

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
AFG Application (General Questions and Narrative)

OMB No.: 1660-0054

Expiration Date: August, 31 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 9 hours per response for FEMA Form 080-0-2 "AFG Application (General Questions and Narrative)". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

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 one (1) year Period of Performance (POP).
- * I certify that the applicant organization is aware that this application period is open from 12/26/2017 to 02/02/2018 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
- * 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.

Signed by **Kelly J Sterna** on **2018-01-19 18:58:49.0**

Overview

* Did you attend one of the workshops conducted by an AFG regional fire program specialist?

No, I have not attended workshop

* Did you participate in a webinar that was conducted by AFG?

Yes

* Are you a member, or are you currently involved in the management, of the fire department or nonaffiliated EMS organization or a State Fire Training Academy applying for this grant with this application?

Yes, I am a member/officer of this applicant

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

Fields marked with an * are required.

Preparer Information

Preparer's Name

Address 1

Address 2

City

State

Zip

-
[Need help for ZIP+4?](#)

In the space below please list the person your organization has selected to be the primary point of contact for this grant. This should be a department officer or member of the organization who will see this grant through completion, including closeout. Reminder: if this person changes at any time during the period of performance please update this information. Please list only phone numbers where we can get in direct contact with the POC.

Primary Point of Contact

* Title	Wildland Division Chief
Prefix (select one)	Mr.
* First Name	Kelly
Middle Initial	J
* Last Name	Sterna
* Primary Phone	505-662-8304 Ext. Type work
* Secondary Phone	505-695-6531 Ext. Type cell
Optional Phone	Type
Fax	505-662-8302
* Email	kelly.sterna@lacnm.us

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Contact Information

Alternate Contact Information Number 1

* Title LANL Training Division Chief
Prefix (select one) Mr.
* First Name Paul
Middle Initial
* Last Name Grano
* Primary Phone 505-662-8313 Ext. Type work
* Secondary Phone 505-500-7325 Ext. Type cell
Optional Phone Type
Fax
* Email paul.grano@lacnm.us

Alternate Contact Information Number 2

* Title Management Analyst
Prefix (select one) Mrs.
* First Name Heather
Middle Initial
* Last Name Garcia
* Primary Phone 505-662-8328 Ext. Type work
* Secondary Phone 505-670-3435 Ext. Type cell
Optional Phone Type
Fax
* Email heather.garcia@lacnm.us

FEMA Form 080-0-2

Applicant Information

* Organization Name

Los Alamos County Fire Department

Fire Department/Fire District

* Type of Applicant

* **Fire Department/District, Non-Affiliated EMS, and Regional applicants**, select type of Jurisdiction Served :
If "Other", please enter the type of Jurisdiction

County

SAM.gov (System For Award Management)* What is the legal name of your Entity as it appears in SAM.gov?

Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.

Incorporated County of Los Alamos

* What is the legal business address of your Entity as it appears in SAM.gov?

Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.

* Mailing Address 1

1000 Central Ave.

Mailing Address 2

* City

Los Alamos

* State

New Mexico

* Zip

87544 - 0001

[Need help for ZIP+4?](#)* Employer Identification Number (e.g. 12-3456789)

Note: This information must match your SAM.gov profile.

85-6000679

* 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 selected Yes above)

* What is your 9 digit DUNS number?

069423424

(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 DUNS number and bank account separate from your Jurisdiction.

0001

* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?

Yes

* I certify that my organization/entity is registered and active at SAM.gov 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 [SAM.gov](#) record.

Headquarters or Main Station Physical Address

* Physical Address 1 1000 Central Ave.

Physical Address 2

* City Los Alamos

* State New Mexico

* Zip 87544 - 0001
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Mailing Address

* Mailing Address 1 999 Central Ave. Suite 200

Mailing Address 2

* City Los Alamos

* State New Mexico

* Zip 87544 - 0001
[Need help for ZIP+4?](#)

Bank Account Information

* The bank account being used is: (Please select one from the right)

Maintained by my Organization separately from my Jurisdiction
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.

Note: The following banking information must match your [SAM.gov](#) profile.

* Type of bank account

* Bank routing number - [9 digit](#) number on the bottom left hand corner of your check 107001012

* Your account number 0000188001

Additional Information

* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?

* Is the applicant [delinquent on any Federal debt](#)?

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

FEMA Form 080-0-2

Fire Department/Fire District Department 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

* What kind of organization do you represent?

All Paid/Career

If you answered "Combination", above, how many career members in your organization? (whole numbers only)

If you answered "Volunteer" or "Combination" or "Paid on-call", how many of your volunteer Firefighters are paid members from another career department? (whole numbers only)

* What type of community does your organization serve?

Rural

* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)

No

* What is the square mileage of your first-due response area? (whole number only)

110

* What percentage of your response area is protected by hydrants? (whole number only)

54 %

* 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?

Los Alamos

* Does your organization protect critical infrastructure?

