

Fiscal Year (FY) 2021 Assistance to Firefighters Grants

Status: Pending submission

Application ID: EMW-2021-FG-07799

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:	01/02/2022
UEI-EFT:	KN7AL7HF44B3
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 11/29/2021

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, City of Rapid City

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?



How many active firefighters does your department have who

perform firefighting duties?

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

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

Are you requesting training funds in this application to bring 100% of your firefighters 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

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

Does your department have a Community Paramedic program?

- Yes
 No

How many personnel are trained to the Community Paramedic level?

How many stations are operated by your department?

8

Does your organization 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 you currently report to the National Fire Incident Reporting System (NFIRS)? You will be required to report to NFIRS for the entire period of the grant.

- Yes
- No

Please enter your FDIN/FDID.

02101

Do you offer live fire training?

- Yes
- No

What is the total number of live fire training exercises conducted per year on average?

4

Operating budget

What is your organization's operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) 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

Fiscal Year	Operating budget
2021	\$12,193,314.00
2020	\$11,766,763.00
2019	\$11,484,322.00

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

88 %

Does your department have any rainy day reserves, emergency funds, or capital outlay?

- Yes
- No

What percentage of the declared operating budget is derived from the following	2021	2020	2019
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 %

What percentage of the declared operating budget is derived from the following	2021	2020	2019
Totals	100 %	100 %	100 %

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.

The budget for the Rapid City Fire Department uses eighty-eight percent for personnel costs, ten percent for station and apparatus maintenance, one percent for PPE, which leaves just one percent of the budget to cover all other costs for the year including training, furnishings, uniforms, price fluctuations for operating costs and any other unforeseen increases. The Rapid City Fire Department is no different than other

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

Other funding sources

This fiscal year, are you receiving Federal funding from any other grant program for the same purpose for which you are applying for this grant?

- Yes
- No

This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?

- Yes
- No

Please provide an explanation for other funding sources in the space provided below.

The Rapid City Fire Department was awarded a SAFER Grant, for six additional personnel, in 2020. These additional personnel have allowed the department to comply with NFPA 1710 and staff all engine/truck companies with four firefighters

Applicant and community trends

Please provide the following additional information about the applicant.

Injuries and fatalities	2021	2020	2019

Injuries and fatalities	2021	2020	2019
What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	1	2	0
What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	1	3	9
What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	0	0	0
What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	22	75	21
What is the total number of members with self-inflicted fatalities over the last three years?	0	0	0

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	7	8	26
Tankers or tenders (water capacity of 1,000 gallons or more)	0	0	0

Type or class of vehicles	Number of frontline apparatus	Number of reserve apparatus	Number of seated riding positions
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
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

How many ALS Response vehicles are in your fleet?

Is your department 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.

The Rapid City Fire Department is currently experiencing an increase in call volume that includes transporting of patients. The COVID pandemic has increased the call volume of transporting positive and potentially positive patients. Call volume is up 17% over last year. The Rapid City Fire Department typically sees an increase of calls over the previous years as growth within our response area continues.

Community description

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

Type of jurisdiction served

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 protected by hydrants?

95

What percentage of your primary response area is for the following:	Percentage (must sum to 100%)
Agriculture, wildland, open space, or undeveloped properties	10
Commercial and industrial purposes	25
Residential purposes	65
Total	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 your organization responded to for each year of the previous three year period (Jan - Dec). Include only those alarms which your organization was a primary responder and not second due or giving Mutual Aid.

Note: Each incident must be counted only once regardless of the number of units or agencies that responded to that incident (e.g. 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	2021	2020	2019
NFIRS Series 100: Fire	328	402	388
NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)	13	30	19
NFIRS Series 300: Rescue & Emergency Medical Service Incident	1698	1257	1331
NFIRS Series 400: Hazardous Condition (No Fire)	252	163	201
NFIRS Series 500: Service Call	1281	4063	2404
NFIRS Series 600: Good Intent Call	1415	1270	1046
NFIRS Series 700: False Alarm & False Call	1145	907	924

Summary of responses per year per category	2021	2020	2019
NFIRS Series 800: Severe Weather & Natural Disaster	<input type="text" value="3"/>	<input type="text" value="6"/>	<input type="text" value="3"/>
NFIRS Series 900: Special Incident Type	<input type="text" value="3"/>	<input type="text" value="13"/>	<input type="text" value="20"/>
Total	21425	19425	18318

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?	2021	2020	2019
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)?	<input type="text" value="143"/>	<input type="text" value="204"/>	<input type="text" value="259"/>
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?	<input type="text" value="35"/>	<input type="text" value="40"/>	<input type="text" value="39"/>
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)?	<input type="text" value="98"/>	<input type="text" value="311"/>	<input type="text" value="322"/>
Total	276	555	620

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	2021	2020	2019
What is the total acreage of all vegetation fires?	<input type="text" value="64"/>	<input type="text" value="38"/>	<input type="text" value="8"/>

