

## Applicant's Acknowledgements

---

- \* I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.
- \* As required per 2 CFR § 25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.
- \* I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's Period of Performance (POP).
- \* I certify that the applicant organization is aware that this application period is open from 02/22/2016 to 03/25/2016 and will close at 5 PM EST; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.
- \* I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: [http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd\\_ehp\\_screening\\_form\\_51815.pdf](http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd_ehp_screening_form_51815.pdf).
- \* I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.
- \* I certify that the applicant organization is aware that the grants awarded under this funding opportunity are provided a recruitment period, which begins when the application is approved for award. The recruitment period for grants awarded under the Hiring of Firefighters Category is 180-days and the period of performance automatically starts after the recruitment period, regardless of whether the grantee has successfully hired the requested firefighters. The recruitment period for Recruitment & Retention of Volunteer Firefighters Category is 90-days and the period of performance automatically starts after the recruitment period.
- \* I certify that the applicant organization will, to the extent practicable, seek, recruit, and hire members of racial and ethnic minority groups and women to increase their ranks within their organization.
- \* I certify that, if awarded under the Hiring of Firefighters Category, the applicant organization, will assure a policy will be put into place, or is currently in place, ensuring that positions filled under this grant are not discriminated against, or prohibited from, engaging in volunteer firefighting activities in another jurisdiction during off-duty hours. (If applying under the Recruitment and Retention of Volunteer Firefighters Category, this does not apply, however, in order to move forward in the application process, you must complete this question).

Signed by **John Storm** on **2016-03-24**

**Overview**

<b>* Are you a member, or are you currently involved in the management of the fire department or organization applying for this grant with this application?</b>	
Yes, I am a member/officer of this applicant	

If you answered **No**, you must please complete the preparer information below. If you answered **Yes**, please skip the Preparer Information section.

**Note: Fields marked with an \* are required.**

Preparer Information	
Preparer's Name	
Address 1	
Address 2	
City	
State	
Zip	<a href="#">Need help for ZIP+4?</a>
Primary Phone	Ext. <input type="text"/> Select
Email	

In the space below please list the person your fire department or organization has selected to be the **Primary Point of Contact** for this grant. This should be an officer, member, or employee of the fire department or organization applying for the grant that will see the grant through completion, has the authority to make decisions on and to act upon this grant application.

The Primary Contact, as listed below, is the person for which all exchanges of information will be made relative to the application; all information provided must be specific to the contact listed. The Primary Contact must be an employee of the fire department or organization applying for the grant and shall not be a grant writer or a non-employee of the fire department or organization.

In addition to the Primary Contact information, you will be asked to provide two (2) Alternate Points of Contact on the next page. The Alternate Contacts must be familiar with the application and must be able to answer any questions relative to this application in the event that Primary Point of Contact is unavailable. When you are finished, click the Save and Continue button below.

**Reminder:** Please list only phone numbers and an email address where we can get in *direct contact* with the respective point of contact(s). If this contact changes at any time during the period of performance please update this information.

**Note:** Fields marked with an \* are required.

Primary Point of Contact	
* Title	Assistant Fire Chief
Prefix	Mr.
* First Name	John
Middle Initial	
* Last Name	Storm
* Primary Phone	520-494-2304 Ext. <input type="text"/> Type work
* Secondary Phone	520-510-5585 Ext. <input type="text"/> Type cell
Optional Phone	Ext. <input type="text"/> Type Select
Fax	520-568-1415
* Email	john.storm@maricopa-az.gov

## Contact Information

---

Alternate Contact 1 Information	
* Title	Grants Coordinator
Prefix	Mr.
* First Name	Timothy
Middle Initial	J
* Last Name	Hansell
* Primary Phone	520-316-6923 Ext. Type work
* Secondary Phone	602-885-4454 Ext. Type cell
Optional Phone	Ext. Type Select
Fax	520-568-9120
* Email	timothy.hansell@maricopa-az.gov

Alternate Contact 2 Information	
* Title	Fire Chief
Prefix	Mr.
* First Name	Brady
Middle Initial	
* Last Name	Leffler
* Primary Phone	520-494-2307 Ext. Type work
* Secondary Phone	520-705-1095 Ext. Type cell
Optional Phone	Ext. Type Select
Fax	520-568-1415
* Email	brady.leffler@maricopa-az.gov

**Applicant Information**

EMW-2015-FH-00425

Originally submitted on 03/24/2016 by Timothy Hansell (Userid: maricopafire)

**Contact Information:**

Address: 39700 W Civic Center Plaza

City: Maricopa

State: Arizona

Zip: 85138

Day Phone: 5203166923

Evening Phone:

