



**Assistance to Firefighters Grant Program
System Handbook**

October 2009

System Overview

In 2002, as part of the Office of Management and Budget's (OMB) President's Management Agenda, the Federal Emergency Management Agency (FEMA) created an automated grant system to provide the unique firefighter programs the required functionality to review and quickly distribute funds. The Assistance to Firefighters Grants (AFG) system provides functionality for Firefighters Assistance Grants at each stage of the grant lifecycle through corresponding modules within the system (i.e., administration and application, application review, awards, grant management, closeout, and monitoring).

The AFG system supports the four Firefighter Assistance Grants: AFG, Fire Prevention and Safety (FP&S), Staffing for Adequate Fire and Emergency Response (SAFER), and American Revitalization and Recovery Act (ARRA) AFG Station Construction Grants (SCG). Annually, the AFG system processes over 25,000 applications totaling over \$4.1 Billion in awards.

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Introduction

The AFG system is primarily used by the Grant Programs Directorate (GPD) within FEMA. Additional stakeholders with a role in the grant lifecycle are listed in the tables to follow. This document serves as a resource for staff assigned to the Grant Specialists (GS) in the AFG system. The goal of this manual is to assist the GS in gaining an understanding of how to conduct a Completeness Review, Prepare an Award Package, and complete the payment, amendment and de-obligation processes of awarded applications.

System Responsibilities

The AFG Systems Team exists within the GPD's Grants Management Division (GMD) Systems Branch, and its core responsibility is to provide technical and functional support to its stakeholders. Additionally, the AFG Systems Team partners with the FEMA GPD Grant Development & Administration Division (GD&A) AFG Branch to ensure that the system needs of the GMD are implemented.

Below is a list of important players, their contact information, and an overview of their responsibilities:

AFG System Responsibilities

System Role	Agency/Company	Title/Contact Information	Responsibilities
AFG Branch	FEMA GPD GD&A AFG Branch	Branch Chief: Brian Cowan brian.cowan@dhs.gov 202-786-9790 Section Chief: Tom Harrington tom.harrington@dhs.gov 202-786-9791	In coordination with stakeholders, document and track the progress of all GD&A issues to ensure resolution of System Change Requests (SCRs) and Database Modifications (DBMods); and develop functional requirements, as necessary.
Systems and Business Support Branch	FEMA GPD GMD Systems and Business Support Branch	AFG Team Lead: Kristos W. Kowgios kristos.kowgios@dhs.gov 202-786-9539 Booz Allen Hamilton Support: Katie Root katie.root@fema.gov 202-786-9460	AFG Team Lead: In coordination with stakeholders, document and track the progress of all GMD issues and ensure resolution of SCRs and

		<p>Booz Allen Hamilton Support: Daniela Matarazzo daniela.matarazzo@fema.gov 202-786-9659</p> <p>Net America Support: Nelli Epelman nelly.epelman@fema.gov 202-786-9982</p> <p>Systems Branch Section Chief: Cameline Toro cameline.toro@dhs.gov 202-786-9527</p> <p>Systems Branch Chief: Bianca Costa bianca.costa@dhs.gov 202-786-9503</p>	<p>DBMods; monitors system use to identify and implement future training needs; and provides support to resolve urgent priorities.</p> <p>Systems Branch Chief: Identifies and communicates GMD leadership priorities to the AFG Team Lead.</p>
Customer Advocate	FEMA Office of the Chief Information Officer (OCIO)	<p>Customer Advocate: Robert Quarles robert.quarles@fema.gov 202-212-5267</p>	<p>Manages system development and help desk contracts; facilitates resolution of issues; and promotes the interests of all vested parties.</p>
Help Desk	McKing Consulting Corp.	<p>Assistance to Firefighters Grant Program Help Desk 1-866-274-0960 firegrants@dhs.gov</p>	<p>Provides front-line support for internal and external AFG stakeholders; connects stakeholders with appropriate FEMA Points of Contacts (POC).</p>
System Developer	Net America REI Systems, Inc.	<p>Net America REI Systems, Inc.:</p> <p>Gilbert Veney: gveney@reisys.com</p> <p>Wei Kong:</p>	<p>Manages the System Development Lifecycle (SDLC) to implement SCRs and DBMods; provides technical support</p>

		wkong@reisys.com Gengwen Wang: gwang@reisys.com	to assist with identifying solutions for identified issues.
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AFG System Key Terms Glossary

Term	Definition
Application Package	A set of forms that an agency posts and makes available to applicants (see test regarding FEMA GPD Fiscal Year (FY) 09 Application Package).
Assistance Officer (AO)	The senior business management advisor for non-disaster grants. The AO is the FEMA official authorized to obligate the Government to the expenditure of funds under a grant award or to change the funding, duration, or other terms and conditions of an award. Business management activities include, but are not limited to: evaluating grant applications for administrative content and compliance with statutes, regulations, and guidance; negotiating awards; providing consultation and technical assistance to applicants and recipients, including interpretation of grants administration policies and award terms and conditions; and administering and closing out grants. The AO works closely with its counterparts at the recipient organization and with the designated FEMA Program Specialist.
DBMod (Database Modification)	A one-time roll-back of functionality to fix a non-repetitive system issue. If the same type of DBMod is requested by a number of AFG system users, it may need to be escalated as a System Change Request (SCR) to either provide a system enhancement or fix a system bug.
eFIND	The portal on Grants.gov that allows agencies to post and grantees to view the synopsis information for a grant program opportunity.
Functional Requirements	An articulation of demonstrated understanding of the business processes the system needs to automate; what the system needs to do.
Funding Opportunity Number	The number that a federal agency assigns to its grant announcement.
Grants Management Specialist (GMS)	A FEMA employee with assigned responsibility for the day-to-day management of a FEMA non-disaster grant portfolio. The GMS performs many activities on behalf of the AO and usually is the primary Point Of Contact (POC) for the recipient when dealing with grant-related issues. In the AFG system, the GMS is assigned the GS role.
JIRA (Gojira)	The proposed system of choice to track all FEMA GMD issues (SCRs, DBMods, and Non-Technical issues) through initiation to resolution.

Issue	A system bug, enhancement, or training/communication need that is communicated by an external or internal source of input to the AFG Systems Team.
Mandatory Forms	Forms required for the application. Please note that a mandatory form must be completed before the system will allow the applicant to submit the application package.
Non-functional Requirements	Requirements determined by FEMA OCIO and FEMA GPD that impact the quality and performance of the AFG system (e.g., speed, reliability, capacity, security needs, etc.).
Non-technical Issue	If an issue is reported by the system user community, which does not require either an SCR or a DBMod to resolve the issue, that issue may be resolved through a non-technical solution. These types of issues would generally involve either improvements to current training or communications and would not require involvement with the AFG System Development Team.
Program Specialist (PS) /Program Officer (PO)	The FEMA official responsible for the programmatic aspects of assigned non-disaster applications and grants. The PS/PO's responsibilities include, but are not limited to, development of programs to meet the FEMA mission; preparation of grants guidance; provision of programmatic technical assistance; post-award monitoring of project/program performance, including review of progress reports and making site-visits; and other activities complementary to those of the AO. The PS/PO and the AO/GMS work as a team in many of these activities.
Polytron Version Control System (PVCS) Tracker	The OCIO system where all GMD proposed SCRs are to be entered by the AFG System Team Lead and then reviewed and addressed by the AFG System Development Team and the OCIO Customer Advocate.
SCR (System Change Request)	Either a detected, non-duplicative, technical fix for a system bug or a technical fix to provide a system enhancement.

AFG System Roles

AFG Roles	Rights
Program Manager	Administration, Application Review, Awards, Grant Management, Grant Monitoring
Regional Fire Specialist	Administration, Grant Management, Grant Monitoring
Program Specialist	Application Review, Grant Management, Closeout, Grant Monitoring
Grants Specialist	Awards, Grant Management, Grant Monitoring, Closeout
Assistance Officer	Awards, Grant Management, Grant Monitoring
Office of Grants & Training	Awards, Grant Management
Congressional	Awards

Affairs	
Congressional Affairs Supervisor	Awards
Public Affairs	Awards
Vendor File Staff	Awards, Grant Management
Obligation File Staff	Awards, Grant Management
Administrative Staff	Awards, Grant Management, Closeout
Grants Branch Chief	Awards
Certifying Official	Grant Management
Accounting Branch Chief	Grant Management
Vendor Specialist	Grant Management
Payment File Staff	Grant Management
Applicant	Administration
Grantee	Administration, Grant Management, Closeout

AFG System Log-In

Using the System to Conduct a Completeness Review

Once direction is received from the AO, the GS can begin the application's Completeness Review. The GS should initiate this phase by contacting the applicant with the "Standard E-mail Questionnaire."

Once the GS receives the applicant's responses and any other required information, the GS begins the Completeness Review by logging on to the AFG System (<https://portal.fema.net/famsRuWeb/home>).

Log-In Page

FEMA - DHS Integrated Security and Access Control System
Version: 2.13.00-12032008_469 Server: mweg2vr1 [FEMA Home](#)

OUR MISSION
To reduce loss of life and property and protect our nation's critical infrastructure from the impact of hazards through a comprehensive, risk-based, emergency management program of mitigation, preparedness, response and recovery.

All fields marked with an asterisk (*) are required!

* UserID:
* Password:

Login Reset

Session expires in thirty minutes for this application.

This computer system is operated and maintained by the United States Government for the use of its staff, contractors, and other authorized users. You enjoy no expectation of privacy in your use of the system, whether for official business or for limited personal use. Activity on this system is subject to monitoring in the course of system administration and for the purpose of protecting the system from unauthorized use. System administrators may provide possible evidence of criminal activity or other misconduct to law enforcement and other appropriate officials. In addition, all information on this computer system may be examined by and disclosed to authorized personnel for official purposes. By authenticating yourself to this system, you consent to these terms of use of the system.

[Español](#) | [Accessibility](#) | [Site Help](#) | [Site Index](#) | [FEMA Contact](#) | [FEMA Home](#)
FEMA 500 C Street SW, Washington, D.C. 20472 Phone: (202) 566-1600

Problems Logging-In?

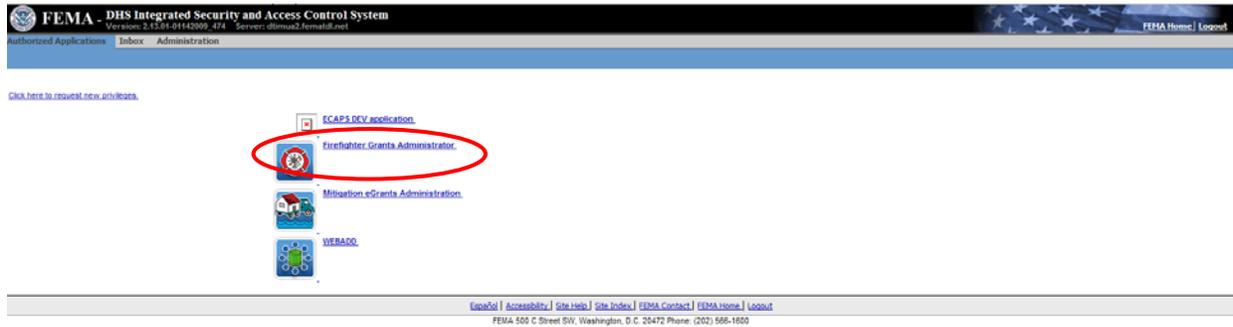
The screenshot shows a web browser window displaying the ISAAC Password Change Utility. The page title is "ISAAC Password Change Utility". Below the title, there is a paragraph explaining the utility's purpose and password requirements. A list of links is provided, including "DHS Sensitive Systems Handbook: Attachment I, Password Management", "NIST 800-63 Electronic Authentication Guideline", "Password Change Utility User's Guide", "ISAAC Strong Password Implementation Summary", and "ISAAC Strong Password Frequently Asked Questions". To the right of the links is an image of a keychain with several keys. Below the links, there is a section titled "CHECK PASSWORD EXPIRATION" with a "Username:" label and a text input field, and a "CheckExpiration" button. To the right of this is a section titled "CHANGE PASSWORD" with "Username:", "Current Password:", "Suggested Password: Uf*53ToJ", "New Password:", and "Confirm New Password:" labels, each followed by a text input field. There are "ChangePassword" and "Reset" buttons below the input fields. At the bottom of the page, there are two buttons: "NACS Menu" and "Security Awareness Training".

If problems are experienced with logging-in, visit the Integrated Security and Access Control System's (ISAAC) web site. This system can assist with changing and resetting passwords. The web site is:

http://nemis.fema.net/pls/nacs_pub/nacs_change_pwd.show_chg_pwd.

If problems continue to occur, contact the Enterprise Operations (EOPS) Help Desk at 1-877-611-4700 or by e-mail at EOPS@dhs.gov.