Yes

If "Yes", please describe the critical infrastructure protected below:

Los Alamos County (LAC) is approximately 109.5 square miles and is located in northern New Mexico on the Pajarito Plateau, a volcanic shelf on the eastern slope of the Jemez Mountains, at an elevation ranging from 6,900 to 7,600 feet with Pajarito Mountain at an altitude of 10,441 feet. The Pajarito Plateau is cut by a number of very steeply sloped, deeply eroded drainage canyons that have formed isolated finger-like mesas. The Los Alamos County Fire Department (LACFD) is responsible for protecting the two communities of Los Alamos County, Los Alamos Town site, White Rock, (about 16 square miles) and the Los Alamos National Labs (LANL) (about 43 square miles) and initial response to the adjacent federal lands (59 square miles). These federal lands within LAC are controlled by the U.S. Forest Service, Bandelier National Monument, General Services Administration and Bureau of Land Management and the tribal lands of the Santa Clara and San Ildefonso Pueblos.

Los Alamos National Labs is operated by the DOE/NNSA with Los Alamos National Security. It contains both nuclear and non-nuclear facilities. Hazardous materials of all kinds are also concentrated at LANL. These include chemicals of many types, flammable liquids, cryogenics, explosives, biological agents, special nuclear materials, and radioactive materials. Fire suppression service demands at LANL are high and the potential risk is very significant.

LANL is divided into technical areas that are used for building sites, experimental areas, and waste management locations. LANL is divided into 49, active and separate, Technical Areas (TA) sites with location and spacing that reflects the sites historical development patterns, regional topography, and functional relationships. There are approximately 925 permanent structures, 362 temporary structures (trailers, transportables) and 873 other structures and facilities. However these uses only account for a small part of the total land area. Development is limited by steep slopes and by the need for security and safety buffers because of the type of work performed. There are approximately 100 miles of paved roads and an estimated 168 miles of unpaved roads. LANL has approximately 9.5 million gross square feet of space including leased facilities with several other large facilities currently under construction.

Los Alamos County has one of the largest wildland urban interfaces in New Mexico. The town site is located on the boundary of the Pajarito Plateau. Neighborhoods are built on finger mesas that are separated by profound canyons carved into soft volcanic rock. This fragmented, linear arrangement of housing creates an unusually high proportion of homes located at the border or within the forest or woodland areas.

* What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped

64 %

ATTACHMENT A

properties?

* What percentage of your primary response area is for commercial and industrial purposes? 21 %

* What percentage of your primary response area is used for residential purposes? 15 %

* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only) 17744

* Do you have a seasonal increase in population?

No

If "Yes" what is your seasonal increase in population?

* How many active firefighters does your department have who perform firefighting duties? (whole numbers only) 139

* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only) 139

Does your department have a Community Paramedic program?

No

How many personnel are trained to the Community Paramedic level? (whole numbers only)

* How many stations are operated by your organization? (whole numbers only) 5

* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?

Yes

* 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. AFG does not require NFIRS reporting for nonaffiliated EMS Organizations and State Fire Training Academy.

Yes

If you answered "Yes" above, please enter your FDIN/FDID 28007

* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only) 139

* How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I) 139

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

No

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the Firefighter II level in this application, please describe in the box below your training program and your plans to bring your membership up to Firefighter II.

* What services does your organization provide?

Advanced Life Support
Airport Rescue Firefighting (ARFF)
Basic Life Support

Emergency Medical Responder
Haz-Mat Operational Level
Haz-Mat Technical Level

Rescue Operational Level
Rescue Technical Level
Structural Fire Suppression
Wildland Fire Suppression

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

Los Alamos National Laboratory (LANL) was created in 1942 by the U.S. Army Manhattan Engineer District with the initial mission to develop the world's first nuclear fission weapon. The relative isolation of Pajarito Plateau was considered

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ideal for this mission when the site was selected. At the end of WWII, the Atomic Energy Commission received control of LANL from the Army and renewed the contract with the University of California to maintain US pre-eminence in the field of atomic energy. Los Alamos County was created in 1949 and chartered in 1968 in response to the Atomic Energy Communities Act of 1954 that required the privatization of the community facilities surrounding national research laboratories.

The Los Alamos Fire Department (LAFD) was originally organized under the Manhattan project in April of 1943. At that time, it consisted of 7 civilian firefighters and 25 volunteer firefighters. Since then the Los Alamos has grown to 150 paid personnel running out of 5 stations, protecting the Los Alamos National Labs and the County of Los Alamos while maintaining an ISO Class 1 rating and International Accreditation . Our personnel are required to maintain extensive levels of minimum training to continue responding to the Labs.

FEMA Form 080-0-2

Fire Department Characteristics (Part II)

2016

2015

2014

* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?

0

0

0

* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?

0

0

0

* 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?

8

6

9

* Over the last three years, what was your organization's operating budget?

69432775

* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?