Cell Phone: 6028854454

Email: timothy.hansell@maricopa-az.gov

**Application number is EMW-2015-FH-00425**

Applicant Information	
* Organization Name	City of Maricopa Fire Department
* What kind of organization do you represent?	All Paid/Career
If you answered "Combination" above, what is the percentage of career members in your organization?	%
* Type of Jurisdiction Served	City
If "Other", please enter the type of jurisdiction served	
* 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?	Pinal
<b><a href="#">SAM.gov (System For Award Management)</a></b>	
* What is the legal name of your Entity as it appears in <a href="#">SAM.gov</a> ? Note: This information must match your <a href="#">SAM.gov</a> profile if your organization is using the DUNS number of your Jurisdiction.	City of Maricopa
* What is the legal business address of your Entity as it appears in <a href="#">SAM.gov</a> ? Note: This information must match your <a href="#">SAM.gov</a> profile if your organization is using the DUNS number of your Jurisdiction.	
* Mailing Address 1	45145 W Madison Avenue
Mailing Address 2	39700 W Civic Center Plaza
* City	Maricopa
* State	Arizona
* Zip	85138 - 3501 <a href="#">Need help for ZIP+4?</a>
* <a href="#">Employer Identification Number</a> (e.g. 12-3456789) Note: This information must match your <a href="#">SAM.gov</a> profile.	43-2035823
* Is your organization using the DUNS number of your Jurisdiction?	Yes
* I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you select Yes above)	<input checked="" type="checkbox"/>
* What is your 9 digit <a href="#">DUNS number</a> ?	609403634 (call 1-866-705-5711 to get a DUNS number)
If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here. Note: This is only required if you are using your	

Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own <a href="#">DUNS number</a> and bank account separate from your Jurisdiction.	
* Is your <a href="#">DUNS Number</a> registered in <a href="#">SAM.gov</a> (System for Award Management previously CCR.gov)?	Yes
* I certify that my organization/entity is registered and active at <a href="#">SAM.gov</a> and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's <a href="#">SAM.gov</a> record.	<input checked="" type="checkbox"/>
<b>Headquarters or Main Station Physical Address</b>	
* Physical Address 1	44624 W Garvey Avenue
Physical Address 2	
* City	Maricopa
* State	Arizona
* Zip	85139 - 6600 <a href="#">Need help for ZIP+4?</a>
<b>Mailing Address</b>	
* Mailing Address 1	39700 W Civic Center Plaza
Mailing Address 2	45145 W Madison Avenue
* City	Maricopa
* State	Arizona
* Zip	85138 - 3501 <a href="#">Need help for ZIP+4?</a>
<b>Bank Account Information</b>	
* The bank account being used is: (Please select one from right)	Note: If this is selected, a 4 digit DUNS plus 4 is required if you answered "YES" to using the DUNS number of your Jurisdiction.  Maintained by my Jurisdiction
Note: The following banking information must match your SAM.gov profile.	
* Type of bank account	
* Bank routing number - <a href="#">9 digit</a> number on the bottom left hand corner of your check	
* Your account number	
<b>Additional Information</b>	
* For this fiscal year (Federal) is your jurisdiction receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?	No
* If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If yes, your organization may be required to undergo an A-133 audit. <i>Under the Recruitment and Retention of Volunteer Firefighters Category</i> , reasonable costs incurred for an A-133 audit is an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once in the "Request Details" section of the application.	Yes
* Is the applicant <a href="#">delinquent on any federal debt?</a>	No

If you answered "Yes" to any of the additional questions above, please provide an explanation in the space provided below:

The City of Maricopa currently receives multiple Federal grants (direct and pass through). If we were awarded the SAFER grant, we would potentially exceed the \$750,000 threshold depending on timing of funds and expenditure rate. This is due to some of the Federal grants coming to an end partially through our fiscal year (FY is July 1- June 30). We are fully aware of the 2 CFR 200 requirements for an A-133 and will comply with single audit requirement if we cross the \$750,000 threshold.