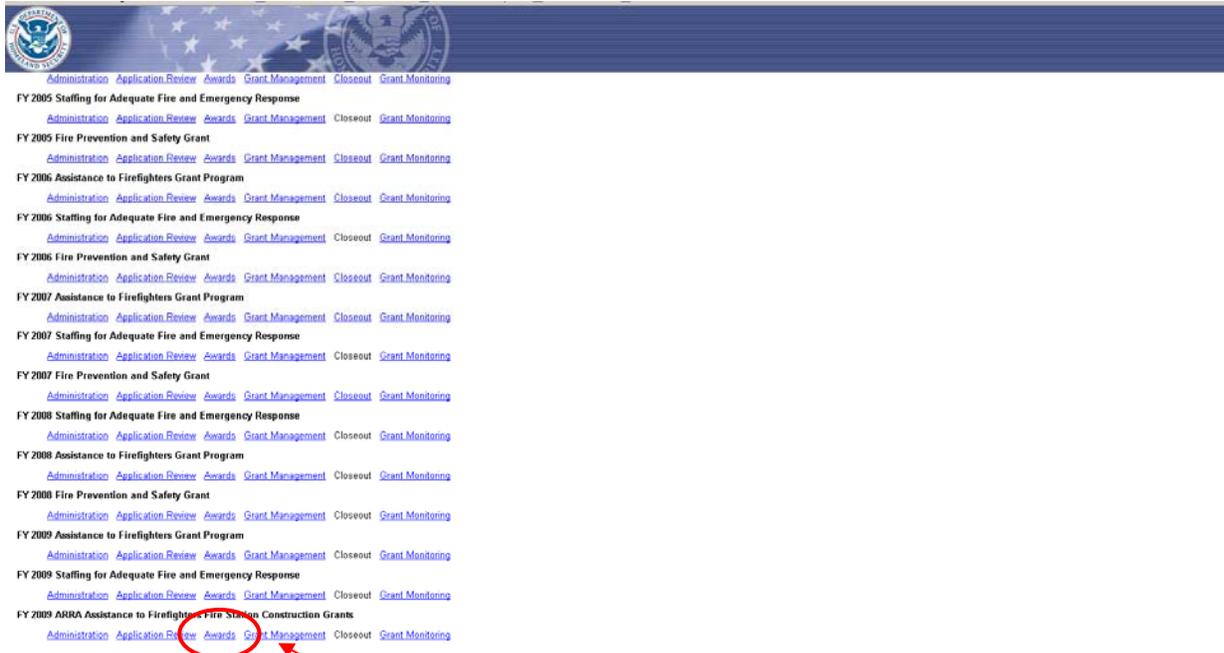
DHS Integrated Security and Access Control System (ISSAC)



Once a successful log-on has occurred, the above screen will be displayed. On this page, select the *Firefighter Grants Administrator* link to continue.

Conduct a Completeness Review

AFG Status Page



The screenshot displays a list of grant programs with the following structure:

- Header: [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 1: **FY 2005 Staffing for Adequate Fire and Emergency Response**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 2: **FY 2005 Fire Prevention and Safety Grant**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 3: **FY 2006 Assistance to Firefighters Grant Program**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 4: **FY 2006 Staffing for Adequate Fire and Emergency Response**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 5: **FY 2006 Fire Prevention and Safety Grant**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 6: **FY 2007 Assistance to Firefighters Grant Program**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 7: **FY 2007 Staffing for Adequate Fire and Emergency Response**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 8: **FY 2007 Fire Prevention and Safety Grant**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 9: **FY 2008 Staffing for Adequate Fire and Emergency Response**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 10: **FY 2008 Assistance to Firefighters Grant Program**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 11: **FY 2008 Fire Prevention and Safety Grant**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 12: **FY 2009 Assistance to Firefighters Grant Program**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 13: **FY 2009 Staffing for Adequate Fire and Emergency Response**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)
- Program 14: **FY 2009 ARRA Assistance to Firefighters Fire Station Construction Grants**
 - [Administration](#) [Application Review](#) [Awards](#) [Grant Management](#) [Closeout](#) [Grant Monitoring](#)

Once access to the AFG System is obtained, the Status page will appear. On this page, select the assigned grant program/fiscal year, and click the *Awards* link under the specific grant program's name.

Overview Page

The screenshot shows the 'Overview' page of the 'FY 2007 Assistance to Firefighters Grant Program'. The top navigation bar includes 'Administration', 'Application Review', 'Awards', 'Grant Management', 'Closeout', and 'Grant Monitoring'. A search box for 'Find Application' is located on the right. On the left side, a dropdown menu is open, showing a list of roles: 'Program Manager', 'Grant Specialist', 'Assistance Officer', 'IGBT', 'Congressional Affairs', 'CA Supervisor', 'Public Affairs', 'Vendor File Staff', 'Obligation File Staff', 'Administrative Staff', and 'Grants Branch Chief'. The 'Grant Specialist' option is circled in red. Below the dropdown menu are links for 'Monthly Report', 'Program Items Report', 'Return to Status', and 'Log Off'. The main content area is titled 'Overview' and contains a welcome message: 'Welcome to the FY 2007 Assistance to Firefighters Grant Program handbook. All process steps available for you are listed on the left hand side based on the role assigned to you. Please click on one of these steps to carry out the associated tasks.' The footer contains links for 'USFA Home', 'EFMA', 'Frequently Asked Questions', 'Glossary', 'Privacy', and 'Help'.

On the Overview page, ~~utilize the drop-down menu on the top left-hand side of the screen and~~ select *Grants Specialist* ~~from the drop-down menu on the top left-hand side of the screen~~, then click *Go*.

Overview Page

Overview

Welcome to the FY 2007 Assistance to Firefighters Grant Program handbook. All process steps available for you are listed on the left hand side based on the role assigned to you. Please click on one of these steps to carry out the associated tasks.

Pending Award Package	Application Released	Application Ineligible	Pending Completeness Review	Available for Check In
0	1	0	7	8

Award Number	Fire Department Name	Program Name	Federal Share	Status
EMW-2007-FO-00244	Laurel Fire Department	Operations and Safety	57000	Pending Check In
EMW-2007-FO-00261	Boondocks Fire Department	Operations and Safety	495883	Application Released
EMW-2007-FO-00262	TDL Mar 2 - All apps	Operations and Safety	129600	Pending Completeness Review
EMW-2007-FO-00849	8333	Operations and Safety	8000	Pending Completeness Review
EMW-2007-FO-01270	8333	Operations and Safety	0	Pending Completeness Review
EMW-2007-FR-00222	Vienna F D	Operations and Safety	80000	Pending Completeness Review
EMW-2007-FR-00261	Boondocks Fire Department	Operations and Safety	1000000	Pending Completeness Review
EMW-2007-FR-00142	5 fire department	Operations and Safety	190004	Pending Check In
EMW-2007-FV-00001	KIRAN - TDL - Regional Request - 3	Vehicle Acquisition	220000	Pending Completeness Review
EMW-2007-FV-00061	Joe's Fire Department	Vehicle Acquisition	160000	Pending Completeness Review

The process steps available for the role of GS are listed on the left-hand side of the screen. Click on the *Completeness Review* link in order to begin.

Completeness Review Page

FY 2007 Assistance to Firefighters Grant Program

Administration Application Review **Awards** Grant Management Closeout Grant Monitoring Find Application Go

Grant Specialist Go

Completeness Review

Awards that are in **completeness review step** are listed below. To review an award, click on the appropriate link under the *Action* column. To view the details of the corresponding application, click on the link listed in the award number column. To search for specific awards, click on the *Search* button. When you are finished with the completeness review and would like to continue to the next step, click on the *Continue* button.

Note: Awards marked with an * have a rejected vendor file.
Awards marked with an ^ require award negotiation.

Displaying 1-7 of 7

Display Options Go

Award Number	Fire Department Name	Congressional District	Program	Federal Share	Negotiation Comments	Action
** EMW-2007-FV-00081	Joe's Fire Department		Vehicle Acquisition	160000	Yes	Review
EMW-2007-FQ-00082	TDL Mar 2 - All apps		Operations and Safety	129600	No	Review
EMW-2007-FR-00022	Vienna F D		Operations and Safety	80000	No	Review
* EMW-2007-FR-00061	Boondocks Fire Department		Operations and Safety	1000000	No	Review
EMW-2007-FV-00001	KRAN - TDL - Regional Request - 3		Vehicle Acquisition	220000	No	Review
EMW-2007-FQ-01270	8333		Operations and Safety	0	No	Review
EMW-2007-FQ-00849	8333		Operations and Safety	8000	No	Review

Go Back Continue

USFA Home | FEMA | Frequently Asked Questions | Glossary | Privacy | Help

Awards that require Completeness Review are listed on the *Completeness Review* screen. Select the appropriate award by clicking on the *Review* link, under the *Action* column.

To view the details of the corresponding award, click on the link listed in the *Award Number* column. To search for specific awards, click on the *Search* button.

Completeness Review Page

FY 2007 Assistance to Firefighters Grant Program

Administration | Application Review | **Awards** | Grant Management | Closeout | Grant Monitoring
Find Application Go

Grant Specialist Go

Grant Specialist Handbook

[Overview](#)

[Check Out Awards](#)

[Completeness Review](#)

[Prepare Award Packages](#)

[Update Application](#)

[Check In Awards](#)

[Award Reports](#)

[Activity Report](#)

[Return to Status](#)

[Log Off](#)

Completeness Review

8333, District of Columbia: EMW-2007-FO-01270 Status: Review in progress

Contact Name: Chris toadff5705	Address: 500 c st	Population: 55555
Contact Phone: 3013334444	City: wash	Panel Score: 82.67
Contact Email: fredex@firefy.com	State: District of Columbia	Amount Requested: \$0.00
Contact Fax:	Zipcode: 20001-2768	Approved Cost: \$0.00
EIN: 91-1234567	Department: All Paid/Career	Federal Share: \$0.00
Program: Operations and Safety	View Panel Score Summary	View Application Details

Please use the following checklist to carry out the completeness review. To finish this review, select the appropriate response for each question, indicate the review status, enter any relevant comments, and click on the *Save and Continue* button.

During negotiation with the applicant, it may be necessary to adjust the federal share requested.

Adjust Federal Share

Completeness Review	Response
Is the recipient on the Excluded Party List?	<input type="radio"/> Yes <input type="radio"/> No
Did your review of the single audit database show any audit issues for this recipient?	<input type="radio"/> Yes <input type="radio"/> No
Has the applicant had a FEMA/DHS AFG grant previously?	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes above, is applicant in good standing on that grant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Did your review reveal that the applicant is sharing an EIN?	<input type="radio"/> Yes <input type="radio"/> No
If yes, did the applicant state that they are sharing an EIN in their email response?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If no, did the applicant confirm that the EIN is correct in their email response?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
You cannot mark this application Complete if one or more of your responses below is No	
Have you analyzed the applicant's response to the question regarding any other federal funding this fiscal year and ensured that there is no duplication of funding to the applicant?	<input type="radio"/> Yes <input type="radio"/> No
Does the applicant have a valid DUNS number?	<input type="radio"/> Yes <input type="radio"/> No
Did the recipient provide an appropriate and reasonable budget?	<input type="radio"/> Yes <input type="radio"/> No
Was the match verified?	<input type="radio"/> Yes <input type="radio"/> No
Did the recipient provide a detailed program narrative?	<input type="radio"/> Yes <input type="radio"/> No

[USFA Home](#) | [FEMA](#) | [Frequently Asked Questions](#) | [Glossary](#) | [Privacy](#) | [Help](#)

To execute the Completeness Review, select the appropriate response for each question.

Use the applicant's responses to the Standard E-mail Questionnaire to answer most questions; and click on all available hyperlinks in order to collect required information for the review. The following pages will assist in answering these questions.

Completeness Review Questions

Question One

<u>Is the recipient on the Excluded Party List?</u>	Yes
	No

To answer this question, first obtain the applicant's Employee Identification Number (EIN).

Finding the Applicant's EIN

Completeness Review

9333 - District of Columbia: EMW-2007-FO-01270 Status: Review in progress

Contact Name:	Chris tload#5705	Address:	500 c st	Population:	55555
Contact Phone:	30 3334444	City:	wash	Panel Score:	82.0*
Contact Email:	tload5705@reisy.com	State:	District of Columbia	Amount Requested:	\$0.00
Contact Fax:		Zipcode:	20001-2788	Approved Cost:	\$0.00
EIN:	91-1234567	Department:	All Paid/Career	Federal Share:	\$0.00
Program:	Operations and Safety	View Panel Score Summary		View Application Details	

Please use the following checklist to carry out the completeness review. To finish this review, select the appropriate response for each question, indicate the review status, enter any relevant comments, and click on the **Save and Continue** button.

During negotiation with the applicant, it may be necessary to adjust the federal share requested.

