

# Fiscal Year (FY) 2020 Assistance to Firefighters Grants

Status: Pending submission

Application ID: EMW-2020-FG-15048

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

## 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.

### RAPID CITY, CITY OF

Information current from SAM.gov as of:	02/07/2021
DUNS (includes DUNS+4):	057222119
Employer Identification Number (EIN):	466000380
Organization legal name:	RAPID CITY, CITY OF
Organization (doing business as) name:	
Mailing address:	300 6TH STREET RAPID CITY, SD 57701-2724
Physical address:	300 6TH ST RAPID CITY, SD 57701-5034
Is your organization delinquent on any federal debt?	N
SAM.gov registration status:	Active as of 02/03/2021

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

## Applicant information

Please provide the following additional information about the department or organization applying for this grant.

### Applicant name (i.e., fire department name)

Rapid City Fire Department

## 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?

## 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



**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?



### Please explain how this request benefits other organizations.


This request will allow the Rapid City Fire Department to provide and facilitate training throughout the region. The use of this tow vehicle will allow the movement of training props throughout the region bringing additional training opportunities to rural volunteer fire departments. All departments in the area would benefit from the use of this vehicle delivering training props they may not have access to otherwise

**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**

 **Attach a document**

Filename	Date uploaded	Uploaded by	File size	Description	Action

**How many regional partners will directly participate in this project?**

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
Rapid City I	Nick	Carlson	605394418		466000380
Pennington	Jerome	Harvey	605394536		466000381

**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.**

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

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

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

- Yes  
 No

**Which of the following standards does your organization meet regarding physicals? If physicals are not required then do not select any option. (optional)**

- Meets NFPA or 1582 standard  
 Meets NTSB or DOT standard  
 Meets State/Local standard

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

The acquisition of this tow vehicle will allow the Rapid City Fire Department to move training props throughout the region allowing additional training opportunities that are not currently present to some of the rural departments. The ability to bring the training to the more rural volunteer fire departments in the region will greatly enhance the ability to bring the membership up to Firefighter II in the region.

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

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

- Yes  
 No

**How many personnel are trained to the Community Paramedic level?**

**How many stations are in your region?**

**Does your region protect critical infrastructure of the state?**

- Yes

No

**Please describe the critical infrastructure protected below.**

Rapid City is the largest municipality in the western half of South Dakota. The Rapid City Metropolitan Area has an estimated population of approximately 150,000 persons. The list of critical infrastructure is extensive with the more noteworthy identified in this selection. Rapid City is home to Monument Health, the only Level II trauma center in a 300 mile radius and which takes patients from all of western South

**Do all departments in this request report to NFIRS?**

Yes

No

**Please enter the FDIN/FDID of the host department.**

02101

## 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**

2021

Fiscal Year	Operating budget
2021	\$12,193,314
2020	\$11,766,763
2019	\$11,484,322

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

88 %

<b>What percentage of the declared operating budget is derived from the following</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>
Taxes	75 %	75 %	75 %
Bond issues	0 %	0 %	0 %
EMS billing	19 %	19 %	19 %
Grants	5 %	5 %	5 %
Donations	0 %	0 %	0 %
Fund drives	0 %	0 %	0 %
Fee for service	1 %	1 %	1 %
Other	0 %	0 %	0 %
<b>Totals</b>	<b>100 %</b>	<b>100 %</b>	<b>100 %</b>

**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.**

A combination of some unique budgetary challenges has necessitated that the department request this AFG grant funding. In 2006 the Rapid City Fire Department entered into an agreement with the Western Dakota Tech School to build a training facility. In this agreement, Western Dakota Tech would provide the land and Rapid City Fire Department would provide the training tower and other training props on site.

**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

## **Applicant and community trends**

**Please provide the following additional information about the applicant.**

<b>Injuries and fatalities</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>

Injuries and fatalities	2020	2019	2018
What is the total number of line of duty member fatalities in your region over the last three calendar years?	0	0	0
What is the total number of line of duty member injuries in your region over the last three calendar years?	75	21	53

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.