## Applicant Characteristics (Part I)

* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property?	No
* Please indicate the type of community your organization serves.	Rural
* Please describe your organization and/or the community that you serve.	<p>The City of Maricopa saw significant growth between 2000-2012. It experienced a growth rate of 4,208% during that time making it one of the fastest growing small city in the US according to the US Census Bureau. With the population boom, also came a huge increase in business. The City is home to over 1,600 businesses which include home based businesses. It has a 8,000 square foot library, 52,000 square foot multi-generational recreation center situated on 120 acre regional park and two community colleges. The residents in Maricopa are highly educated with 89% of the population having taken some college with close to 50% of the whole population having at least a Bachelor degree.</p> <p>Due to the rapid growth, the City has had to increase the public safety infrastructure significantly to meet the ever growing needs in the community. To address this need, MFD has grown to a team of 50 plus firefighters that operate three engine companies and one ladder truck out of four stations located throughout the City. MFD provides fire, rescue, and advanced life support services within a 45 mile response area 30 southwest of Phoenix metro.</p>
* What is the square mileage of your first-due response area? Primary/First Due Response Area is a geographical area proximate to a fire or rescue facility and normally served by the personnel and apparatus from that facility in the event of a fire or other emergency and does not include daily or seasonal population surges.	45
* What percentage of your primary response area is protected by hydrants?	32 %
* Does your organization protect critical infrastructure?	No
If Yes, please describe the critical infrastructure protected.	
(Percentages in three answers below must sum up to 100%)	
* How much of your primary response area is for agriculture, wildland, open space, or undeveloped properties?	66%
* What percentage of your primary response area is for commercial and industrial purposes?	8 %
* What percentage of your primary response area is used for residential purposes?	26 %
* How many occupied structures (commercial, industrial, residential, or institutional) in your primary	14469

response area are more than three (3) stories tall? Do not include structures which are not regularly occupied such as silos, towers, steeples, etc.	
* What is the permanent resident population of your <a href="#">Primary/First-Due Response Area or jurisdiction served?</a>	44385
* Do you have a seasonal increase in population?	Yes
If Yes what is your seasonal increase in population?	6000
* How many stations are operated by your organization?	4
* Please indicate if your department has a formal automatic/mutual aid agreement with another community or fire department and the type of agreement that exists.	Both automatic and mutual aid

* What services does your organization provide?		
Advanced Life Support	Emergency Medical Responder	
Basic Life Support	Haz-Mat Technical Level	Structural Fire Suppression
		Wildland Fire Suppression

**Active Firefighting Staff**, use these definitions to answer the questions about "firefighter" positions.

<b>Active Firefighter Position</b>	An individual having the legal authority and responsibility to engage in fire suppression; being employed by a fire department of a municipality, county, or fire district; being engaged in the prevention, control, and extinguishing of fires; and/or responding to emergency situations in which life, property, or the environment is at risk. This individual must be trained in fire suppression, but may also be trained in emergency medical care, hazardous materials awareness, rescue techniques, and any other related duties provided by the fire department.
<b>Full-time Paid Firefighter Position</b>	Full-time positions are those that are funded for at least 2,080 hours per year (i.e., 40 hours per week, 52 weeks per year.) The program office will also consider funding the sharing of a full-time position with sufficient justification. A job-share position is a full-time position that is occupied by more than one person.
<b>Part-time Paid Firefighter Position</b>	Part-time paid firefighters receive pay for being on duty at the fire station, whether or not they respond to any alarms. They may or may not receive benefits.
<b>Volunteer Firefighter Position</b>	Volunteer firefighters receive no financial compensation for their services other than life/health insurance, workers compensation insurance, and/or stipend per call.

SAFER intends to improve or restore local fire departments' staffing and deployment capabilities so they may more effectively respond to emergencies. With the enhanced or restored staffing, a SAFER grantee's response time will be reduced sufficiently and an appropriate number of trained personnel will be assembled at the incident scene. The following questions are designed to help us understand the staffing changes that have occurred in your department over the past several years and how the grant will assist in restoring your staffing levels.

Use the following definitions when completing the table below.

**Total # of Operational Career Personnel** — this number represents the total number of **authorized and funded active, full-time uniformed/operational career positions** employed by your department on the dates indicated. (Note: only operational positions — including operational officers - should be included)

**# Operational Officers** — of the operational career positions indicated in the "Total # of Operational Career Personnel" question, how many of those serve in **operational officer-level (both command and company) positions?**



**# NFPA Compliance** — of the "Total # of Operational Career Personnel" indicated, how many are assigned to **field or response apparatus positions that directly support the department's compliance** with NFPA 1710 (Section 5.2.4.2 — Initial Full Alarm Assignment Capability) or NFPA 1720 (Section 4.3 — Staffing and Deployment)? (**Note:** Officers should **only** be included in this number if they **directly support the department's compliance** with NFPA 1710 or NFPA 1720 compliance)

Note: The number of **career positions** in any of these fields should include positions which are job-shared. Job-shared positions will be counted as one (1) regardless of how many personnel fill those positions.

For more information regarding these standards please see the Notice of Funding Opportunity or go to [www.nfpa.org/saferactgrant](http://www.nfpa.org/saferactgrant)

	Total # of Operational Career Personnel	# Operational Officers	# NFPA Support
* Staffing levels at the <b>start of the application period</b>	54	54	54
* Staffing levels at <b>one year prior to the start of the application period</b>	54	54	54
* Staffing levels at <b>two years prior to the start of the application period</b>	54	54	54
* If awarded this grant, what will the staffing levels be in your department? (Whole Numbers only)	56	56	56

\* Please provide details on the department's existing staffing model (i.e., number of shifts, number of positions per shift, contracted work hours, etc.)