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?	2021	2020	2019
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?	725	659	667
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?	1	1	4
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?	278	271	260
How many EMS-BLS Response Calls?	5620	5507	5251
How many EMS-ALS Response Calls?	4182	3814	4446
How many EMS-BLS Scheduled Transports?	1300	198	171
How many EMS-ALS Scheduled Transports?	64	17	27
How many Community Paramedic Response Calls?	3228	4162	1647
Total	15398	14629	12473

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?	2021	2020	2019
How many times did your organization receive Mutual Aid?	1	1	0
How many times did your organization receive Automatic Aid?	1	1	6

How many responses per year per category?	2021	2020	2019
How many times did your organization provide Mutual Aid?	22	15	28
How many times did your organization provide Automatic Aid?	36	23	26
Of the Mutual and Automatic Aid responses, how many were structure fires?	20	18	4
Total	80	58	64

Grant request details

Are you requesting a Micro Grant? A Micro Grant is limited to \$50,000 in federal resources.

- Yes
- No



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: \$368,111.12

Add activity

Program area: Operations and safety

**Total requested for Equipment activity:
\$368,111.12**

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.

Our request is based on a department wide risk analysis and is considered a high priority project as outlined in the AFG NOFO. The Rapid City Fire Department is seeking funding to purchase 8 power cots and power load systems. Currently we have 14 ambulances, 6 are fully staffed front line ambulances, 1 peak load 40 hour a week ambulance, 4 are over load ambulances, and 3 are back up reserve for special incidents and standbys. 12 of the ambulances are using power cots while 2 have manual cots. 11 of our cots were manufactured before 2009. This purchase will ensure standardization across the fleet and significantly reduce the provider injury in comparison to continuing to use manual lift stretchers; a significant portion of which have reached the end of their service life. Healthcare workers often experience

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.

Our department needs the requested power lift units to reduce risks of injury to our staff from overexertion or repetitive lifting back injuries. The long-term benefits of this program will be reduction of injuries to our staff. This will reduce long term medical claims, insurance costs, disability claims and lead to longer careers. All of these will ultimately lead to lower long-term operating costs.

The equipment requested here will be used to allow us to continue our current mission and addresses one of our most common risk of injury. This project will benefit our organization by allowing us to purchase the tools needed to enable safe patient moving while eliminating the greatest cause of back injuries due to lifting patients

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 upgrade from outdated ambulance cots to power assist stretchers will impact the everyday service that our organization provides to its customers while creating a safer working environment for our employees and volunteers. The Rapid City Fire Department performed 11,164 ambulance transports in 2021. Divide out over a year, that averages to 30.5 transports a day averaging 2 lifts per transport resulting in 61 lifts per day in our community and outlying areas. Each one of these uses represents the possibility for multiple lifts per transport and, more importantly, represents a potential employee or volunteer injury.

The power lift stretchers will impact the patient experience in many positive ways. The stretchers have a



Power Lift System

Total: \$192,054.88

[Edit](#) ▶



[Close](#)

Item

Power Lift Cot

✖ [Remove item](#)

QUANTITY

UNIT PRICE

TOTAL

Budget class

8

\$22,007.03

\$176,056.24

Equipmer ▼

Description

Power Pro XT cot for use with Power Lift System.

What is the purpose of this request?

Replace non-compliant equipment to current : ▼

Specify the age of equipment in years:

12

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	2	\$368,111.12
Total	2	\$368,111.12

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>. Once you have been awarded the grant and have accepted the award, please complete and send your screening form and attachments to GPDEHPinfo@fema.dhs.gov.

EHP screening form attachment (optional)

Maximum File Size:
25MB

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

 Upload from your computer

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

Budget summary

Budget summary

Object class categories	Total
Personnel	\$0.00
Fringe benefits	\$0.00
Travel	\$0.00
Equipment	\$368,111.12
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00
Total direct charges	\$368,111.12
Indirect charges	\$0.00
TOTAL	\$368,111.12
Non-federal resources	
Applicant	\$33,464.65

Object class categories	Total
State	\$0
Other sources	\$0
Remarks	
Total Federal and Non-federal resources	
Federal resources	\$334,646.47
Non-federal resources	\$33,464.65
TOTAL	\$368,111.12
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>MR Brent T Long Division Chief-EMS Operations</p> <p>brent.long@rcgov.org</p>	<p>Primary phone 6053944180 Work</p> <p>Fax</p>	<p>Additional phones 6058772840 Mobile</p>	<p>Edit</p>
---	---	---	-----------------------------

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	View/edit
✔	Applicant and community trends	View/edit
✔	Call volume	View/edit
✔	Grant request details	View/edit
✔	Grant request summary	View/edit
✔	Budget summary	View/edit
✔	Contact information	View/edit
✔	Assurances and certifications	View/edit