### 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	6	3	28
Ambulances for transport and/or emergency response	6	7	26
Tankers or tenders (water capacity of 1,000 gallons or more)	0	0	0
Aerial apparatus: aerial ladder truck, telescoping, articulating, ladder towers, platform, tiller ladder truck, quint	3	0	18
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	6	3	36

Type or class of vehicles	Number of frontline apparatus	Number of reserve apparatus	Number of seated riding positions
Rescue vehicles: rescue squad, rescue (light, medium, heavy), technical rescue vehicle, hazardous materials unit	8	0	32
Additional vehicles: EMS chase vehicle, air/light unit, rehab units, bomb unit, technical support (command, operational support/supply), hose tender, salvage truck, ARFF (aircraft rescue firefighting), command/mobile communications vehicle	9	6	30

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

ormal training facility. The department recruit classes have been forced to utilize other structures and training props to complete the needed training. The department has seen a continuous four percent increase in call volume over the last couple of years. The department strives to provide the best and latest training possible for its 148 personnel in operations. The loss of a formal training facility has greatly impacted the department's training by forcing the training section to find other avenues to provide these

## Community description

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

**Type of jurisdiction served**

City ▼

**What type of community does your organization serve?**

Urban ▼

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

56

What percentage of your primary response area is for the following:	Percentage (must sum to 100%)



<b>What percentage of your primary response area is for the following:</b>	<b>Percentage (must sum to 100%)</b>
Agriculture, wildland, open space, or undeveloped properties	10
Commercial and industrial purposes	25
Residential purposes	65
<b>Total</b>	100

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

75000

**Do you have a seasonal increase in population?**

- Yes  
 No

**What is your seasonal increase in population (number of people)?**

200000

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

The Rapid City Fire Department is a career-based organization which operates as the primary fire suppression and EMS provider for the 75,000 people of Rapid City and offers automatic and mutual aid to another 75,000 people in adjacent communities. In 2020, the department responded to over 19,500 calls for service. The number of calls has risen at a steady rate of about four percent each year. The

## Call volume

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	2020	2019	2018
NFIRS Series 100: Fire	402	388	388
NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)	30	19	16
NFIRS Series 300: Rescue & Emergency Medical Service Incident	1257	1331	1346
NFIRS Series 400: Hazardous Condition (No Fire)	163	201	213
NFIRS Series 500: Service Call	4063	2404	1866
NFIRS Series 600: Good Intent Call	1270	1046	987
NFIRS Series 700: False Alarm & False Call	907	924	903
NFIRS Series 800: Severe Weather & Natural Disaster	6	3	4
NFIRS Series 900: Special Incident Type	13	20	25
<b>Total</b>	<b>19425</b>	<b>18318</b>	<b>17888</b>

## 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?	2020	2019	2018
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)?	204	259	218
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?	40	39	39
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)?	67	24	37
<b>Total</b>	311	322	294

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	2020	2019	2018
What is the total acreage of all vegetation fires?	38	8	6

## 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?	2020	2019	2018
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?	345	667	663
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?	1	4	2
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?	271	260	367
How many EMS-BLS Response Calls?	5507	5251	5322

How many responses per year per category?	2020	2019	2018
How many EMS-ALS Response Calls?	3814	4446	4880
How many EMS-ALS Scheduled Transports?	198	171	175
How many EMS-BLS Scheduled Transports?	17	27	23
How many Community Paramedic Response Calls?	4162	1647	469
<b>Total</b>	<b>14315</b>	<b>12473</b>	<b>11901</b>

## 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?	2020	2019	2018
How many times did organizations in your region receive Mutual Aid?	1	0	16
How many times did organizations in your region receive Automatic Aid?	1	6	20
How many times did organizations in your region provide Mutual Aid?	15	28	45
How many times did organizations in your region provide Automatic Aid?	23	26	32
Of the Mutual and Automatic Aid responses, how many were structure fires?	18	4	13
<b>Total</b>	<b>58</b>	<b>64</b>	<b>126</b>

## Grant request details



### Instructions

If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item [budget object class information](#). The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction. Select grant writer fee when adding an activity if there is a grant-writing fee associated with the preparation of the request

**Grand total: \$70,000.00**

[Add activity](#)

## Program area: Operations and safety

**Total requested for Equipment activity:  
\$70,000.00**

[Remove activity](#)

[Add item to Equipment](#)

Please add the projects and items in your application for equipment. For each item you want funded, provide the requested information. Note: the unit price amount should reflect any volume discounts, rebates, etc. The option to select additional funding is available when adding items to support your request.

### 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 but you can expand the size of the narrative block. 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.

The requested AFG project is to fund at least a 1 ton tow vehicle to assist with towing training props/simulators throughout the region to facilitate training. The Rapid City Fire Department requires training for its new firefighter and new paramedic programs along with continued education for existing firefighters. The primary objective to be met through the purchase of this vehicle is to assist the training section in developing and implementing modular training props that can be moved around to multiple sites to facilitate training of firefighters.