MFD works a three shift system encompassing a 48/96 schedule (48 hours on duty - 96 hours off duty). Each shift is staffed with one Battalion Chief, four Captains, and 13 firefighters operating out of four stations. The personnel staff one ladder truck and three engine companies. There is one vacation spot available daily. This reduces the daily manning of the fire department to the bare minimum to maintain 1710 4-man staffing standards and meet compliance requirements.

* Does your department utilize part-time paid firefighters?	No
---	----

If Yes, please provide details on how the part-time firefighters are used within your department to include the number of part-time firefighters, the number of full-time, NFPA compliant positions these part-time firefighters occupy, if applicable, and how they are scheduled to meet your staffing needs.

* Does your department utilize reserve/relief paid firefighters?	No
--	----

If yes, please provide details on how the reserve/relief firefighters are used within your department to include the number of reserve/relief firefighters, the number of full-time, NFPA compliant positions these part-time firefighters occupy, if applicable, and how they are scheduled to meet your staffing needs.

* Do you currently report to the National Fire Incident Reporting System (NFIRS)? Note: You will be required to report to NFIRS for the entire period of the grant.	Yes
--	-----

**Applicant Characteristics (Part II)**

	2015	2014	2013
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three <b>calendar</b> years?	0	0	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three <b>calendar</b> years?	0	0	0
* What is the total number of line of duty member fatalities in your jurisdiction over the last three <b>calendar</b> years?	0	0	0
* What is the total number of line of duty <a href="#">member injuries</a> in your jurisdiction over the last three <b>calendar</b> years?	0	0	0
* What is your department's operating budget (i.e., personnel, maintenance of apparatus, equipment, and facilities; utility costs; purchasing expendable items, etc.) for the current (at time of application) <b>fiscal</b> year and for the previous <b>three fiscal</b> years? Please indicate in the text box next to each of the budget figures what fiscal year that amount pertains to.	9362968 Budget: 8633507 Fiscal Year: 2015 Budget: 7915604 Fiscal Year: 2014 Budget: 7672190 Fiscal Year: 2013		
* What percentage of your operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?	86 %		
* Does your department have any rainy day funds, rainy day reserves, or emergency funds?	No		
If yes, what is the total amount currently set aside?	0		
If yes, what are the funds ear-marked for?			
* What percentage of your annual operating budget is derived from: <b>Enter numbers only, percentages must sum up to 100%</b>			
<a href="#">Taxes?</a>	90 %		
Bond Issues	0 %		
<a href="#">EMS Billing?</a>	0 %		
Grants?	2 %		
Donations?	2 %		
Fund drives?	0 %		
<a href="#">Fee for Service?</a>	6 %		
Other?	0 %		
If you entered a value into the "Other" field (other than 0), please explain:			
* How many <b>frontline</b> vehicles does your organization have in each of the types or classes of vehicle listed below that respond to first alarm assignments in support of NFPA 1710/1720? 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. If you have multiple vehicles of the same type which have a different number of riding positions, please use the "average" number and provide additional information in the text box provided. Enter numbers only and enter 0 if you do not have any of the vehicles below.			

Type or Class of Vehicle	Number of Frontline Vehicles	Number of Available Riding Positions per Frontline Vehicle	Number of Filled Riding Positions per Frontline Vehicle per first alarm assignment
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	3	6	3
Ambulances for transport and/or emergency response	0	0	0
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	1	4	4
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	1	6	4
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	1	4	4
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	0	0	0
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	5	4	1
Please use this comments section if you wish to provide any additional information with regards to the <b>Type or Class of Vehicle</b> section above.	The additional vehicles are the cars (Ford Focus) driven by the Fire Chief, Assistant Chiefs and Battalion Chief.		

**Department Call Volume**

	2015	2014	2013
<p>* <b>Summary</b> of responses per year by category (Enter whole number only. If you have no calls for any of the categories, Enter 0)</p>			
Fire - NFIRS Series 100	67	462	392
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	4	0	0
Rescue & Emergency Medical Service Incident - NFIRS Series 300	3320	0	0
Hazardous Condition (No Fire) - NFIRS Series 400	34	13	15
Service Call - NFIRS Series 500	202	214	196
Good Intent Call - NFIRS Series 600	170	0	0
False Alarm & False Call - NFIRS Series 700	228	0	0
Severe Weather & Natural Disaster - NFIRS Series 800	2	0	0
Special Incident Type - NFIRS Series 900	9	0	0
<b>FIRES</b>			
<p>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</p>			
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	19	462	392
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	9	0	0
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	11	0	0
What is the total acreage of all vegetation fires?	3	0	0
<b>RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS</b>			
<p>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</p>			
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	174	0	0
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	3	0	0
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	3	0	0
How many EMS-BLS Response Calls	807	2739	2646
How many EMS-ALS Response Calls	2423	0	0
How many EMS-BLS Scheduled Transports	0	0	0
How many EMS-ALS Scheduled Transports	0	0	0
How many Community Paramedic Response Calls	0	0	0
<b>MUTUAL AND AUTOMATIC AID</b>			
<p>* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)</p>			
How many times did your organization receive Mutual Aid?	21	0	0
How many times did your organization receive Automatic Aid?	0	0	0
	86	0	0