Completeness Review	Response
Is the recipient on the Excluded Party List ?	<input type="radio"/> Yes <input type="radio"/> No
Did your review of the single audit database show any audit issues for this recipient?	<input type="radio"/> Yes <input type="radio"/> No
Has the applicant had a FEMA/DHS AFC grant previously?	<input type="radio"/> Yes <input type="radio"/> No

The organization's EIN is found in the summary information provided at the top of the Completeness Review page and under *View Application Details*. To find the organization's EIN under *View Application Details*, click *View Application Details* on the top right-hand side of the screen.

Applicant Information Select section to review

EMW-2007-FO-01270
Originally submitted on 03/03/2007 by Chris tload#5705 (Userid: tload#5705)

Contact Information:

Address: 1414 West Street
City: Laurel
State: Minnesota
Zip: 22222
Day Phone: 3013334444
Evening Phone:
Cell Phone:
Email: firedev@reisy.com

* Organization Name	8333
* Type of Applicant	Fire Department/Fire District
* Type of Jurisdiction Served	County
If other, please enter the type of Jurisdiction	
* Employer Identification Number	91-1234567
* DUNS Number	123456789
Headquarters or Main Station Physical Address	
* Physical Address 1	500 c st
Physical Address 2	
* City	wash
* State	District of Columbia
* Zip	20001 - 2788 Need help for ZIP+4?
Mailing Address	

Useful information such as the applicant's EIN can be found on the Application Detail page. Make sure to confirm that the EIN provided during application matches the number provided in the Standard E-mail Questionnaire.

Note: Always exit out of pop-up windows while using the system.

Is the recipient on the Excluded Party List?

Now, to verify the applicant's status on the Excluded Party List, click on the hyperlink of Question One. The Excluded Party List System's web site will open.

Excluded Party List System

EPLS - Excluded Parties List System

Important Notice to EPLS Users

Beginning January 20, 2009, the EPLS web site will be updated to disallow the use of SSL (Secure Socket Layer) version 3.0 for secure connections. Once the site is updated, TLS (Transport Layer Security) version 1.0 will be the only supported protocol for secure connections to EPLS.

Introduction

This World Wide Web site is provided as a public service by General Services Administration (GSA) for the purpose of efficiently and conveniently disseminating information on parties that are excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and nonfinancial assistance and benefits, pursuant to the provisions of 31 U.S.C. 6101, note, E.O. 12549, E.O. 12689, 48 CFR 9.404, and each agency's codification of the Common Rule for Nonprocurement suspension and debarment.

Security Notice

This system and related software and equipment are intended solely for the communication, transmission, processing, and storage of U.S. Government information. For site security purposes and to ensure that this Web site remains available to all users, GSA monitors network traffic to identify unauthorized attempts to upload or change information or to otherwise cause damage to the site. **Anyone using this Web site expressly consents to such monitoring.**

Unauthorized attempts to modify any information stored on this system, or to defeat or circumvent security features are prohibited and may result in criminal prosecution. If monitoring reveals evidence of possible criminal activity, such evidence may be provided to law enforcement personnel.

Click on the *Exact Name and SSN/TIN* link on the left-hand side of the screen.

EPLS Exact Name and SSN/TIN Search

It is recommended to first use either the **Advanced Search** or **Multiple Names** search before performing an **Exact Name and SSN/TIN** search. If you have identified a potential match, type the name into the **Exact Name** field precisely as it appears in the record found in your previous search.

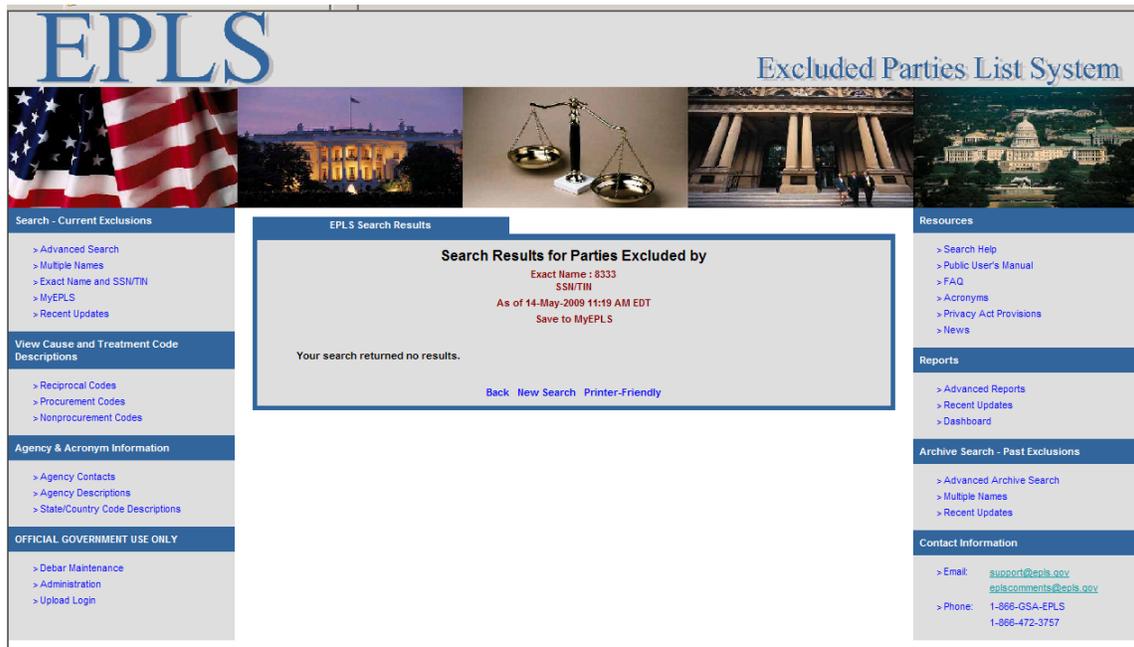
Exact Name
Format: Last, First Middle or Last, First MI.

SSN / TIN
Format: 123456789

On this page, enter the name of the organization in the *Exact Name* field, and then enter the organization's EIN number on the *SSN/TIN* field.

Note: Make sure to type the EIN number with no spaces or dashes.

Is the recipient on the Excluded Party List?



The screenshot displays the EPLS (Excluded Parties List System) website interface. At the top, the logo "EPLS" is on the left and "Excluded Parties List System" is on the right. Below the header are five images: an American flag, the White House at night, a pair of scales of justice, a classical building entrance, and the U.S. Capitol building.

The main content area is titled "EPLS Search Results" and contains a search results box with the following text:

Search Results for Parties Excluded by
Exact Name : 8333
SSN/TIN
As of 14-May-2009 11:19 AM EDT
Save to MyEPLS

Below this, it states: "Your search returned no results." and provides links for "Back", "New Search", and "Printer-Friendly".

The website has a sidebar with several navigation menus:

- Search - Current Exclusions**
 - > Advanced Search
 - > Multiple Names
 - > Exact Name and SSN/TIN
 - > MyEPLS
 - > Recent Updates
- View Cause and Treatment Code Descriptions**
 - > Reciprocal Codes
 - > Procurement Codes
 - > Nonprocurement Codes
- Agency & Acronym Information**
 - > Agency Contacts
 - > Agency Descriptions
 - > State/Country Code Descriptions
- OFFICIAL GOVERNMENT USE ONLY**
 - > Debar Maintenance
 - > Administration
 - > Upload Login

On the right side, there are additional menus:

- Resources**
 - > Search Help
 - > Public User's Manual
 - > FAQ
 - > Acronyms
 - > Privacy Act Provisions
 - > News
- Reports**
 - > Advanced Reports
 - > Recent Updates
 - > Dashboard
- Archive Search - Past Exclusions**
 - > Advanced Archive Search
 - > Multiple Names
 - > Recent Updates
- Contact Information**
 - > Email: support@epls.gov
eplscomments@epls.gov
 - > Phone: 1-866-GSA-EPLS
1-866-472-3757

Record the applicant's status in the Excluded Party List System to answer Question One.

Question Two

Did your review of the [single audit database](#) show any audit issues for this recipient?

Yes

No

Click the hyperlink for the single audit database. The Federal Audit Clearinghouse web site will open.

Federal Audit Clearinghouse Website

The screenshot shows the Federal Audit Clearinghouse website. On the left is a navigation menu with links for 2002-2007 FAQ's, 2008 FAQ's, Quick FAC Links +, FAC Resources +, Latest News +, Contacts, and FAC Privacy Policy. The main content area is titled "SEARCH OPTIONS FOR SINGLE AUDIT DATA". It includes a red notice: "*Notice: 2008 FY submissions will not be processed by the Federal Audit Clearinghouse until 2009." Below this is a "TEMPORARY SEARCH OPTION: Search for Status of 2008 FY Submissions" link. The primary section is "Search for Status of Submissions (Complete and Incomplete Records)", which contains a red circle around the "1 Entity Search" link, and a "2 Advanced Entity Search" link. Below that is a "Search for Complete Records Only" section with links for "3 Entity Search", "4 Advanced Entity Search", "5 CFDA Search", and "6 Advanced CFDA Search". A list of links includes "Instructions for Accessing Single Audit Data (pdf)**", "View Single Audit field definitions list", "Download the Complete Single Audit Database", "Download all Auditees with Incomplete Audits", "View a Summary of Single Audits by Fiscal Year", and "Access Specialized Reports". A PDF icon for "Instructions for Accessing Single Audit Data (pdf)**" is also present. At the bottom, there is a link: "Trouble viewing downloaded data? Click here for help."

Click *Entity Search*.

Does the audit database show any audit issues for the applicant?

The screenshot shows the "AUDIT STATUS - ENTITY SEARCH" page. The title is "AUDIT STATUS - ENTITY SEARCH". Below the title is the instruction: "Check the status of an auditee's A-133 submission." The main search area contains a red circle around the text: "Enter part of the Auditee Name, Complete 9-digit EIN, or State to search the database." Below this is an input field. The word "OR" is centered below the input field. Below "OR" is the text: "Enter a list of multiple EIN numbers (one per line):" followed by a text area. Below the text area is a box titled "Optional Search Criteria:" containing "Limit Number of Records Returned to:" and "Sort Options:". Below the search area is the instruction: "Either view or download the results of the Audit Status Entity search." followed by two buttons: "View Results of Audit Status Entity Search" and "Download Results of Audit Status Entity Search". Below these buttons is the word "OR" and a link: "*Click to Download all Auditees with Incomplete Audits". At the bottom, there is a link: "Trouble viewing downloaded data? Click here for help." and a button: "Single Audit Search Options".

On this page, enter the organization's EIN number on the Enter part of the Auditee Name, Complete 9-digit EIN, or State to search the database field, and then click the View Results of Audit Status Entity Search button.

Note: Always exit out of pop-up windows while using the system.

Question Three

Has the applicant had a FEMA/DHS AFG grant previously?	Yes
	No

To answer this question, refer to the applicant's Standard E-mail Questionnaire (question 9a).

Completeness Review Page

The screenshot shows the 'Completeness Review Page' for the FY 2007 Assistance to Firefighters Grant Program. The page is divided into a left sidebar with navigation links and a main content area with a list of questions. The questions are as follows:

- Did your review of the [single audit database](#) show any audit issues for this recipient? Yes No
- Has the applicant had a FEMA/DHS AFG grant previously? Yes No
- If you answered yes above, is applicant in good standing on that grant? Yes No N/A
- Did your review reveal that the applicant is sharing an EIN? Yes No
- If yes, did the applicant state that they are sharing an EIN in their email response? Yes No N/A
- If no, did the applicant confirm that the EIN is correct in their email response? Yes No N/A
- You cannot mark this application Complete if one or more of your responses below is No
- Have you analyzed the applicant's response to the question regarding any other federal funding this fiscal year and ensured that there is no duplication of funding to the applicant? Yes No
- Does the applicant have a valid DUNS number? Yes No
- Did the recipient provide an appropriate and reasonable budget? Yes No
- Was the match verified? Yes No
- Did the recipient provide a detailed program narrative? Yes No
- Did the applicant verify that the organization name is correct in their email response? Yes No
- Did the recipient or authorized representative sign the Assurances and Certifications? Yes No
- Was the indirect cost agreement received? Yes No N/A
- Did you review the [program office comments](#) and resolve any identified issues? Yes No
- Was the recipient contacted? Yes No
- If you answered Yes above, indicate the date: [MON] [DD] [YYYY]
- Did the recipient agree to accept the grant if awarded? Yes No

Review Status

Based on your answers above, please indicate the review status of this application:

Pending Review Complete, Approve Incomplete, Release Application Ineligible Award Declined

GMS Comments

2000 characters left

Go Back Save and Continue

Confirm that the applicant has answered correctly in the Standard E-mail Questionnaire. First, save the Completeness Review by selecting the *Pending Review* option on the bottom of the page in order to save the work. Then click *Save and Continue*.

Has the applicant had a FEMA/DHS AFG grant previously?

