



## ATTACHMENT A

# LIVE FIRE STRUCTURE GRANT APPLICATION CONSTRUCTION, RENOVATION, OR REPAIR

### A. APPLICANT INFORMATION

1	Title of Jurisdiction making Application (Check only one, then make entry)	County of:  City of:  Incorporated Town of:
2	Employer Identification Number (EIN) (9 digits)	
3	Principal Point of Contact (Include salutation, name & title.)	
4	Mailing Address (Include zip code+4) Identify <b>County</b> if appropriate	
5	Telephone Number	
6	Fax Number	
7	E-mail address	
8	Application Scope (Check only one)	<p><b>Sole</b> Jurisdiction as identified in [A]</p> <p><b>Multiple</b> Jurisdictions - Complete [F]</p>

## **B. FACILITY INFORMATION (BURN BUILDING)**

The term "burn building" refers to an unoccupied structure. The purpose of the Burn Building is to provide live fire training to fire service personnel in support of Fire Fighter I and Fire Fighter II Training throughout the Commonwealth of Virginia.

<b>1</b>	Current / Proposed <b>Owner</b> of Facility	(Party <b>holding /to hold</b> title to the property)
<b>2</b>	In-Service Date or Age of Structure	(Leave blank if NOT an existing structure as reported in [C1] below.)  Date <span style="float: right;">Unknown</span>  If unknown, enter approximate age in years
<b>3</b>	Address of Structure (If appropriate, identify <b>COUNTY</b> where located.)	

<p><b>4</b></p>	<p>Will the renovation or repair bring the burn building into compliance with the current standard of NFPA 1403, including appropriate NFPA 1403 signage?  If no, explain in <b>6. Comments</b>.</p>	<p>Yes          No          N/A</p>
<p><b>5</b></p>	<p>Will the construction of the burn building be in compliance with the current edition of Sections I through IV of the Summary of Burn Building Prop Grant Program as included in the VDFP Project Manual for Burn Building Props and the current standard of NFPA 1403?  If no, explain in <b>6. Comments</b>.</p>	<p>Yes          No          N/A</p>
<p><b>6</b></p>	<p>Comments (pertaining to Facility)</p>	<p>None</p>

**C. FACILITY USAGE**

<p><b>1</b></p>	<p>Number of annual burns (must be documented) (For new construction, this figure is projected)</p>	<p>VDFP FFI Burns (in compliance with NFPA 1403 standards)</p> <p>VDFP FFII Burns (in compliance with NFPA 1403 standards)</p> <p>In-Service Burns</p> <p>Other Burns(specify types of burns) Other</p> <p>Burns(specify types of burns)</p>
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<p><b>2</b></p>	<p>Travel to another facility</p>	<p>Distance traveled to closest alternate facility (in miles)</p> <p>Time traveled to closest alternate facility (rounded to whole hours)</p>
<p><b>3</b></p>	<p>Other localities served</p> <ul style="list-style-type: none"> <li>• (list number of stations and number of firefighters served for each locality)</li> <li>• (for New construction, this figure is projected)</li> <li>• (if more than 5 localities are served, additional localities must be included on Additional Localities Served tab)</li> </ul>	<p>Name of Locality</p> <p>Number of stations</p> <p>Number of Firefighters</p> <p>Name of Locality</p> <p>Number of stations</p> <p>Number of Firefighters</p> <p>Name of Locality</p> <p>Number of stations</p> <p>Number of Firefighters</p> <p>Name of Locality</p> <p>Number of stations</p> <p>Number of Firefighters</p> <p>Name of Locality</p> <p>Number of stations</p> <p>Number of Firefighters</p>

		<p><b>Total Number of Stations Served</b> (from above and add')</p> <p><b>Total Number of Firefighters Served</b> (from above and add')</p>
<p><b>4</b></p>	<p>Maintenance of facility</p> <p><b>(For New construction, skip Section C.4. Section E.2. MUST be completed)</b></p>	<p>Annual Maintenance Inspections</p> <p>Yes      No</p> <p>(Documentation of annual inspections MUST be provided with application for inspections conducted after 12/2007)</p> <p>Previous Repair Projects</p> <p>Yes      No</p> <p>(Documentation MUST be provided with application for most recent repairs)</p>

## D. PROJECT DESCRIPTION

<b>1</b>	<p>Level of work proposed (Check only one that applies)</p>	<p>NEW Construction where no such structure previously existed</p> <p>RENOVATION of an existing burn building or substantially similar structure</p> <p>REPAIR of an existing burn building (up to \$50,000)</p>
<b>2</b>	<p>Type of Building (proposed or existing)</p>	<p>Class A fuel</p> <p>Class B fuel</p> <p>Prototype I plan (brick, block, concrete)</p> <p>Prototype II plans (steel frame)</p> <p>Other*</p> <p>Square Footage of Building (proposed or existing)</p> <p>Number of Burn Rooms on 1st floor</p> <p>Number of Burn Rooms on 2nd floor</p> <p><b><u>For New Construction:</u></b></p> <p><b>*If building plans deviate from Prototype I or II, applicant MUST define building concept and include proposed plans with application.</b></p> <p><b><u>For Renovations or Repairs:</u></b></p> <p><b>*If building plans deviate from Prototype I or II, applicant MUST include copy of existing building plans with proposed renovations/repairs.</b></p>