How many times did your organization provide Mutual Aid?			
How many times did your organization provide Automatic Aid?	0	0	0
Of the Mutual and Automatic Aid responses, how many were structure fires?	42	0	0

**Request Details**

---

The activity for your organization is listed in the table below.

Category	Number of Entries	Total Cost	Action
<a href="#">Hiring of Firefighters</a>	1	333864	<a href="#">View Details</a>

<b>Budget</b>
---------------

---

**Hiring of Firefighters:**

There is a two-year period of performance for grants awarded under the Hiring of Firefighters Category. Should the actual salary and benefits costs submitted for reimbursement exceed awarded Federal funds the grantee will be obligated to pay 100 percent of those costs. Therefore, please be sure you have provided accurate salary and benefit information and have confirmed this information with your Human Resources and/or Financial Office.

If you want to change any of the budget amounts on the matrix, you will need to update the salary and benefit information on the previous Request Details screen.

Budget Matrix			
	First 12-Month Period	Second 12-Month Period	Total
<a href="#">Personnel</a>	100,642	103,662	<b>204,304</b>
<a href="#">Benefits</a>	64,376	65,184	<b>129,560</b>
<b>Total:</b>	<b>165,018</b>	<b>168,846</b>	<b>333,864</b>
Total Federal Share	165,018	168,846	<b>333,864</b>

---

**Narrative Statement for Hiring of FireFighters**

---

**\* Element #1 - Project Description (30%):**

---

**\* 1a. Why does the department need the positions requested in this application? When were the positions requested vacated (or will they be vacated) and under what circumstance? If your request is based on a needs assessment or Insurance Services Office rating, please provide details of those outcomes.**

---

The Maricopa Fire Department (MFD) is requesting assistance to restore and maintain National Fire Protection Agency (NFPA) 1710 fire response staffing compliance. MFD's mission is to provide optimum safety and protection to our fire personnel while providing the highest quality fire protection and rescue services to the residents and visitors of Maricopa.

MFD is a career department that currently operates three engine and one ladder company with a battalion chief vehicle. These companies operate out of four stations located throughout the city. MFD provides fire, rescue, and advanced life support (ALS) service. MFD operates within a 45 square mile response area that is mostly rural with a small suburban area that has a population that expands to more than 50,000 residents in the winter months.

The city is primarily supported by property taxes. With the recent housing and market collapse, the City has seen its revenue drastically cut from pre-2008 levels. The cuts have adversely affected the ability of MFD to meet the ever growing needs of the community and will continue to hamper that ability into the future. The City and MFD will continue to operate at sub optimal levels until State and County tax caps imposed after 2008 are removed. At the current pace of recovery, it is estimated that full recovery will not be achieved for at least another ten years.

Due to the City's response to market conditions, MFD has been unable to hire additional firefighters to relieve some of the workload needs. In fact, MFD has lost four firefighters in the last twelve months.

Without the ability to add additional firefighters, MFD has seen a significant increase in the workload for its current staff and the result is that over 40% of the time MFD fails to meet the NFPA 1710 staffing requirements. To adhere to the standards, MFD has limited time off for its personnel to only 1 person a day and increasing mandatory overtime shifts. This has seen the department's overtime budget balloon to well over \$500,000 which has strained MFD's ability to fund other priority items. Another result of this, MFD has seen a significant increase in sick leave and firefighters coming to work under the weather increasing the risk of serious injury. Fatigue has been shown to be a leading factor in injuries and death. MFD is fighting to keep that fatigue minimized and the addition of two additional firefighters will help immensely.

The need is compounded when MFD has our personnel attend mandatory training. Due to the limited resources and the City footprint, MFD has to shuffle its engine companies around to provide the best cover possible to the largest area possible. However, by doing this, MFD is exposing a large area of the City to fire risk and the potential for catastrophic fire damage. When MFD personnel are training, MFD is at 75% engine company capacity and less than that when you factor in the other issues facing MFD.