FY 2007 Assistance to Firefighters Grant Program

Administration Application Review **Awards** Grant Management Closeout Grant Monitoring

Grant Specialist Go

Grant Specialist Handbook

[Overview](#)

[Check Out Awards](#)

[Completeness Review](#)

[Prepare Awards Packages](#)

[Update Application](#)

[Check In Awards](#)

[Award Reports](#)

[Activity Report](#)

[Return to Status](#)

[Log Off](#)

Completeness Review

8333_District of Columbia: EMW-2007-FO-01270

Contact Name:	Chris toadff5705	Address:	500 c at
Contact Phone:	3013334444	City:	wash
Contact Email:	fredev@reivys.com	State:	District of Columbia
Contact Fax:		Zipcode:	20001-2768
EIN:	91-1234567	Department:	All Paid/Career
Program:	Operations and Safety	View Panel Score Summary	

Please use the following checklist to carry out the completeness review. To finish this review, select the appropriate response for relevant comments, and click on the *Save and Continue* button.

During negotiation with the applicant, it may be necessary to adjust the federal share requested.

Completeness Review	Response
Is the recipient on the Excluded Party List?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Did your review of the single audit database show any audit issues for this recipient?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was the applicant had a FEMA/DHS AFG grant previously?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If you answered yes above, is applicant in good standing on that grant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Did your review reveal that the applicant is sharing an EIN?	<input type="radio"/> Yes <input type="radio"/> No
If yes, did the applicant state that they are sharing an EIN in their email response?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If no, did the applicant confirm that the EIN is correct in their email response?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
You cannot mark this application <i>Complete</i> if one or more of your responses below is <i>No</i>	
Have you analyzed the applicant's response to the question regarding any other federal funding this fiscal year and ensured that there is no duplication of funding to the applicant?	<input type="radio"/> Yes <input type="radio"/> No
Does the applicant have a valid DUNS number?	<input type="radio"/> Yes <input type="radio"/> No
Did the recipient provide an appropriate and reasonable budget?	<input type="radio"/> Yes <input type="radio"/> No
Was the match verified?	<input type="radio"/> Yes <input type="radio"/> No
Did the recipient provide a detailed program narrative?	<input type="radio"/> Yes <input type="radio"/> No

[USFA Home](#) | [FEMA](#) | [Frequently Asked Questions](#) | [Glossary](#) | [Privacy](#) | [Help](#)

Find Application Year Independent

Utilize the drop-down menu in the top right-hand corner of the screen. Select *Find Application Year Independent* from the drop-down menu in the top right-hand corner of the screen, and click *Go*.

Has the applicant had a FEMA/DHS AFG grant previously?

The screenshot shows the 'Find Application Year Independent' search page. The top navigation bar includes 'Administration', 'Application Review', 'Awards', 'Grant Management', 'Closeout', and 'Grant Monitoring'. The 'Awards' tab is active. The page title is 'Find Application Year Independent'. Below the title, there is a search criteria table with 14 rows. The first row is 'Fire Department Name' with an empty text input field. The second row is 'EIN' with an empty text input field. The third row is 'Application Number' with an empty text input field and a note '(5 digit application number)'. The remaining rows are dropdown menus for 'State', 'Applicant Type', 'Department Type', 'Service Area', 'Program Name', 'Year', '1199A Status', 'Status', 'Sort by' (set to 'Fire Department Name'), and 'Results per page' (set to '50'). A 'Search' button is located below the table. On the left side, there is a sidebar with a 'Grant Specialist Handbook' and several links: 'Overview', 'Check Out Awards', 'Completeness Review', 'Prepare Award Packages', 'Update Application', 'Check In Awards', 'Award Reports', 'Activity Report', 'Return to Status', and 'Log Off'. The footer contains links for 'USFA Home', 'FEMA', 'Frequently Asked Questions', 'Glossary', 'Privacy', and 'Help'.

Search Criteria	Input
Fire Department Name	<input type="text"/>
EIN	<input type="text"/>
Application Number	<input type="text"/> (5 digit application number)
State	All
Applicant Type	All
Department Type	All
Service Area	All
Program Name	All
Year	All
1199A Status	All
Status	All
Sort by	Fire Department Name
Results per page	50

Enter the fire department's name as well as any additional information to help narrow the search and click *Search*.

Has the applicant had a FEMA/DHS AFG grant previously?

Application Preview Page

Application Preview

Below is a list of applications that match your search criteria. Sort the list by clicking on a column name.

Displaying 1-50 of 1685

Select	Application Number	Fire Department Name	Fire Department Type	State	Program Name	Federal Share	Status
<input type="radio"/>	EMW-2007-FO-00101	8333	All Paid/Career	District of Columbia	Operations and Safety	80000	Grants Management
<input type="radio"/>	EMW-2007-FO-00789	8333	All Paid/Career	District of Columbia	Operations and Safety	8000	Grants Management
<input type="radio"/>	EMW-2007-FO-00241	8333	All Paid/Career	District of Columbia	Operations and Safety	800	Assistance Officer RICHARD GOODMAN
<input type="radio"/>	EMW-2007-FO-01270	8333	All Paid/Career	District of Columbia	Operations and Safety	0	Grant Specialist ETHELIND SHEETS
<input type="radio"/>	EMW-2007-FO-00849	8333	All Paid/Career	District of Columbia	Operations and Safety	8000	Grant Specialist ETHELIND SHEETS
<input type="radio"/>	EMW-2007-FO-00400	8333	All Paid/Career	District of Columbia	Operations and Safety	1600	Grants Management
<input type="radio"/>	EMW-2007-FO-00199	8333	All Paid/Career	District of Columbia	Operations and Safety	40000	Grants Management
<input type="radio"/>		8333		District of Columbia		80000	90% Complete Last updated on
<input type="radio"/>	EMW-2007-FO-00907	8333	All Paid/Career	District of Columbia	Operations and Safety	0	Submitted on 03/03/2007
<input type="radio"/>	EMW-2007-FO-00906	8333	All Paid/Career	District of Columbia	Operations and Safety	0	Submitted on 03/03/2007
<input type="radio"/>		8333		District of Columbia		80000	90% Complete Last updated on
<input type="radio"/>	EMW-2007-FO-00584	8333	All Paid/Career	District of Columbia	Operations and Safety	0	Submitted on 03/03/2007
<input type="radio"/>	EMW-2007-FO-00582	8333	All Paid/Career	District of Columbia	Operations and Safety	0	Submitted on 03/03/2007
<input type="radio"/>	EMW-2007-FO-00540	8333	All Paid/Career	District of Columbia	Operations and Safety	0	Submitted on 03/03/2007
<input type="radio"/>	EMW-2007-FO-00287	8333	All Paid/Career	District of Columbia	Operations and Safety	0	Submitted on 03/03/2007
<input type="radio"/>	EMW-2007-FO-00253	8333	All Paid/Career	District of Columbia	Operations and Safety	0	Submitted on 03/03/2007
<input type="radio"/>	EMW-2007-FO-00239	8333	All Paid/Career	District of Columbia	Operations and Safety	0	Submitted on 03/03/2007
<input type="radio"/>	EMW-2007-FO-00250	8333	All Paid/Career	District of Columbia	Operations and Safety	0	Grant Specialist
<input type="radio"/>	EMW-2007-FO-00234	8333	All Paid/Career	District of Columbia	Operations and Safety	0	Submitted on 03/03/2007

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On the Application Preview page, confirm that the applicant is in good standing by using information found under the *Application Number* and *Status* columns. Verify that awards were closed-out in a timely manner and that they do not have any previous awards that are currently locked. Note any kind of outstanding or untimely reporting. If there are any issues, contact the applicant to address the issues before moving forward.

Return to the Completeness Review page by clicking on the *Completeness Review* link on the left-hand side of the screen, and then select the appropriate application to be taken back to the Completeness Review.

Answer the question and enter comments accordingly.

Question Four

If you answered yes above, is applicant in good standing on that grant?	Yes No N/A
--	---------------------------------------

If the answer to Question Three was *Yes*, then the required answer for Question Four is either *Yes* or *No*. If the answer to Question Three was *No* then the required answer for Question Four is *N/A* as it is not applicable. Make sure the findings are consistent with the applicant's responses to the Standard E-mail Questionnaire (question 9a).

Question Five

Did your review reveal that the applicant is sharing an EIN?	Yes
	No

To answer this question, refer to the applicant's Standard E-mail Questionnaire (question 8c).

Also, use the Federal Audit Clearinghouse web site to confirm that the applicant does not share an EIN number:

<http://harvester.census.gov/sac/dissemin/accessoptions.html?submit=Retrieve+Records>

Questions Six and Seven

If yes, did the applicant state that they are sharing an EIN in their email response?	Yes No N/A
If no, did the applicant confirm that the EIN is correct in their email response?	Yes No N/A

To answer these two questions, refer to the Applicants' Standard E-mail Questionnaire (questions 8b and 8c).

Question Eight

Have you analyzed the applicant's response to the question regarding any other federal funding this fiscal year and ensured that there is no duplication of funding to the applicant?	Yes
	No

To answer this question, refer to the applicant's Standard E-mail Questionnaire (question 9a) as well as to the findings from Completeness Review questions Three and Four.

Important: The Completeness Review can not be completed if one or more of the responses is marked *No* for the next round of questions (questions 8-19).

Question Nine

[Does the applicant have a valid DUNS number?](#)

Yes No

To answer this question, click on the question's hyperlink. The Applicant Information page will open.

Applicant Information Page

Applicant Information		Select section to review	Go
EMW-2007-FO-01270 Originally submitted on 03/03/2007 by Chris tload#5705 (Userid: tload#5705)			
Contact Information:			
Address: 1414 West Street City: Laurel State: Minnesota Zip: 22222 Day Phone: 3013334444 Evening Phone: Cell Phone: Email: firedev@reisisys.com			
* Organization Name	8333		
* Type of Applicant	Fire Department/Fire District		
* Type of Jurisdiction Served	County		
If other, please enter the type of Jurisdiction			
* Employer Identification Number	91-1234567		
* DUNS Number	123456789		
Headquarters or Main Station Physical Address			
* Physical Address 1	500 c st		
Physical Address 2			
* City	wash		
* State	District of Columbia		
* Zip	20001 - 2788 Need help for ZIP+4?		
Mailing Address			
* Mailing Address 1	500 c st		
Mailing Address 2			
* City	wash		
* State	District of Columbia		
* Zip	20001 - 2788 Need help for ZIP+4?		
Account Information			
* Type of bank account	Checking		
* Bank routing number - 9 digit number on the bottom left hand corner of your check	XXXXXXXXXX		
* Your account number	XXXXXXXXXXXX		
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?	No		
* If awarded the AFG grant, will your organization expend more than \$500,000 in Federal funds during your organization's fiscal year in which this AFG grant was awarded?	No		

The applicant's *DUNS Number* is located on this screen.

Note: Always exit out of pop-up windows while using the system.

Question Ten

[Did the recipient provide an appropriate and reasonable budget?](#)

Yes

No

To answer this question, click on the question's hyperlink. The Budget Information page will open.

Budget Information Page

Budget		Select section to review	Go
Budget Object Class			
a. Personnel			\$ 0
b. Fringe Benefits			\$ 0
c. Travel			\$ 0
d. Equipment			\$ 56,111
e. Supplies			\$ 0
f. Contractual			\$ 0
g. Construction			\$ 0
h. Other			\$ 0
i. Indirect Charges			\$ 0
Federal and Applicant Share			
Federal Share			\$ 53,200
Applicant Share			\$ 2,911
Federal Rate Sharing (%)		95/5 (Administratively changed)	
* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 2,911)			
a. Applicant			\$ 0
b. State			\$ 0
c. Local			\$ 0
d. Other Sources			\$ 0
<small>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.</small>			
Total Budget			\$ 56,111

Select section to review Go

Did the recipient provide an appropriate and reasonable budget?

To review budget details, ~~utilize the drop-down menu in the top right-hand corner of the screen.~~ Select *Request Details* from the drop-down menu in the top right-hand corner of the screen, from the list of options. The Request Details page will open.

Did the recipient provide an appropriate and reasonable budget?

Request Details Page

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	2	\$ 50,111	\$ 0	View Details View Additional Funding
Modify Facilities	0	\$ 0	\$ 0	View Details View Additional Funding
Personal Protective Equipment	1	\$ 6,000	\$ 0	View Details View Additional Funding
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

In order to answer this question, confirm that the budget has been completed and approved. For further levels of detail, click *View Details* under the *Action* column or click *View Additional Funding*.

Note: Always exit out of pop-up windows while using the system.

Question Eleven

Was the match verified?	Yes
	No

To answer this question, click on the question's hyperlink. The Budget page will open.