4513103

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

No

If Yes, what is the total amount currently set aside?

If Yes, describe the planned purpose of this fund

* What percentage of your annual operating budget is derived from:

2016

2015

2014

Enter numbers only, percentages must sum up to 100%

<u>Taxes?</u>	19 %	19 %	18 %
Bond Issues?	0 %	0 %	0 %
<u>EMS Billing?</u>	0 %	0 %	0 %
Grants?	81 %	81 %	82 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
<u>Fee for Service?</u>	0 %	0 %	0 %

* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.

Los Alamos County Fire Department currently does not have a budget for these proposed tri-band radios which are P-25 compliant. For fiscal year 2018, the communications budget does not support funding for portable radios.

* How many vehicles does your organization have in each 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.** (Enter numbers only and enter 0 if you do not have any of the vehicles below.)

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more):	6	5	44

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Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface			
Ambulances for transport and/or emergency response:	6	0	12
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	6	0	12
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	2	1	15
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	0	30
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	2	0	8
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	3	0	6

FEMA Form 080-0-2

Fire Department Call Volume

2016

2015

2014

* **Summary** of responses per year by category (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Fire - NFIRS Series 100	28	35	34
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	1	4	4
Rescue & Emergency Medical Service Incident - NFIRS Series 300	880	928	907
Hazardous Condition (No Fire) - NFIRS Series 400	33	39	49
Service Call - NFIRS Series 500	35	39	38
Good Intent Call - NFIRS Series 600	26	24	23
False Alarm & False Call - NFIRS Series 700	228	234	214
Severe Weather & Natural Disaster - NFIRS Series 800	0	4	1
Special Incident Type - NFIRS Series 900	1	1	2

FIRES

* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	11	12	13
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	2	3	5
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	13	19	16
What is the total acreage of all vegetation fires?	13	38	4

RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS

* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	223	253	146
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	1	0	0
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	16	9	8
How many EMS-BLS Response Calls	315	89	97
How many EMS-ALS Response Calls	559	204	209
How many EMS-BLS Scheduled Transports	146	156	191
How many EMS-ALS Scheduled Transports	131	449	441
How many Community Paramedic Response Calls	0	0	0

MUTUAL AND AUTOMATIC AID

* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

How many times did your organization receive Mutual Aid?	0	6	8
How many times did your organization receive Automatic Aid?	0	0	2
How many times did your organization provide Mutual Aid?	15	23	16
How many times did your organization provide Automatic Aid?	0	3	3
Of the Mutual and Automatic Aid responses, how many were structure fires?	0	0	0

Request Information

1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application **you will need to submit separate applications..**

Program Name

Operations and Safety

2. Will this grant benefit more than one organization?

Yes

If you answered "Yes" to Question 2, please explain how this request benefits other organizations below:

Having Tri-band P25 compliant portable radios benefits other agencies that do not operate on the same frequency bandwidth as LAFD.

* 3. Is your department facing a new risk, expanding service to new area, or experiencing an increased call volume?

Yes

If you answered "Yes" to Question 3., please explain how your department is facing a new risk, expanding service to new area, or experiencing an increased call volume

LAFD has expanded it's deployment model to respond not just to adjacent communities but out of state on campaign fires.

4. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.

\$0

* 5. Are you requesting a Micro Grant?
A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.

No

FEMA Form 080-0-2

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
Activity Specific Questions for AFG Operations and Safety Applications

OMB No.: 1660-0054

Expiration Date: August, 31 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 4.6 hours per response for FEMA Form 080-0-2b "Activity Specific Questions for AFG Operations and Safety Applications". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

Request Details

The activities for program **Operations and Safety** are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	1	\$ 217,240	\$ 0	View Details View Additional Funding Narratives
Modify Facilities	0	\$ 0	\$ 0	View Details
Personal Protective Equipment	0	\$ 0	\$ 0	View Details
Training	0	\$ 0	\$ 0	View Details
Wellness and Fitness Programs	0	\$ 0	\$ 0	View Details

Grant-writing fee associated with the preparation of this request. \$0

BudgetBudget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 217,240
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0
Federal and Applicant Share	
Federal Share	\$ 206,896
Applicant Share	\$ 10,344
Applicant Share of Award (%)	5

* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 10,344)

a. Applicant	\$ 10344
b. State	\$ 0
c. Local	\$ 0
d. Other Sources	\$ 0

If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.

Total Budget **\$ 217,240**

FEMA Form 080-0-2b

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

ATTACHMENT A

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 **Kelly Sterna** on **01/19/2018**

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 44CFR 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 44CFR 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 44CFR 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 grantees 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 DHS awarding office, i.e. regional office or DHS 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
1000 Central Ave	Los Alamos	New Mexico	87544 -0001	View

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 **Kelly Sterna** on **01/19/2018**

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.

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 Information	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: Fields marked with an * are required.

I, Kelly Sterna, am hereby providing my signature for this application as of 26-Jan-2018.