---

**\* 1b. How will the positions requested in this application be used within the department (i.e., 4th on engine, open a new station, eliminate browned out stations, reduce overtime )? What are the specific benefits the positions will provide to the department and community?**

---

MFD will utilize the (2) firefighters funded by the SAFER grant to meet the NFPA 1710, NFPA 1500, and OSHA 1910 standards and decrease the reliance on overtime to do so. The additional staff will be deployed on front line apparatus in one of the four stations under MFD. This will assist in ensuring a four man team is on each engine company and that when personnel are in training, MFD can maintain operational capacity.



MFD is also looking at utilize the (2) firefighters to help fill the roster if MFD has to supplement the EMS service in the area. There is some uncertainty with the EMS contract provided to a private organization. If EMS service was to drop, MFD is looking at filling that void to ensure Maricopa has a viable EMS option. The (2) firefighters in that instance would help backfill positions vacated on the Fire side to help staff EMS.

The added benefit of the (2) firefighters is MFD will be able to loosen the restrictions on leave to allow for more than 1 individual to be on leave a day and reduce OT requirements. This will help with fatigue and improve the operational efficiency and effectiveness of MFD.

---

**\* 1c. Please describe how the awarding of this grant would enhance the department's ability to protect the critical infrastructure discussed in the Applicant Characteristics section of the application.**

---

When our fire personnel are training, MFD has to shuffle our resources to ensure adequate (at best) fire suppression coverage. Due to the geographical location and roadways, an engine is required to be south of the railroad tracks at all times. This is usually accomplished by moving our company in the community of Tortosa leaving them extremely vulnerable to catastrophic fire damage.

MFD will be able to provide critical fire protection and suppression coverage throughout the rest of the community that includes 14 schools, 1 clinic, 380 commercial structures, 1 ethanol plant, and 1 water plant. It also enables MFD to assist if something happens on any of the transportation corridors that include: a major West to East, Union Pacific double mainline that carries 70 freight trains daily hauling hazardous materials and traveling in excess of 60 mph and two major Arizona highways, I-10 which reports over 291,000 vehicles daily and I-8 reporting over 41,000 vehicles daily.

---

**\*Element #2 - Impact on Daily Operations (30%):**

---

**\* 2a. How are the community and the current firefighters employed by the department at risk without the positions requested in this application? How will that risk be reduced if awarded?**

---

MFD firefighters are significant risk of fatigue. With restriction on leave time and mandatory OT to ensure compliance with NFPA, MFD firefighters are bearing at times an overwhelming workload. As workloads increase, fatigue becomes a significant risk factor affecting our fire personnel. The more fatigued our fire personnel are the higher the risk is for serious injury and death to not only the fire personnel but the individuals MFD strives to protect on a daily basis.

The response times are also at risk. When we have fire personnel calling off work, out sick, or coming to work sick, MFD's ability to respond in a timely manner is affected. The longer response times enable fires to grow beyond containable sizes and could result in catastrophic damages and loss of life. As the fires grow larger due to slower response times, the financial implications of the damage could be disastrous to the community and its community members.

Also, if MFD is unable to protect the community in the optimal manner, public trust is lost. Once the public starts to lose trust in the ability of MFD to protect their property, homes, and lives, they start to question if continual funding is needed or would be more beneficial elsewhere. With budgets already tight, MFD cannot afford to have the public and community look to reduce the budget any more than it is

---

**\* 2b. What impact will the positions requested in this application have on the departments NFPA compliance, if awarded?**

---

The impact the requested positions pose to MFD's NFPA compliance is that the two additional personnel will ensure almost 100% adherence to NFPA 1710, NFPA 1407, NFPA 1500 and OSHA 1910.156 standards

and regulations. Currently, MFD is able to consistently staff vehicles to NFPA & OSHA standards on average 65% – 70% of the year. With the additional personnel MFD would be able to comply with NFPA & OSHA standards nearly 100% (exceptions for unexpected occurrences).

**\*Element #3 - Financial Need (30%):**

**\* 3a. Please provide additional details on the departments operating budget. This should include an income verse expenses breakdown of the annual budget indicated in Applicant Characteristics section of the application.**

The City's annual operating budget for FY15 was \$148,546,208. This represented a 20% decrease from FY14's total of \$186,462,861. This is the direct result of less revenue being generated through property taxes, business licenses, building permits, and other revenue streams as the economic conditions of Arizona and the nation stick. Maricopa saw robust growth since 2000, but that growth has seen a large drop off as fewer opportunities for employment are present in the valley. Having to cut ≈ \$40,000,000 out of your budget has hurt the City's ability to continue to fund the needed services in the community and add resources to departments like MFD.