Budget Page

Budget		Select section to review	Go
Budget Object Class			
a. Personnel			\$ 0
b. Fringe Benefits			\$ 0
c. Travel			\$ 0
d. Equipment			\$ 56,111
e. Supplies			\$ 0
f. Contractual			\$ 0
g. Construction			\$ 0
h. Other			\$ 0
i. Indirect Charges			\$ 0
Federal and Applicant Share			
Federal Share			\$ 53,200
Applicant Share			\$ 2,911
Federal Rate Sharing (%)		95/5 (Administratively changed)	
* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 2,911)			
a. Applicant			\$ 0
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			\$ 56,111

Utilize the information located in the *Federal and Applicant Share* section to answer this question. Also, refer to the applicant's answers to the Standard E-mail Questionnaire (questions 2a and 2b).

Note: Always exit out of pop-up windows while using the system.

Question Twelve

Did the recipient provide a detailed program narrative?	Yes
	No

To answer this question, click on the question's hyperlink. The Narrative Statement will open.

Narrative Statement Page

Narrative Statement Select section to review

Project Description

* Please indicate which of these Target Capabilities your request outlined in this application will satisfy. Check all that apply:

Communications

* Please provide your narrative statement in the space provided below. Include in your narrative details regarding (1) your project's description and budget, (2) your organization's financial need, (3) the benefit to be derived from the cost of your project, and (4) how the activities requested in your application will help your organization's daily operations and how this grant will protect life and property.

d

* Please describe all grants that you have received from DHS including any AFG grants received from DHS or FEMA, for example, 2002 AFG grant for vehicle or 2003 ODP grant for exercises. (Enter "N/A" if Not Applicable)

asdf

Select section to review

Confirm that the applicant provided a detailed statement.

Note: Always exit out of pop-up windows while using the system.

Question Thirteen

Did the applicant verify that the organization name is correct in their email response?

Yes

No

To answer the question, refer to the applicant's Standard E-mail Questionnaire (question 7).

Question Fourteen

[Did the recipient or authorized representative sign the Assurances and Certifications?](#)

Yes

No

To answer this question, click the question's hyperlink. The Assurances and Certifications, Form 20-16A will open.

Assurances and Certifications

Assurances and Certifications	Select section to review	Go
Form 20-16A		
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.		
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:		
<ol style="list-style-type: none">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.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.Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal gain.Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.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).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) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290-4d-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.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.Will comply with provisions of the Hatch Act (5 U.S.C. Sections 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.Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. Sections 276a to 276a-7), the Copeland Act (40 U.S.C. Section 276c and 18 U.S.C. Sections 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. Sections 327-333), regarding labor standards for Federally assisted construction sub agreements.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.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 flood plains 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. Section 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. Section 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).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.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		

Scroll to the bottom of this page.

Note: In some cases, OMB-SF-424B or OMB-SF-424D forms will open.

Did the recipient or authorized representative sign the Assurances and Certifications?

(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

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 GW WWW on 05/20/2008

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

Select section to review

Confirm that the *Signed by* box is properly completed.

Note: Always exit out of pop-up windows while using the system.

Question Fifteen

<p>Was the indirect cost agreement received?</p>	Yes
	No
	N/A

In most cases the answer to Question Fifteen will be N/A (not applicable); however to verify the existence or non-existence of the indirect cost agreement refer back to Question Ten in the Completeness Review.

The screenshot displays the 'Completeness Review' section of the USFA Grants Management System. The interface includes a navigation menu on the left with options like 'Overview', 'Create Award', and 'Check Out Awards'. The main content area shows a table of review questions with radio button responses. The question 'Was the indirect cost agreement received?' is highlighted, with 'No' selected. Other questions include 'Is the recipient on the Excluded Party List?' and 'Did your review of the single audit database show any audit issues for this recipient?'. At the bottom, there is a 'Review Status' section with radio buttons for 'Pending Review', 'Complete, Approve', 'Incomplete, Release', 'Application Ineligible', and 'Award Declined'. The 'Complete, Approve' option is selected. A 'GMS Comments' field is also visible.

Completeness Review	Response
Is the recipient on the Excluded Party List?	<input type="radio"/> Yes <input type="radio"/> No
Did your review of the single audit database show any audit issues for this recipient?	<input type="radio"/> Yes <input type="radio"/> No
Has the applicant had a FEMA/DHS AFG grant previously?	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes above, is applicant in good standing on that grant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Did your review reveal that the applicant is sharing an EIN?	<input type="radio"/> Yes <input type="radio"/> No
If yes, did the applicant state that they are sharing an EIN in their email response?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If no, did the applicant confirm that the EIN is correct in their email response?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
You cannot mark this application Complete if one or more of your responses below is No	
Have you analyzed the applicant's response to the question regarding any other federal funding this fiscal year and ensured that there is no duplication of funding to the applicant?	<input type="radio"/> Yes <input type="radio"/> No
Does the applicant have a valid DUNS number?	<input type="radio"/> Yes <input type="radio"/> No
Did the recipient provide an appropriate and reasonable budget?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the match verified?	<input type="radio"/> Yes <input type="radio"/> No
Did the recipient provide a detailed program narrative?	<input type="radio"/> Yes <input type="radio"/> No
Did the applicant verify that the organization name is correct in their email response?	<input type="radio"/> Yes <input type="radio"/> No
Did the recipient or authorized representative sign the Assurances and Certifications?	<input type="radio"/> Yes <input type="radio"/> No
Was the indirect cost agreement received?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Did you review the program office comments and resolve any identified issues?	<input type="radio"/> Yes <input type="radio"/> No
Was the recipient contacted?	<input type="radio"/> Yes <input type="radio"/> No
If you answered Yes above, indicate the date	MON DD YYYY
Did the recipient agree to accept the grant if awarded?	<input type="radio"/> Yes <input type="radio"/> No
Review Status	
Based on your answers above, please indicate the review status of this application:	
<input type="radio"/> Pending Review <input checked="" type="radio"/> Complete, Approve <input type="radio"/> Incomplete, Release <input type="radio"/> Application Ineligible <input type="radio"/> Award Declined	
GMS Comments	

Was the indirect cost agreement received?

Budget Page

Budget		Select section to review	Go
Budget Object Class			
a. Personnel			\$ 0
b. Fringe Benefits			\$ 0
c. Travel			\$ 0
d. Equipment			\$ 56,111
e. Supplies			\$ 0
f. Contractual			\$ 0
g. Construction			\$ 0
h. Other			\$ 0
i. Indirect Charges			\$ 0
Federal and Applicant Share			
Federal Share			\$ 53,200
Applicant Share			\$ 2,911
Federal Rate Sharing (%)		95/5 (Administratively changed)	
* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 2,911)			
a. Applicant			\$ 0
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			\$ 56,111

Select section to review Go

Refer to item "I" for information concerning indirect charges. When the applicant is applying for indirect charges, the information should be listed in the *I. Indirect Charges* section. In most cases, the PO comments should also indicate that the applicant is applying for indirect charges. To answer Question Fifteen, make sure that the Indirect Cost Agreement was received and approved. The cognizant federal agency would be responsible for approving the Indirect Cost Agreement.

Note: Always exit out of pop-up windows while using the system.

Question Sixteen

Did you review the [program office comments](#) and resolve any identified issues?

Yes

No

To answer this question, click the hyperlink. The Summary Scoring Sheet Results page will open.

Summary Scoring Sheet Results

Summary Scoring Sheet Results

Application Number: [EMW-2007-FV-00001](#)
Program Name: Vehicle Acquisition
Organization Name: KIRAN - TDL - Regional Request - 3
Address: STE 500, Annandale, Virginia, 22203-4567

Summary of all the scores and, Subject Matter Expert and Panel Chair comments are provided below.

Panelist	Narrative Score	Cost Benefit Score	Financial Need Score	Affect on Daily Operations Score	Total Score	Action
Peter McMahon	99	88	88	80	355	View
Total Average Score	99	88	88	80	88.75	

Panel Chair
Name:
Comments:

Subject Matter Expert
Name:
Comments:
Request Grant Specialist to Negotiate Budget at Award time:
Funding Recommendation Level: null

Program Office
Name:
Comments:

Scroll down to the *Program Office* comments box, and follow the PO's recommendations as necessary. If adjustments to the budget are necessary see the **Budget Adjustment** section of this guide.

Note: Always exit out of pop-up windows while using the system.

Question Seventeen

Was the recipient contacted?	Yes
	No

After direction is received from the AO, the GS should have begun the Completeness Review by contacting the applicant with the Standard E-mail Questionnaire. If this is the case, then select *Yes* for Question Seventeen.

Question Eighteen

If you answered Yes above, indicate the date (MM/DD/YYYY):

If contact with the applicant has been established, then enter the date that contact was initiated.

Question Nineteen

Did the recipient agree to accept the grant if awarded?	Yes
	No

To answer this question, refer to the applicant's Standard E-mail Questionnaire (question 1).

Conclude the Completeness Review

Completeness Review	Response
Is the recipient on the Excluded Party List?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Did your review of the single audit database show any audit issues for this recipient?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Has the applicant had a FEMA/DHS AFG grant previously?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If you answered yes above, is applicant in good standing on that grant?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Did your review reveal that the applicant is sharing an EIN?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, did the applicant state that they are sharing an EIN in their email response?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
If no, did the applicant confirm that the EIN is correct in their email response?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
You cannot mark this application <i>Complete</i> if one or more of your responses below is <i>No</i>	
Have you analyzed the applicant's response to the question regarding any other federal funding this fiscal year and ensured that there is no duplication of funding to the applicant?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does the applicant have a valid DUNS number?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did the recipient provide an appropriate and reasonable budget?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the match verified?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did the recipient provide a detailed program narrative?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did the applicant verify that the organization name is correct in their email response?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did the recipient or authorized representative sign the Assurances and Certifications?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the indirect cost agreement received?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Did you review the program office comments and resolve any identified issues?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the recipient contacted?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If you answered Yes above, indicate the date	JAN 20 2004
Did the recipient agree to accept the grant if awarded?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Review Status	
Based on your answers above, please indicate the review status of this application.	
<input type="radio"/> Pending Review <input checked="" type="radio"/> Complete, Approve <input type="radio"/> Incomplete, Release <input type="radio"/> Application Ineligible <input type="radio"/> Award Declined	
GMS Comments	

Once all Completeness Review questions are properly answered and Grant Specialist Comments are entered, select the *Complete, Approve* button at the bottom of the screen and then click *Save and Continue*. The Completeness Review Results page will open.

The additional buttons would be used in the following situations:

- Pending Review- Select when saving work
- Incomplete, Release- Select to return incomplete application to applicant
- Application Ineligible- Select when the application is ineligible
- Award Declined- Select when the applicant's award is declined.

Completeness Review Results Page

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Completeness Review Results

Review Status: **Approved**
Review Date: 05/14/2009

KIRAN - TDL - Regional Request - 3, Virginia: EMW-2007-FV-00001				Status: Review in progress	
Contact Name:	test REI	Address:	STE 500	Population:	750000
Contact Phone:	7032562245	City:	Annandale	Panel Score:	88.75
Contact Email:	swano@reievs.com	State:	Virginia	Amount Requested:	\$275,000.00
Contact Fax:	46-3587978	Zipcode:	22203-4667	Approved Cost:	\$275,000.00
EIN:		Department:	Combination	Federal Share:	\$220,000.00
Program:	Vehicle Acquisition	View Panel Score Summary		View Application Details	

Completeness Review	Response
Is the recipient on the Excluded Party List?	No
Did your review of the single audit database show any audit issues for this recipient?	Yes
Has the applicant had a FEMA/DHS AFG grant previously?	No
If you answered yes above, is applicant in good standing on that grant?	N/A
Did your review reveal that the applicant is sharing an EIN?	No
If yes, did the applicant state that they are sharing an EIN in their email response?	N/A
If no, did the applicant confirm that the EIN is correct in their email response?	Yes
You cannot mark this application Complete if one or more of your responses below is No	
Have you analyzed the applicant's response to the question regarding any other federal funding this fiscal year and ensured that there is no duplication of funding to the applicant?	Yes
Does the applicant have a valid DUNS number?	Yes
Did the recipient provide an appropriate and reasonable budget?	Yes
Was the match verified?	Yes
Did the recipient provide a detailed program narrative?	Yes
Did the applicant verify that the organization name is correct in their email response?	Yes
Did the recipient or authorized representative sign the Assurances and Certifications?	Yes
Was the indirect cost agreement received?	N/A
Did you review the program office comments and resolve any identified issues?	Yes
Was the recipient contacted?	Yes
If you answered Yes above, indicate the date	1/20/2004
Did the recipient agree to accept the grant if awarded?	Yes

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Scroll down to the bottom of the page.

