



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

**APPLICATION FOR FIREFIGHTER CANCER
DECONTAMINATION EQUIPMENT GRANT PROGRAM**

APPLICANT INFORMATION

Name of Fire Department:

Name of Person Completing Form:

Physical Address:

(Street)

(City)

(Zip)

Mailing Address:

(Street)

(City)

(Zip)

EMAIL Address:

County:

Fire Department Telephone Number: () -

Name and Telephone Number of the Safety Officer/Representative for follow-up:

() -

Fire Department Identification Number (FDID#):

Federal Tax Identification Number:

What Year was Fire Department Established:

Indicate whether you are a municipality or county, the state, or any political subdivision of the state, including authorities and special districts:

Indicate the size of the population served:

Indicate the number of square miles in your area served:

Indicate the number of fire stations within your jurisdiction: _____

Indicate the number of certified firefighter personnel within your fire department listed on the Fire College Department of Insurance Continuing Education (FCDICE) roster:

Would decontamination equipment help you achieve the objectives of the Employer Cancer Prevention Best Practices, Rule 69A-62.025, F.A.C.?

☐ No

☐ Yes

Does your agency have post fire on-scene decontamination equipment and related practices on your suppression apparatus?

☐ No

☐ Yes

Do you presently submit fire incident data to the National Fire Incident Reporting Service (NFIRS)?
(Awarding of this grant is conditional on your department submitting fire incident data.)

☐ No

☐ Yes

Do you presently have decontamination equipment that is designed to mitigate exposure to hazardous cancer-causing chemicals? Use additional sheets if necessary.

☐ No

☐ Yes (List type and quantity of equipment and how many fire station and personnel this services)

FUNDING INFORMATION

Directions: List the total funding received from ANY taxing authority in your current FISCAL YEAR, or in your current CALENDAR YEAR.

Include any funds and grants received from any local governing authority, County, Town, City, Municipality, Independent Special District, Dependent Special District, Special District, Municipal Service Taxing Unit (MSTU), or Municipal Service Benefit Unit (MSBU).

DO NOT INCLUDE DONATIONS OF ANY TYPE.

- a. Annual Operating Budget: \$ _____
- b. Total Grants Received \$ _____
- c. Total Funds Received (a.+ b.): \$ _____

☐ Calendar Year _____

☐ Fiscal Year _____

Financial need must be documented in the Grant Narrative Section.

REQUESTING FUNDS FOR THE FOLLOWING EQUIPMENT, SUPPLIES, AND EDUCATIONAL TRAINING

For which of the following items are you requesting funds? (Please select ALL that apply.)

☐ **VEHICLE EXHAUST CAPTURE SYSTEMS (compliant with the standards of NFPA 1500 (2018 edition) incorporated by reference in Rule 69A-62.025, F.A.C)**

Please provide the following information in the Grant Narrative section:

- Description of the equipment
- Explanation of how the equipment mitigates exposure to hazardous, cancer-causing chemicals
- Please include any documentation on usage

☐ **PERSONAL PROTECTIVE EQUIPMENT EXTRACTOR UNITS**

Please provide the following information in the Grant Narrative section:

- Description of the equipment
- Explanation of how the equipment mitigates exposure to hazardous, cancer-causing chemicals
- Please include any documentation on usage

☐ **HOODS, GLOVES, OR HELMET EARFLAPS (compliant with the standards of NFPA 1971 (2018 edition) incorporated by reference in Rule 69A-37.060, F.A.C)**

Please provide the following information in the Grant Narrative section:

- Description of the equipment
- Explanation of how the equipment mitigates exposure to hazardous, cancer-causing chemicals
- Please include any documentation on usage

☐**OTHER EQUIPMENT USED TO MITIGATE EXPOSURE TO HAZARDOUS, CANCER-CAUSING CHEMICALS**

Please provide the following information in the Grant Narrative section:

- Description of the equipment
- Explanation of how the equipment mitigates exposure to hazardous, cancer-causing chemicals
- Please include any documentation on usage

☐**SUPPLIES USED TO MITIGATE EXPOSURE TO HAZARDOUS, CANCER-CAUSING CHEMICALS**

Please provide the following information in the Grant Narrative section:

- Description of the supplies
- Explanation of how the supplies mitigate exposure to hazardous, cancer-causing chemicals
- Please include any documentation on usage

☐**EDUCATIONAL TRAINING**

Please provide the following information in the Grant Narrative section:

- Description of educational training
- Explanation of how training contributes to decreasing exposure to hazardous, cancer-causing chemicals

If future grant funding is allocated to the Division of State Fire Marshal to mitigate exposure to hazardous, cancer-causing chemicals and to protect the health and safety of Florida Firefighters, what type of items would you be interested in obtaining? (Optional)

1. _____
2. _____
3. _____
4. _____
5. _____

MATCHING FUNDS: LEVEL OF NONSTATE MATCHING FUNDS, MINIMUM OF 25% OF NONSTATE FUNDING

Percentage of matching funds: _____%

Please attach documentation indicating the source of the matching funds.

GRANT NARRATIVE (use additional sheets if necessary)

Directions:

Please contact the State Fire Marshal if you have any questions: firegrantquestion@myfloridacfo.com

Provide the required information for your grant request here. Include any additional information you feel is important to your grant request. This narrative must demonstrate the financial need of the department.

Provide an itemized list and costs of requested items:

AUTHORIZATION TO SUBMIT GRANT REQUEST

To be completed by the **Fire Chief or Fire Service Agency Head** of the municipality or county, the state, or any political subdivision of the state, including authorities and special districts, employing firefighters or utilizing firefighters to provide fire extinguishment or fire prevention services for the protection of life and property.

NOTE: Administration of resources awarded by the Department to the recipient may be subject to audits and/or monitoring by the Department.

Person Submitting Request:

(Last Name)

(First Name)

Mailing Address:

(Street)

(City)

(Zip)

Email Address:

Telephone Number:

Printed Name

(Last)

(First)

(Title)

Signature

(Date)