<p><b>3.</b></p>	<p>Architectural and/or Engineering (A/E) (Check only one for each)</p>	<p>Has an A/E study already been completed? Yes      No      Not applicable</p> <p>If so, is a copy attached to this application? Yes      No      Not applicable</p>
<p><b>4</b></p>	<p>Condemnation and/or fitness for use (Leave [C4] blank if this application is for totally <b>new</b> construction; otherwise Check only one for each statement.)</p>	<p>Is this structure still in use for certification of FFI and FFII at the time of application? Yes                      No</p> <p>If yes, is there currently a scheduled date to remove the structure from service? Yes                      No</p> <p>If yes, enter the month &amp; year:</p> <p>If not presently in service, has this structure been <u>condemned</u> by a building official or other such entity legally empowered to do so? Yes              No              Not applicable</p> <p>If yes, is a copy of such order attached to this application? Yes              No              Not applicable</p>

**E. FINANCIAL PLAN**

- An estimated project budget must be attached to this application.
- For renovation/repair projects, contractor estimates must be attached.

**1. Project Budget (Capital Expend)**

<b>a.</b>	<b>Expense</b>	
i.	Estimated Cost of Construction (Enter or check )	Unknown at time of application
ii.	Estimated A/E Costs (Enter or check )	Unknown at time of application
iii.	Estimated Total Costs (Enter or check )	Unknown at time of application
<b>b.</b>	<b>Revenue</b>	
i.	Grant Funding Being Requested New construction maximum \$450,000	
ii.	Matching / Cost Share Funds	
iii.	Source of Matching Funds (local contributions, donations, etc.)	

**2. Operating Budget (Maint. Expend)**

a.	Is there a financial agreement among partnering localities?	Yes	No	Not applicable
b.	Is there a local budget for annual maintenance costs?	Yes	No	
c.	Is there a local budget for annual inspection costs?	Yes	No	
d.	Is there a local budget for 5-year inspection costs?	Yes	No	

**F. ADDITIONAL PARTIES OF INTEREST**

<b>F.</b>	(Mark N/A and skip section [D] if not applicable - see [A.8])	Identify hereunder ALL <b>jurisdictions</b> (Not their departments) otherwise participating in the proposed project. Attach additional sheets as may be required.		
<b>1.</b>	NON-Applicability	No parties other than the jurisdiction identified in [A] above.		
<b>2.</b>	Formal Agreement Among Parties			
a.	Is there a formal agreement among parties with regard to the proposed project?	Yes	No	
b.	If yes, is a copy attached to this application?	Yes	No	

c.	Is there a formal agreement among parties with regard to the shared use of the facility?	Yes	No
d.	If yes, is a copy attached to this application?	Yes	No

- **Reproduce and complete as many additional blocks as may be necessary for complete disclosure.**

<b>2a.</b>	Complete <u>one each</u> for ALL other Parties of Interest	Number _____ of a total of _____ parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
<b>2b.</b>	Title of Jurisdiction (Check _____ only one, then make entry)	County of:  City of:  Incorporated Town Of:
<b>2c.</b>	Employer Identification Number (EIN) (9 digits)	
<b>2d.</b>	Principal Point of Contact (Include salutation, name & title.)	
<b>2e.</b>	Mailing Address (Include zip code+4) Identify <b>County</b> if appropriate	

<b>2f.</b>	Telephone Number	
<b>2g.</b>	Fax Number	
<b>2h.</b>	E-mail address	

**G. ELECTRONIC TRANSFER OF FUND INFORMATION**

**Note:** The completion of this section is optional at the time of application and will not hinder determination of eligibility, etc. However, if not provided and since funds will only be transferred electronically, disbursement will be delayed until this information is properly provided.

<b>1</b>	Account Ownership Information Employer Identification Number(9 digits)	SSN may <b>NOT</b> be substituted
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- Complete next three (3) entries ONLY if Name is different than ACCOUNT TITLE as it appears in [E2].

a.	Name	(Last, First, Initials)
b.	Main Number	(Telephone Number)
c.	Alternate Number	(Telephone Number)



**NOTE:**

This section of the application MUST be properly executed for the application to be complete. Certification may be completed by:

- City Manager /or/ Deputy

- County Administrator /or/ Deputy

- Town Manager /or/ Mayor

- Or other duly authorized official but only when the application is accompanied by a copy of an 'Ordinance' or other formal instrument clearly granting that party such authority.

**NOTE:**

**Only completed applications can be acted upon.**

## **CERTIFICATION**

This application is made on behalf of the jurisdiction above described [A] with the full knowledge and belief that all representations herein made are true and correct.

Signature:

Typed/Printed Name:

Title:

Date:

(All applications **must** be notarized to be considered – incomplete forms shall be returned.)

State of Virginia:

City / County of:

"On this \_\_\_\_\_ day of \_\_\_\_\_ (month) in \_\_\_\_\_ (year), before me, the undersigned a Notary Public for the Commonwealth of Virginia, personally appeared \_\_\_\_\_ to me known (or to me proved) to be the identical person named herein and having in my presence executed the above, and acknowledged that he executed same as his voluntary act and deed."

My Commission expires:

Date:

Insert Notary Public Seal Here: