFICE TO BE ELIGIBLE FOR THIS GRANT. Yes No

2. What is the total population department's primary responding area? _____

3. What is the average number of grass/woods fires per year in Applicant's protection area? (Do not include fires suppressed by the Mississippi Forestry Commission) _____

4. Does the Fire Department currently have a Wildland Training Program? If yes please describe: Yes No

5. Does your fire department have a plan of action or standard operating procedures for wildfire incidents? If yes, attach a copy of the wildfire standard operating procedures. Yes No

6. Is your department NIMS (National Incident Management System) compliant? Yes No

ASSURANCES

The Applicant hereby assures and certifies that he will comply with the regulations, policies, guidelines, and requirements, including OMB Circulars Nos. A--87, A--95, and A--102, as they relate to the application, acceptance and use of federal funds for this federally assisted project. Also, the Applicant assures and certifies with respect to the grant that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant’s governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with Title VI of that Act, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives federal financial assistance, and will immediately take any measures necessary to effectuate this agreement.
3. It will comply with Title VI of the Civil Rights Act of 1964 (43 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity.
4. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of federal and federally assisted programs.
5. It will comply with the provisions of the Hatch Act which limit the political activity of employees.
6. It will comply with the minimum wage and maximum hours provisions of the federal Fair Labor Standards Act, as they apply to hospital and educational institution employees of state and local governments.
7. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
8. It will give the grantor agency or the Comptroller General through any authorized representative the access to and the right to examine all records, books, papers, or documents related to the grant.
9. It will comply with all requirements imposed by the federal grantor agency concerning special requirements of law, program requirements, and other administrative requirements approved in accordance with Office of Management and Budget Circular No. A-102

| | | |
|-----------------------------|--------------|-------------|
| Authorized Signature | Title | Date |
|-----------------------------|--------------|-------------|

**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 any 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 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 Form to Report Lobbying", in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants and contracts under grants, loans and cooperative agreements) and that all sub-recipients 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.

Signature

Date

Name and Title

U. S. DEPARTMENT OF AGRICULTURE

**Certification Regarding Debarment, Suspension, and Other
Responsibility Matters - Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON NEXT PAGE)

- 1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
 - d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or Local) terminated for cause or default.

- 2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name

Name and Title of Authorized Representative

Signature

Date

Form AD-1047 (2/89)

Instructions for Certification

1. By signing and submitting this form, the prospective primary participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out on this form. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in the transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to the other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this form that it will include the clause title "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

VFA-NFP Grant Program

Funding for this program is provided through the USDA Forest Service. It is administered in Mississippi by the Mississippi Forestry Commission.



The Mississippi Forestry Commission provides equal employment opportunity and services to all individuals regardless of disability, race, age, religion, color, gender, creed, national origin, or political affiliation.

In accordance with Federal law and U. S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (in education and training programs and activities), ages, disability, or retaliation. (Not all prohibited bases apply to all programs.)

If you require the information in alternative format (Braille, large print, audiotape, etc.), contact USDA's agency responsible for the program or activity, or any USDA office.

If you require information about this program, activity, or facility in a language other than English, contact USDA agency responsible for the program or activity, or any USDA Office.

To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S. W., Washington, D. C. 20250-9410, or call, toll free, (866) 632-9992 (voice), TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.