While the overall budget went down, MFD did have an increase in budget. This was the main result of the increasing rates for public safety retirement, increases in salary per the MOU and increasing maintenance and repair costs for aging equipment. Currently, 86% of the budget is for personnel related costs (\$530,000 alone for OT). This will continue to increase with the increasing rates and salaries. While the MFD budget is \$8,633,507 in FY15, that is drastically lower than needed to provide the optimal level of resources for MFD. This has put a strain on our fire personnel and is one of the main reasons SAFER grant funds could be such a help.

**\* 3b. Please describe the department's budget shortfalls and the inability to address the financial needs without federal assistance. What other actions have you taken to obtain funding elsewhere (i.e., state assistance programs, other grant programs, etc.)?**

The City has experienced a significant decrease in revenue over the past several years. This is evident with over a 60% decrease in sales tax revenue since 2006 and a +70% decrease in building permit revenue. Couple these declines with the additional revenue from property taxes being capped by State and County laws; the City of Maricopa's ability to raise additional revenue is severely restricted.

The 20% budget reduction is a clear indication of the severity of the revenue loss. While taxes and permits are a major source of support, the City also received generous support for our multigenerational center Copper Sky. In the next two years, that support will no longer be there and an additional \$1,500,000 will need to be covered by the City through the general fund. This will put an even bigger strain on the operating capacity of the City and could impact MFD greatly.

The City and MFD continue to look for cost saving measures and additional funding. MFD has requested grant funds from multiple sources to gain additional resources in the form of training, large equipment and personal protective equipment (PPE). MFD will continue to look for ways to receive additional resources. This includes looking at potential helping the union gain 501(c)3 status to pursue other funding not open to MFD at the moment.

**\* 3c. How are the critical functions of your department affected without this funding?**

MFD strives to maintain our critical functions and have had to implement additional restrictions on leave and implement mandatory OT to accomplish this. This strategy however is unsustainable and is only a band aid to the real issue. Without the additional influx of resources like the SAFER grant will allow, MFD is in danger of losing additional manpower to other Fire Department in the area, increase the risk of fatigue induced injuries, and become ineffective in meeting the needs of the community. The additional (2) firefighters will be

a god send for MFD and its ability to tackle the issues facing the department and minimize the potential risks associated with those issues.

MFD is currently operating at a level where we miss NFPA 1710 standards about 40% of the time. If we continue to operate this lean of an unit, that number will continue to rise to unacceptable levels and may result in areas of the community being completely exposed and vulnerable due to potential station realignments. The SAFER funds are vital to deflecting the potential risks and to give MFD breathing room to maneuver to gain additional resources and bandwidth.

**\*Element #4 - Cost Benefit (10%):**

**\* Please describe the benefits (i.e., anticipated savings, efficiencies) the department and community will realize if awarded the positions requested in this application.**

The primary benefit of adding (2) firefighters to MFD is to drastically reduce the overtime budget from over \$500,000 to something more reasonable. The cost savings will be utilized to purchase needed equipment, provide additional training, and enable MFD to create a functional rainy day fund. The cost savings could also be earmarked to ensure MFD can continue to hire additional manpower in the future and retain the current fire personnel.

Other benefits of adding (2) firefighters would be the reduction in workload. The additional staff would enable more flexibility to take time off and would provide that needed cushion if fire personnel are out ill or need to be off due to illness versus coming into work because they have to. This will reduce the fatigue our fire personnel deal with increasing the operational effectiveness of the unit while decreasing the risk of serious injury or death caused by fatigue.

The additional fire personnel will also reduce the time MFD is operating with less than required staffing according to NFPA 1710 standards. Having the additional personnel will assist MFD in meeting the requirements of NFPA reducing the potential fire damage to property and improve MFD's ability to protect life.

**Element #5 - Additional Information : If you have any additional information you would like to include about the department and/or this application in general, please provide below.**

The City and MFD will continue to strive to provide the best fire protection, prevention, and suppression services it possibly can. The SAFER grant is a great opportunity for many Fire Departments around the country to rehire and provide the resources so desperately needed. While MFD has not seen some of the tragedy that others have due to their resource limitations and needs, MFD is trying to starve off those situations and be proactive in identifying risks. Without the additional (2) firefighters, MFD is potentially exposing itself and the community to unacceptable levels of risks it would otherwise not need to. MFD has applied for SAFER funds several times each time unsuccessfully. We hope this time, we will be fortunate enough to receive funding and be able to add (2) firefighters to bring us into NFPA 1710 compliance and give us additional time to resolve the underlying issue of finding resources and revenue to offset the ever growing financial burden faced by the City and MFD.