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Contact Fax:	Zipcode:	22203-4567	Approved Cost:	\$275,000.00
EIN:	Department:	Combination	Federal Share:	\$220,000.00
Program:	Vehicle Acquisition		View Application Details	

Completeness Review

	Response
Is the recipient on the Excluded Party List?	No
Did your review of the single audit database show any audit issues for this recipient?	Yes
Has the applicant had a FEMA/DHS AFG grant previously?	No
If you answered yes above, is applicant in good standing on that grant?	N/A
Did your review reveal that the applicant is sharing an EIN?	No
If yes, did the applicant state that they are sharing an EIN in their email response?	N/A
If no, did the applicant confirm that the EIN is correct in their email response?	Yes
You cannot mark this application Complete if one or more of your responses below is No	
Have you analyzed the applicant's response to the question regarding any other federal funding this fiscal year and ensured that there is no duplication of funding to the applicant?	Yes
Does the applicant have a valid DUNS number?	Yes
Did the recipient provide an appropriate and reasonable budget?	Yes
Was the match verified?	Yes
Did the recipient provide a detailed program narrative?	Yes
Did the applicant verify that the organization name is correct in their email response?	Yes
Did the recipient or authorized representative sign the Assurances and Certifications?	Yes
Was the indirect cost agreement received?	N/A
Did you review the program office comments and resolve any identified issues?	Yes
Was the recipient contacted?	Yes
If you answered Yes above, indicate the date	1/20/2004
Did the recipient agree to accept the grant if awarded?	Yes
GMS Review Status	
GMS Comments	
They have no agenda on their website.	
There are 6 additional applications pending completeness review.	
<input type="button" value="Go Back"/> <input type="button" value="Continue Completeness Review"/> <input style="border: 2px solid red;" type="button" value="Prepare Award Package"/>	

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The next step is to prepare the Award Package. To begin, click on the *Prepare Award Package* button on the bottom of the page.

Note: If necessary, select the *Go Back* or the *Continue Completeness Review* buttons to make any changes to the section.

Complete a Budget Adjustment

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Completeness Review	Response
Is the recipient on the Excluded Party List?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Did your review of the single audit database show any audit issues for this recipient?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Has the applicant had a FEMA/DHS AFG grant previously?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If you answered yes above, is applicant in good standing on that grant?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Did your review reveal that the applicant is sharing an EIN?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, did the applicant state that they are sharing an EIN in their email response?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
If no, did the applicant confirm that the EIN is correct in their email response?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
You cannot mark this application <i>Complete</i> if one or more of your responses below is <i>No</i>	
Have you analyzed the applicant's response to the question regarding any other federal funding this fiscal year and ensured that there is no duplication of funding to the applicant?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does the applicant have a valid CUNS number?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did the recipient provide an appropriate and reasonable budget?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the match verified?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did the recipient provide a detailed program narrative?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did the applicant verify that the organization name is correct in their email response?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did the recipient or authorized representative sign the Assurances and Certifications?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the indirect cost agreement received?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Did you review the program office comments and resolve any identified issues?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the recipient contacted?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If you answered Yes above, indicate the date	JAN 20 2004
Did the recipient agree to accept the grant if awarded?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Review Status	
Based on your answers above, please indicate the review status of this application:	
<input type="radio"/> Pending Review <input checked="" type="radio"/> Complete, Approve <input type="radio"/> Incomplete, Release <input type="radio"/> Application Ineligible <input type="radio"/> Award Declined	
GMS Comments	

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To adjust an applicant's budget, save work by selecting *Pending Review*.

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Completeness Review

8333 District of Columbia: EMW-2007-FD-31270

Contact name:	Chris Ford#5705	Address:
Contact Phone:	2013334444	City:
Contact email:	treve@firefsa.org	State:
Contact Fax:		Zipcode:
EIN:	91-1234567	Department:
Program:	Operations and Safety	View Print Score Summary

Please use the following checklist to carry out the completeness review. To finish this review, add relevant comments, and click on the *Save and Continue* button.

During negotiation with the applicant, it may be necessary to adjust the federal share.

Adjust Federal Share

Completeness Review
Is the recipient on the Excluded Party List?
Did your review of the single audit database show any audit issues for this recipient?
Has the applicant had a FEMA/DHS AFG grant previously?
If you answered yes above, is applicant in good standing on that grant?
Did your review reveal that the applicant is sharing an EIN?

Next, click on the *Adjust Federal Share* button on the Completeness Review page.

Adjust the Federal Share

Adjust Federal Share

8333 District of Columbia EMW-2007-FO-00849 Status: Review in progress

Contact Name:	Chris Hoaff19505	Address:	500 c st	Population:	55555
Contact Phone:	3013334444	City:	wash	Panel Score:	88.75
Contact Email:	cheffner@alpi.com	State:	District of Columbia	Amount Requested:	\$10,000.00
Contact Fax:		Zipcode:	20001-2788	Approved Cost:	\$10,000.00
EIN:	91-1234567	Department:	All Paid/Career	Federal Share:	\$8,000.00
Program:	Operations and Safety				

Adjusting the federal share requires 5 steps:

- Change the federal share and total budget to the amount you want in the textboxes below
- Open application up for an Administrative Update
- Change the Request Details part of the application to reflect the new total budget
- Change the Budget part of the application to match the new applicant share
- Submit the application

Enter new Federal Share	\$	<input type="text"/>	(Enter whole dollar amounts only, no commas or decimals)
Enter new Total Budget	\$	<input type="text"/>	(Enter whole dollar amounts only, no commas or decimals)

Comments:

(Maximum 1000 characters)

Enter the new, agreed upon Federal Share and the agreed upon Total Budget.

Adjust Federal Share

8333 District of Columbia EMW-2007-FO-00849 Status: Review in progress

Contact Name:	Chris Hoaff19505	Address:	500 c st	Population:	55555
Contact Phone:	3013334444	City:	wash	Panel Score:	88.75
Contact Email:	cheffner@alpi.com	State:	District of Columbia	Amount Requested:	\$10,000.00
Contact Fax:		Zipcode:	20001-2788	Approved Cost:	\$10,000.00
EIN:	91-1234567	Department:	All Paid/Career	Federal Share:	\$8,000.00
Program:	Operations and Safety				

Adjusting the federal share requires 5 steps:

- Change the federal share and total budget to the amount you want in the textboxes below
- Open application up for an Administrative Update
- Change the Request Details part of the application to reflect the new total budget
- Change the Budget part of the application to match the new applicant share
- Submit the application

Enter new Federal Share	\$	<input type="text"/>	(Enter whole dollar amounts only, no commas or decimals)
Enter new Total Budget	\$	<input type="text"/>	(Enter whole dollar amounts only, no commas or decimals)

Comments:

(Maximum 1000 characters)

Fill in the *Comment* section with language that is consistent with what was previously communicated between the GS and the applicant and also indicated in the PO comments.

Adjust the Federal Share

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8333 - District of Columbia: EMW-2007-FO-00849 Status: Review in progress

Contact Name:	Chris Ioadff6505	Address:	500 c st	Population:	55555
Contact Phone:	3013334444	City:	wash	Panel Score:	88.75
Contact Email:	cheffner@afajp.com	State:	District of Columbia	Amount Requested:	\$10,000.00
Contact Fax:		Zipcode:	20001-2788	Approved Cost:	\$10,000.00
EIN:	91-1234567	Department:	All Paid/Career	Federal Share:	\$8,000.00
Program:	Operations and Safety		View Panel Score Summary		View Application Details

Adjusting the federal share requires 5 steps:

- Change the federal share and total budget to the amount you want in the textboxes below
- Open application up for an Administrative Update
- Change the Request Details part of the application to reflect the new total budget
- Change the Budget part of the application to match the new applicant share
- Submit the application

Enter new Federal Share	\$ 6400	(Enter whole dollar amounts only, no commas or decimals)
Enter new Total Budget	\$ 8000	(Enter whole dollar amounts only, no commas or decimals)

Comments:

(Maximum 1000 characters)

The budget was reduced by \$2,000. The Program Office has reduced the price of the foam educators and foam concentrate to \$8,000. If awarded, the total project cost will be reduced from \$10,000 to \$8,000. The federal share will

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Click *Save and Continue*.

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8333 - District of Columbia: EMW-2007-FO-00849 Status: Review in progress

Contact Name:	Chris Ioadff6505	Address:	500 c st	Population:	55555
Contact Phone:	3013334444	City:	wash	Panel Score:	88.75
Contact Email:	cheffner@afajp.com	State:	District of Columbia	Amount Requested:	\$10,000.00
Contact Fax:		Zipcode:	20001-2788	Approved Cost:	\$10,000.00
EIN:	91-1234567	Department:	All Paid/Career	Federal Share:	\$8,000.00
Program:	Operations and Safety		View Panel Score Summary		View Application Details

Adjusting the federal share requires 5 steps:

- Change the federal share and total budget to the amount you want in the textboxes below
- Open application up for an Administrative Update
- Change the Request Details part of the application to reflect the new total budget
- Change the Budget part of the application to match the new applicant share
- Submit the application

Enter new Federal Share	\$ 6400
Enter new Total Budget	\$ 8000

Comments:

The budget was reduced by \$2,000. The Program Office has reduced the price of the foam educators and foam concentrate to \$8,000. If awarded, the total project cost will be reduced from \$10,000 to \$8,000. The federal share will be reduced from \$8,000 to \$6,400. The applicant match will be reduced from \$2,000 to \$1,600.

Are you sure you want to change the federal share?

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Confirm the budget adjustment by clicking *Yes*.

Update Application

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- [Check In Awards](#)
- [Award Reports](#)
- [Activity Report](#)
- [Return to Status](#)
- [Log Off](#)

Update Application

8333, District of Columbia EMW-2007-FO-00849					
Contact Name:	Chris Ioadi18505	Address:	500 c st	Population:	55555
Contact Phone:	3013334444	City:	wash	Panel Score:	88.75
Contact Email:	cheffner@afjpi.com	State:	District of Columbia	Amount Requested:	\$ 8,000.00
POP:		Zipcode:	20001-2788	Approved Cost:	\$ 8,000.00
Old EIN:	91-1234567	New EIN:	91-1234567	Federal Share:	\$ 6,400.00
Program:	Operations and Safety	Department:	All Paid/Career	Total Expenditure:	\$ 0.00
		View Payment History Summary		View Application Details	

Note: Fields marked with an * are required.

* Reason/Comments:
(maximum 1000 characters)

The budget was reduced by \$2,000. The Program Office has reduced the price of the foam educators and foam

By checking the box below and providing your password, you are providing your digital signature.

* Password: [password field]

* I, ETHELIND SHEETS, have been authorized to modify the above application and hereby provide my signature.

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Provide digital signature by entering password and checking the appropriate box. Click *Save and Continue*.

Update Application Results

Update Application Results

8333 District of Columbia EMW-2007-FO-00849

Contact Name:	Chris Ioadff6505	Address:	500 c st	Population:	555555
Contact Phone:	3013334444	City:	wash	Panel Score:	88.75
Contact Email:	cheffner@ajpl.com	State:	District of Columbia	Amount Requested:	\$ 8,000.00
POP:		Zipcode:	20001-2788	Approved Cost:	\$ 8,000.00
Old EIN:	91-1234567	New EIN:	91-1234567	Federal Share:	\$ 8,400.00
Program:	Operations and Safety	Department:	All Paid/Career	Total Expenditure:	\$ 0.00

[View Payment History Summary](#) [View Application Details](#)

Reason/Comments:

The budget was reduced by \$2,000. The Program Office has reduced the price of the foam educators and foam concentrate to \$8,000. If awarded, the total project cost will be reduced from \$10,000 to \$8,000. The federal share will be reduced from \$8,000 to \$6,400. The applicant match will be reduced from \$2,000 to \$1,600.

[Update Application](#)

USFA Home | FEMA | [Frequently Asked Questions](#) | [Glossary](#) | [Privacy](#) | [Help](#)

Confirm the Reason/Comments by clicking *Update Application*.

Note: Once the *Update Application* is selected, another browser will open so that the grantee's application will be able to be adjusted.

Application Status

Assistance to Firefighters Grant Program

Mail Center | Edit Profile | Change Password

Application Status

Application 100% complete

Please click on any of the following links to visit a particular section of your application, or you can choose to navigate through the application process by clicking on the sections marked in the menu on the left hand side. Once all areas of your application are complete, you may submit your application.

Note: Your application is currently released but, only the sections indicated by a * are editable and ** are partially editable.

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

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Click on the *Complete* link, under the status column of the corresponding *Request Details* line.

Request Details

Assistance to Firefighters Grant Program
Mail Center | Edit Profile | Change Password

Request Details

Application **100%** complete

The activities for program **Operations and Safety** are listed in the table below. If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item. The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point **before** you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction.

Click View Details link below to build your program budget. Once you are finished, press the *Continue to Budget* button below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	1	\$ 10,000	\$ 0	View Details Update Additional Funding
Modify Facilities	0	\$ 0	\$ 0	View Details
Personal Protective Equipment	0	\$ 0	\$ 0	View Details Update Additional Funding
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

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Click *View Details* in the *Action Column* on the line that corresponds to the activity that requires a budget adjustment.