The Rapid City Fire Department serves as the West River Regional Training Facility. With the loss of our

**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.

Every year in South Dakota, approximately ten percent - or about 600 firefighters - of the total firefighter labor force is lost through attrition with a comparable number of new replacement hires therefore being necessary. There are no firm figures for what the costs are for training new firefighters in South Dakota but, needless to say, it is substantial. And there is little in the way of financial assistance for fire departments that host basic firefighter certification programs (FF I and FF II). Departments can request only up to \$600 from the State Fire Marshall's Office for such training's with no other State funding sources or programs available. Therefore, the bulk of the costs for training – including props and materials – rests with the host department

**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. Jurisdictions that demonstrate their commitment and proactive posture to reducing fire risk, by explaining their code enforcement (to include Wildland Urban Interface code enforcement) and mitigation strategies (including whether or not the jurisdiction has a FEMA-approved mitigation strategy) may receive stronger consideration under this criterion.

The overall operational effectiveness of the Rapid City Fire Department, as well as other departments in the region, will be greatly increased with the addition of this vehicle. The current opportunities for hands-on type of training in the region are limited and utilizing this training delivery model would greatly increase the availability of training to the Rapid City Fire Department and other regional departments. Generally-speaking, being able to deliver training props or simulators would enhance these department's ability to respond in emergency situations because firefighters will have been able to properly prepare. Knowing one's own strengths and weaknesses prior to having to use them on an actual incident, is critical to the success of any firefighter. All of this is particularly important assurance for new firefighters who have not



[Close](#)

Item

Tow Vehicles

[Remove item](#)

QUANTITY

UNIT PRICE

TOTAL

Budget class

\$70,000.00

Equipment

\$70,000.00

Equipment ▼

1

\$70,000.00

**Description**

This project will fund at least a 1 ton crew cab 4x4 truck. The truck will have a gross vehicle weight between 14,000 and 21,000 pounds. It will be equipped with an automatic transmission and diesel V8 engine. A flat deck body with storage boxes will be placed on the rear portion of the chassis.

**Generally the equipment purchased under this grant program will:**

Obtain equipment for new missions ▼

**Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? In your narrative statement, please explain how this equipment will bring the organization into voluntary compliance.**

- Yes  
 No

**Is your department trained in the proper use of the equipment being requested?**

- Yes  
 No

**Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested as additional funding).**

- Yes  
 No

**If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?**


- Yes  
 No

## 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	1	\$70,000.00
<b>Total</b>	1	\$70,000.00

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

## Budget summary

### Budget summary

Object class categories	Total
Personnel	\$0.00
Fringe benefits	\$0.00
Travel	\$0.00
Equipment	\$70,000.00
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00
<b>Total direct charges</b>	\$70,000.00
Indirect charges	\$0.00
<b>TOTAL</b>	\$70,000.00
<b>Non-federal resources</b>	



Object class categories	Total
Applicant	\$6,363.64
State	\$0
Other sources	\$0
Remarks	
<b>Total Federal and Non-federal resources</b>	
Federal resources	\$63,636.36
Non-federal resources	\$6,363.64
<b>TOTAL</b>	\$70,000.00
Program income	\$0

## 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

## Secondary point of contact

Please provide a secondary point of contact for this grant.

The Authorized Organization Representative (AOR) who submits the application will be identified as the primary point of contact for the grant. Please provide one secondary point of contact for this grant below. The secondary contact can be members of the fire department or organizations applying for the grant that will see the grant through completion, are familiar with the grant application, and have the authority to make decisions on and to act upon this grant application. The secondary point of contact can also be an individual who assisted with the development, preparation, or review of the application.

<p><b>Brian Povandra</b> Division Chief Fire Operations</p> <p><a href="mailto:brian.povandra@rcgov.org">brian.povandra@rcgov.org</a></p>	<p><b>Primary phone</b> 6053944180 Work</p> <p><b>Fax</b></p>	<p><b>Additional phones</b> 6056451417 Mobile</p>	<p> <b>Edit</b></p>
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## 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

## 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	<a href="#">View/edit</a>
✓	Applicant and community trends	<a href="#">View/edit</a>
✓	Call volume	<a href="#">View/edit</a>
✓	Grant request details	<a href="#">View/edit</a>
✓	Grant request summary	<a href="#">View/edit</a>
✓	Budget summary	<a href="#">View/edit</a>
✓	Contact information	<a href="#">View/edit</a>
✓	Assurances and certifications	<a href="#">View/edit</a>