[Hiring Narrative Supplemental Information](#)

## Assurances and Certifications

---

### FEMA Form SF 424B

---

**You must read and sign these assurances.** These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.

**Note:** Fields marked with an \* are required.

O.M.B Control Number 4040-0007

#### Assurances Non-Construction Programs

**Note:** 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:

1. 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 costs) to ensure proper planning, management and completion of the project described in this application.
2. 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.
3. 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.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen 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).
6. 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. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 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 Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) 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.
7. Will comply, or has already complied, with the requirements of Title 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 interest in real property acquired for project purposes regardless of Federal participation in purchases.
  8. 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.
  9. 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.
  10. 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.
  11. 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 (42 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).
  12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
  13. 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.).
  14. 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.
  15. 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.
  16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
  17. 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."
  18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by **John Storm** on **03/23/2016**

## Form 20-16C

### You must read and sign these assurances.

Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.

**Note:** Fields marked with an \* are required.

O.M.B Control Number 1660-0025

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying" and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

#### 1. Lobbying

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over \$100,000, as defined at 44 CFR Part 18, the applicant certifies that:

(a) 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 making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds 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 grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

#### 2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44 CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform 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 government 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 had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

### 3. Drug-Free Workplace (Grantees other than individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement; and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable awarding office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such

purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street	City	State	Zip	Action

If your place of performance is different from the physical address provided by you in the Applicant Information, press *Add Place of Performance* button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for DHS funding. States and State agencies may elect to use a Statewide certification.

Signed by **John Storm** on **03/23/2016**

### FEMA Standard Form LLL

Only complete if applying for a grant for more than \$100,000 and have lobbying activities. See Form 20-16C for lobbying activities definition.

**This form is not applicable**

**You must read and sign these assurances by providing your password and checking the box at the bottom of this page.**

**Note:** Fields marked with an \* are required.

O.M.B Control Number 0348-0046

Standard Form LLL: Disclosure of Lobbying Activities	
1. * <a href="#">Type of Federal Action</a>	Grant
2. * <a href="#">Status of Federal Action</a>	Bid/Offer/Application
3. * <a href="#">Report Type</a>	Initial filing
<b>This subsection is required for Material Change only</b>	
Year	2016
Quarter	1
Date of last report:	
4. * <a href="#">Name and Address of Reporting Entity:</a>	
*Reporting Entity Type	Prime
Tier (if known)	
*Name	City of Maricopa



*Street	39700 W Civic Center Plaza
*City	Maricopa
*State	Arizona
*Zip	85138 - 3501 <a href="#">Need help for ZIP+4?</a>
5. If Reporting Entity in No.4 is a Subawardee, enter name and address of Prime:	
Name	
Street	
City	
State	
Zip	<a href="#">Need help for ZIP+4?</a>
Congressional District if known	1
6. * <a href="#">Federal Department/Agency</a>	US Department of Transportation
7 * Federal Program Name/Description	Transportation Investment Generating Economic Recovery (TIGER)
CFDA Number if known	20.933
8. <a href="#">Federal Action Number if known:</a>	EMW-2015-FH-00425
9. <a href="#">Award Amount if known:</a>	
10a. <a href="#">Name and address of Lobbying Registrant:</a> (if individual, Last Name, First Name, MI)	
Name	Nexus Consulting
Street	499 S Capital St SW
City	Washington
State	District of Columbia
Zip	20003 - 4031
10b. Individuals Performing Services: (include address if different from No.10a) (Last Name, First Name, MI)	
Name	Bob Holmes
Street	499 S Capital St SW
City	Washington
State	District of Columbia
Zip	20003 - 4031

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 this 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.

Signed by **John Storm** on **03/23/2016**

## Submit Application

---

Application Area	Status
Applicant's Acknowledgements	Complete
Overview	Complete
Contact Information	Complete
Applicant Information	Complete
Applicant Characteristics (I)	Complete
Applicant Characteristics (II)	Complete
Department Call Volume	Complete
Request Details	Complete
Budget	Complete
Narrative Statement	Complete
Assurances and Certifications	Complete

### PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.

- YOU WILL NOT BE ALLOWED TO EDIT THIS APPLICATION ONCE IT HAS BEEN SUBMITTED. If you are not yet ready to submit this application, save it, and log out until you feel that you have no more changes.
- When you submit this application, you, as an authorized representative of the organization applying for this grant, are certifying that the following statements are true:

To the best of my knowledge and belief, all data submitted in this application are true and correct.

This application has been duly authorized by the governing body of the applicant and the applicant will comply to the Assurances and Certifications if assistance is awarded.

To sign your application, check the box below and enter your password in the space provided. To submit your application, click the Submit Application button below to officially submit your application to FEMA.

**Note:** The primary contact will be responsible for signing and submitting the application. Fields marked with an \* are required.

I, John Storm, am hereby providing my signature for this application as of 24-Mar-2016.