Assistance to Firefighters Grant Program
Mail Center | Edit Profile | Change Password

Request Details

Below is a list of items included in your application. Click the *Add Equipment* button to add an item to be funded. You may update or delete the list by clicking the appropriate link under the *Action* column. Once you are done, press the *Return to Summary* button below.

Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Foam Extinguishers and foam concentrate	1	\$ 10,000	\$ 10,000	Update Delete

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Either click the *Add Equipment* button or click *Update* or *Delete* under the *Action* column depending on the action desired.

Update Eligible Items Within an Activity

Assistance to Firefighters Grant Program

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[2. Contact Information](#)
[3. Applicant Information](#)
[4. Department Characteristics \(I\)](#)
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Request Details

Below is a list of items included in your application. Click the *Add Equipment* button to add an item to be funded. You may update or delete the list by clicking the appropriate link under the *Action* column. Once you are done, press the *Return to Summary* button below.

Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Foam Eductors and foam concentrate	1	\$ 10,000	\$ 10,000	Update Delete

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On the *Request Details* page, click the *Update* link under the *Action* column. In this example, *Update Equipment* is the selected activity.

Update Equipment

Assistance to Firefighters Grant Program
[Mail Center](#) | [Edit Profile](#) | [Change Password](#)

Update Equipment

Please provide the following information and click the *Save and Continue* button below.

Note: Fields marked with an * are required.

Equipment Details	
*1. What equipment will your organization purchase with this grant?	Foam Eductors and foam concentrate Help
Please provide further description of the item selected above or if you selected Other above, please specify.	Example 493 characters left
*2. Number of units	1 (whole number only)
*3. Cost per unit	\$ 8000 (whole dollar amounts only)
*4. Generally the equipment purchased under this grant program is: Help	
<input type="radio"/> The equipment is necessary for the organization's basic mission, but has never been owned before	
<input type="radio"/> The equipment will replace old, obsolete, or substandard equipment currently owned by your organization	
<input checked="" type="radio"/> The equipment will increase your organization's capabilities within existing mission areas or to address a new risk	
<input type="radio"/> The equipment will expand the capabilities of your organization into a new mission area	
<input type="radio"/> The equipment will increase your organization's available supply of this equipment to meet basic mission	
If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.	Select Age Help
*5. Generally the equipment purchased under this grant program: Help	
<input checked="" type="radio"/> Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the left.	Example

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Update the *number of units* and/or the *cost per unit* as predetermined. Next, scroll to the bottom of the page, and click *Save and Continue*.

Request Details

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- [1. Overview](#)
- [2. Contact Information](#)
- [3. Applicant Information](#)
- [4. Department Characteristics \(I\)](#)
- [5. Department Characteristics \(II\)](#)
- [6. Department Call Volume](#)
- [7. Request Information](#)
- [8. Request Details](#)**
- [9. Budget](#)
- [10. Narrative Statement](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

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Request Details

Below is a list of items included in your application. Click the *Add Equipment* button to add an item to be funded. You may update or delete the list by clicking the appropriate link under the *Action* column. Once you are done, press the *Return to Summary* button below.

Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Foam Eductors and foam concentrate	1	\$ 8,000	\$ 8,000	Update Delete

[Return to Summary](#) [Add Equipment](#)

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Finally, confirm that the numbers on the *Request Details* page are consistent with the predetermined, agreed upon numbers. Then, click the *Return to Summary* button.

Add Eligible Items within an Activity

Request Details

Below is a list of items included in your application. Click the *Add Equipment* button to add an item to be funded. You may update or delete the list by clicking the appropriate link under the *Action* column. Once you are done, press the *Return to Summary* button below.

Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Foam Eductors and foam concentrate	1	\$ 8,000	\$ 8,000	Update Delete

[Return to Summary](#) [Add Equipment](#)

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Click on the button that corresponds to the Activity that needs adjustment. In this example, *Add Equipment* is the selected activity.

Add Equipment Page

Assistance to Firefighters Grant Program

Mail Center | Edit Profile | Change Password

Add Equipment

Please provide the following information and click the *Save and Continue* button below.

Note: Fields marked with an * are required.

Equipment Details

*1. What equipment will your organization purchase with this grant? [Help](#)

Please provide further description of the item selected above or if you selected Other above, please specify.

500 characters left

*2. Number of units (whole number only)

*3. Cost per unit \$ (whole dollar amounts only)

*4. Generally the equipment purchased under this grant program is: [Help](#)

The equipment is necessary for the organization's basic mission, but has never been owned before

The equipment will replace old, obsolete, or substandard equipment currently owned by your organization

The equipment will increase your organization's capabilities within existing mission areas or to address a new risk

The equipment will expand the capabilities of your organization into a new mission area

The equipment will increase your organization's available supply of this equipment to meet basic mission

If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years. [Help](#)

*5. Generally the equipment purchased under this grant program: [Help](#)

Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the left.

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Answer all the questions accordingly. Remember to enter the *number of units* and the *cost per unit* per the PO comments. Next, scroll to the bottom of the page, and click *Save and Continue*.

Assistance to Firefighters Grant Program

Mail Center | Edit Profile | Change Password

Request Details

Below is a list of items included in your application. Click the *Add Equipment* button to add an item to be funded. You may update or delete the list by clicking the appropriate link under the *Action* column. Once you are done, press the *Return to Summary* button below.

Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Foam Eductors and foam concentrate	1	\$ 8,000	\$ 8,000	Update Delete
Base Station	1	\$ 2,000	\$ 2,000	Update Delete

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Confirm that the number of units and cost are consistent with the predetermined, agreed upon numbers. Next, click on the *Return to Summary* button.

Delete Eligible Items Within an Activity

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- [3. Applicant Information](#)
- [4. Department Characteristics \(I\)](#)
- [5. Department Characteristics \(II\)](#)
- [6. Department Call Volume](#)
- [7. Request Information](#)
- [8. Request Details](#)
- [9. Budget](#)
- [10. Narrative Statement](#)
- [11. Assurances and Certifications](#)
- [12. Review Application](#)
- [13. Submit Application](#)

Request Details

Below is a list of items included in your application. Click the *Add Equipment* button to add an item to be funded. You may update or delete the list by clicking the appropriate link under the *Action* column. Once you are done, press the *Return to Summary* button below.

Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Foam Eductors and foam concentrate	1	\$ 8,000	\$ 8,000	Update Delete
Base Station	1	\$ 2,000	\$ 2,000	Update Delete

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Click on the button that corresponds to the Activity that needs adjustment. In this example, *Delete Equipment* is the selected activity.

Delete Equipment Page

Assistance to Firefighters Grant Program

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1. Overview
2. Contact Information
3. Applicant Information
4. Department Characteristics (i)
5. Department Characteristics (ii)
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Delete Equipment

Equipment Details	
*1. What equipment will your organization purchase with this grant?	Base Station
Please provide further description of the item selected above or if you selected Other above, please specify.	Example
*2. Number of units	1 (whole number only)
*3. Cost per unit	\$ 2000 (whole dollar amounts only)
*4. Generally the equipment purchased under this grant program is: The equipment is necessary for the organization's basic mission, but has never been owned before	
If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.	1 Year
*5. Generally the equipment purchased under this grant program: Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.	
*6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.	Yes
*7. Will the item requested benefit other organizations or otherwise be available for use by other organizations? If you answered Yes in the question above, please explain.	Yes
*8. Will this equipment be used for wildland firefighting purposes?	Yes
*9. Is your department trained in the proper use of the new equipment being purchased with grant funds?	Yes

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The Delete Equipment page will appear. Scroll to the bottom of the page.

Assistance to Firefighters Grant Program

Mail Center | Edit Profile | Change Password

1. Overview
2. Contact Information
3. Applicant Information
4. Department Characteristics (i)
5. Department Characteristics (ii)
6. Department Call Volume
7. Request Information
8. Request Details
9. Budget
10. Narrative Statement
11. Assurances and Certifications
12. Review Application
13. Submit Application

Print Application
Return to Status
Logout

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*2. Number of units	1 (whole number only)
*3. Cost per unit	\$ 2000 (whole dollar amounts only)
*4. Generally the equipment purchased under this grant program is: The equipment is necessary for the organization's basic mission, but has never been owned before	
If you selected "replacing equipment" (from Q4) above, please specify the age of equipment in years.	1 Year
*5. Generally the equipment purchased under this grant program: Will bring the organization into statutory compliance. Please explain how this equipment will bring the organization into statutory compliance in the space provided to the right.	
*6. Does this equipment provide a health and safety benefit to the members of your organization? If yes, please fully explain in the narrative section.	Yes
*7. Will the item requested benefit other organizations or otherwise be available for use by other organizations? If you answered Yes in the question above, please explain.	Yes
*8. Will this equipment be used for wildland firefighting purposes?	Yes
*9. Is your department trained in the proper use of the new equipment being purchased with grant funds?	Yes
If not, will you be asking for training funds for this purpose with this application?	

Are you sure you want to delete this item? **Note:** this action cannot be undone.

No Yes

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Confirm the deletion of the item by clicking the Yes button at the bottom of the page.

Request Details

Assistance to Firefighters Grant Program

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Request Details

Below is a list of items included in your application. Click the *Add Equipment* button to add an item to be funded. You may update or delete the list by clicking the appropriate link under the *Action* column. Once you are done, press the *Return to Summary* button below.

Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Foam Eductors and foam concentrate	1	\$ 8,000	\$ 8,000	Update Delete

[Return to Summary](#) [Add Equipment](#)

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The item selected to be deleted will not show up on the *Request Details* page. Next, click on the *Return to Summary* button.

Prepare an Award Package

The screenshot displays the 'Awards' section of the USFA Awards Management System. The navigation bar includes 'Administration', 'Application Review', 'Awards', 'Grant Management', 'Closeout', and 'Grant Monitoring'. The 'Awards' tab is active, showing a 'Grant Specialist' dropdown menu and a 'Go' button. The main content area displays the following information:

- Old Applicant Share: \$ 2,000.0
- New Federal Share: \$ 6,400
- New Applicant Share: \$ 1,600.0
- Comments: The budget was reduced by \$2,000. The Program Office has reduced the price of the foam educators and reduced from \$8,000 to \$6,400. The applicant match will be reduced from \$2,000 to \$1,600.

The 'Completeness Review' section contains a series of questions for the reviewer to complete, each followed by a text input field:

- Is the recipient on the Excluded Party List?
- Did your review of the single audit database show any audit issues for this recipient?
- Has the applicant had a FEMA/DHS AFG grant previously?
- If you answered yes above, is applicant in good standing on that grant?
- Did your review reveal that the applicant is sharing an EIN?
- If yes, did the applicant state that they are sharing an EIN in their email response?
- If no, did the applicant confirm that the EIN is correct in their email response?
- You cannot mark this application Complete if one or more of your responses below is No
- Have you analyzed the applicant's response to the question regarding any other federal funding this fiscal year and e
- Does the applicant have a valid DUNS number?
- Did the recipient provide an appropriate and reasonable budget?
- Was the match verified?
- Did the recipient provide a detailed program narrative?
- Did the applicant verify that the organization name is correct in their email response?
- Did the recipient or authorized representative sign the Assurances and Certifications?
- Was the indirect cost agreement received?
- Did you review the program office comments and resolve any identified issues?
- Was the recipient contacted?
- If you answered Yes above, indicate the date
- Did the recipient agree to accept the grant if awarded?

The 'GMS Review Status' section shows 'GMS Comments' with the same text as the main comments. Below this, a message states: 'There are 5 additional applications pending completeness review.'

At the bottom of the form, there are three buttons: 'Go Back', 'Continue Completeness Review', and 'Prepare Award Package'. The 'Prepare Award Package' button is highlighted with a red circle.

The footer of the page includes the text: 'USFA Home | FEMA | Frequently Asked Questions'.

Once the Completeness Review is finished, click on the *Prepare Award Package* button to create an Award Package.

Confirm Selection

Administration Application Review **Awards** Grant Management Closeout Grant Monitoring

Grant Specialist Go

Grant Specialist Handbook

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[Check Out Awards](#)
[Completeness Review](#)
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Confirm Selection

You have selected to prepare an award package for the following award(s). To modify this list, click the *No* button. To

Award Number	Fire Department Name
EMM-2007-FO-00843	8333

Are you sure you want to prepare an award package for the above award(s)?

No Yes

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Done

Confirm the Award Package creation by clicking on the Yes button.

Prepare an Award Package

Prepared Award Packages

Awards whose award packages have been prepared are listed below. To view the details of an award, click on the application number. To view a prepared award package, click the appropriate link under the Action column.

Award Number	Fire Department Name	Congressional District	Program	Federal Share	Action
EMW-2007-FO-00849	8333		Operations and Safety	\$400	View Award Package

Note: There are 1 additional awards checked out by you that are pending an award package.

[Check In](#) [Prepare More Awards](#)

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Next, click *View Award Package* in the *Action* column.

Award Package

8333 - District of Columbia - EMW-2007-FO-00849

Contact Name	Chris Tloaid#6505	Address	500 e st	Population	55555
Contact Phone	3012034444	City	wash	Panel Score	89.75
Contact Email	ctloaid@afgr.com	State	District of Columbia	Amount Requested	\$2,500.00
Contact Fax		Zipcode	20001-2708	Approved Cost	\$1,000.00
FRN	91-1234567	Department	All Paid Career	Federal Share	\$6,400.00
Program	Operations and Safety	View Data Score Summary		View Application Details	

U.S. Department of Homeland Security
Washington, D.C. 20472

FEMA

Mr. Chris Tloaid#6505
8333
500 e st
wash, District of Columbia 20001-2708

Re: Grant No. EMW-2007-FO-00849

Dear Mr. Tloaid#6505:

On behalf of the Department of Homeland Security (DHS), I am pleased to inform you that your grant application submitted under the FY 2007 Assistance to Firefighters Grant has been approved. The DHS Federal Emergency Management Agency's National Preparedness Directorate, in consultation with the U.S. Fire Administration, carry out the Federal responsibilities of administering your grant. The approved project costs total to \$8,000.00. The Federal share is 80 percent or \$6,400.00 of the approved amount and your share of the costs is 20 percent or \$1,600.00.

As part of your award package, you will find Grant Agreement Articles. Please make sure you read and understand the Articles as they outline the terms and conditions of your Grant award. Maintain a copy of these documents for your official file. **You establish acceptance of the Grant and Grant Agreement Articles when you request and receive any of the Federal Grant funds awarded to you.** By accepting the grant, you agree not to deviate from the approved scope of work without prior written approval from DHS.

The first step in requesting your grant funds is to confirm your correct Direct Deposit Information. Please go online to the AFG eGrants system at www.firegrantsupport.com and if you have not done so, complete and submit your SF 1199A, Direct Deposit Sign-up Form. Please forward the original, completed SF 1199A, Direct Deposit Sign-up Form, signed by your organization and the banking institution to the address below:

Department of Homeland Security
FEMA, National Preparedness Directorate
Grants Management Branch
603 C Street, SW, Room 334
Washington, DC 20472

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On the Award Package page, confirm that the award and applicant information are correct and adhere to style template (i.e., capitalization, spacing, etc.).

Note: If changes are necessary, click the *Go Back* button at the bottom of the page.

Prepare an Award Package

When applicable, enter the appropriate comments in the *Additional Requirements* and *Summary Award Memo* sections of the Award Package page.

Prepare an Award Package

[Administration](#) | [Application Review](#) | **Awards** | [Grant Management](#) | [Closed](#) | [Grant Monitoring](#)

Find Application

Based on the above, it is hereby recommended that grant number 2007-0447-F-1-00042 be awarded in the amount of \$0,000.00, \$0,000.00 Federal funds and \$1,000.00 applicant funds.

Andrea Gordon
Grants Management Branch

**FEDERAL EMERGENCY MANAGEMENT AGENCY
OBLIGATING DOCUMENT FOR AWARD/AMENDMENT**

1. AGREEMENT NO. DMA-2007-F-0-0049	2. AMENDMENT NO.	3. RECIPIENT NO. 91-124567	4. TYPE OF ACTION AWARD	5. CONTROL NO. W521037H
6. RECIPIENT NAME AND ADDRESS 0333 500 c st wash District of Columbia, 20001-2788	7. ISSUING OFFICE AND ADDRESS Grants Management, Operations Directorate 245 Murray Lane - Building 410, 5th Washington DC, 20528-7000 POC: Andrea Gordon 202-796-5462	8. PAYMENT OFFICE AND ADDRESS FEMA, Financial Services Branch 600 C Street, S.W., Room 723 Washington DC, 20472		
9. NAME OF RECIPIENT PROJECT OFFICER Chris Toam9505	PHONE NO. 3013334444	10. NAME OF PROJECT COORDINATOR Tom Harrington		PHONE NO. 1-866-274-0960
11. EFFECTIVE DATE OF THIS ACTION	12. METHOD OF PAYMENT CF-279	13. ASSISTANCE ARRANGEMENT Cost Sharing		14. PERFORMANCE PERIOD From: _____ To: _____ Budget Period From: 01-OCT-07 To: 30-SEP-09

15. DESCRIPTION OF ACTION
(Indicate funding data for awards or financial changes)

PROGRAM NAME ACRONYM	CFDA NO.	ACCOUNTING DATA FACCS CODE	PRIOR TOTAL AWARDS	AMOUNT AWARDED THIS ACTION + OR -	CURRENT TOTAL AWARDS	CUMULATIVE NON-FEDERAL COMMENTS
AFO	97 044	2009-MS-0001 OF -2500000-4101-D	\$0.00	\$6,400.00	\$6,400.00	\$1,500.00
TOTALS			\$0.00	\$6,400.00	\$6,400.00	\$1,500.00

16. FOR NON-DISASTER PROGRAMS: RECIPIENT IS REQUIRED TO SIGN AND RETURN THREE (3) COPIES OF THIS DOCUMENT TO FEMA (See Block 7 for address).
Assistance to Firefighters Grant recipients are not required to sign and return copies of this document. However, recipients should print and keep a copy of this document for their records.

17. RECIPIENT SIGNATORY OFFICIAL (Name and Title) _____ DATE _____

18. FEMA SIGNATORY OFFICIAL (Name and Title) _____ DATE _____

Go Back | **Save and Continue** | Forward Award Package

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Confirm that the information listed in the *FEMA Obligating Document* is correct and click *Save and Continue* on the bottom of the page to continue.

Request Detail

Assistance to Firefighters Grant Program

Mail Center | Edit Profile | Change Password

Request Details

Below is a list of items included in your application. Click the *Add Equipment* button to add an item to be funded. You may update or delete the list by clicking the appropriate link under the *Action* column. Once you are done, press the *Return to Summary* button below.

Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Foam Eductors and foam concentrate	1	\$ 8,000	\$ 8,000	Update Delete

[Return to Summary](#) [Add Equipment](#)

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Once all budget items have been adjusted, click the *Return to Summary* button.

Assistance to Firefighters Grant Program

Mail Center | Edit Profile | Change Password

Request Details

Application 90% complete

The activities for program **Operations and Safety** are listed in the table below. If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item. The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point **before** you submit your application to DHS. Only whole dollar amounts should be provided (no cents please). The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction.

Click [View Details](#) link below to build your program budget. Once you are finished, press the *Continue to Budget* button below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	1	\$ 8,000	\$ 0	View Details Update Additional Funding
Modify Facilities	0	\$ 0	\$ 0	View Details
Personal Protective Equipment	0	\$ 0	\$ 0	View Details Update Additional Funding
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
--	-----

[Go Back](#) [Save and Continue](#)

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Confirm that all budget adjustments are accurate, click *Save and Continue*.

Budget Page

Assistance to Firefighters Grant Program

Mail Center | Edit Profile | Change Password

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2. Contact Information
3. Applicant Information
4. Department Characteristics (I)
5. Department Characteristics (II)
6. Department Call Volume
7. Request Information
8. Request Details
9. Budget
10. Narrative Statement
11. Assurances and Certifications
12. Review Application
13. Submit Application

Print Application
Return to Status
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Privacy Statement
Disclaimers

f. Contractual	Help	\$ 0
g. Construction	Help	\$ 0
h. Other	Help	\$ 0
i. Indirect Charges	Help	\$ 0
Federal and Applicant Share		
Federal Share		\$ 6,400
Applicant Share		\$ 1,600
Federal Rate Sharing (%)	80/20 (Administratively changed)	
Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 1,600)		
a. Applicant	(Whole dollar amounts only)	\$ 1600
b. State	(Whole dollar amounts only)	\$ 0
c. Local	(Whole dollar amounts only)	\$ 0
d. Other Sources	(Whole dollar amounts only)	\$ 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.		
Example		
3993 characters left		
Total Budget		\$ 8,000

Go Back | **Save and Continue**

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Confirm that the sum of the *Applicant*, *State*, *Local*, and *Other* amounts equal the *Total Applicant Share* and click *Save and Continue*.

Narrative Statement

Assistance to Firefighters Grant Program

Mail Center | Edit Profile | Change Password

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3. Applicant Information
4. Department Characteristics (I)
5. Department Characteristics (II)
6. Department Call Volume
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11. Assurances and Certifications
12. Review Application
13. Submit Application

Print Application
Return to Status
Logout

Privacy Statement
Disclaimers

Narrative Statement

Application 100% complete

The program narrative should provide all the information necessary for you to justify your needs and for the program office to make an award decision. In the program narrative, please explain what your needs are and what you will be using the grant funds for. **The program narrative must also demonstrate the financial need for the assistance and how the costs expended under this program will benefit the firefighters' and/or public's safety.** A panel of your peers will review the narrative you provide as the major part of their evaluation of your entire grant application.

Please ensure that your narrative clearly addresses each of the following areas to the best of your ability. Follow the sequence and specifically address each of the following topics:

- Project description: What you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc.?
- Financial need: Why can't this project be funded solely through local funding resources?
- Cost/Benefit: What will be the benefits your department or your community will realize if the project described is funded? What would be the consequences if the project is not funded?
- Statement of effect: How would this award affect the daily operations of your department and how would this award affect your department's ability to protect lives and property in your community?

Your narrative should be detailed but concise. Your narrative may **not** exceed **five** pages of text. You may either type your project narrative in the space provided below or create the text in your word processing system and then copy it into the space provided below. Images and attachments are **not** allowed.

Note: Fields marked with an * are required. Press the *Save and Continue* button to save your work, even if you have not completed the Narrative.

Project Description
* Please indicate which of these Target Capabilities your request outlined in this application will satisfy. Check all that apply:
<input type="checkbox"/> Responder Safety and Health
<input checked="" type="checkbox"/> Firefighting Operations/Support
<input checked="" type="checkbox"/> Hazardous Materials Response
<input type="checkbox"/> Search and Rescue

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Confirm that the application is 100% complete; then scroll down and click the *Submit Application* link to access the *Submit Application* page.

Submit Application

Assistance to Firefighters Grant Program

Mail Center | Edit Profile | Change Password

Submit Application

Application 100% complete, Not Submitted

Please click on any of the following links to visit a particular section of your application. Once all areas of your application are complete, you may submit your application.

Application Area	Status
Overview	Complete *
Contact Information	Complete *
Applicant Information	Complete *
Department Characteristics (I)	Complete *
Department 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, log out and save it 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:

USFA Home | FEMA | Frequently Asked Questions | Glossary | Privacy | Help

The *Submit Application* page should state that the *Application is 100% complete, but Not Submitted*.

Assistance to Firefighters Grant Program

Mail Center | Edit Profile | Change Password

1. Overview
2. Contact Information
3. Applicant Information
4. Department Characteristics (I)
5. Department Characteristics (II)
6. Department Call Volume
7. Request Information
8. Request Details
9. Budget
10. Narrative Statement
11. Assurances and Certifications
12. Review Application
13. Submit Application

Print Application
Return to Status
Logout

Privacy Statement
Disclaimers

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, log out and save it 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.

Password:

I, ETHELIND SHEETS, am hereby providing my signature for this application as of 05-Jun-2009.

Submit Application

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To Submit the Application, enter password, check the appropriate box and click *Submit Application*. The *Submit Application Results* page will pop-up.

Submit Application Result

The screenshot shows a web browser window titled "DHS E-Grants - Windows Internet Explorer" displaying the "Submit Application Result" page. The page content includes:

- Submit Application Result**
- Congratulations**, you have successfully submitted your application to DHS. All references to this application should include the following application number: **EMW-2007-FO-00849**. Please print and keep a copy of your completed application for your records.
- What's next ?**
- The application period is open from March 5 through April 6, 2007. Once the application period ends, all applications will be scored according to the priorities established by DHS for the Assistance to Firefighters Grant Program. Once the initial scoring is complete, the applications that are within the competitive range will be sent to panels for evaluation. The evaluation panels will review applications in April and May. The panelists will score the applications according to financial need and cost benefit criteria. Those applications that are recommended for award will then be sent to DHS for a final review. Grant awards will begin in May and continue until all funds are awarded. Please remember that this is a competitive grant program. Therefore, all applicants may not be awarded a grant. We plan to notify all applicants of the final

Navigation links at the bottom of the page include: [USFA Home](#) | [FEMA](#) | [Frequently Asked Questions](#) | [Glossary](#) | [Privacy](#) | [Help](#)

To return to the Completeness Review section, close out this window.

Confirm the Budget Adjustment

FY 2007 Assistance to Firefighters Grant Program

Administration Application Review **Awards** Grant Management Closeout Grant Monitoring Find Application

Grant Specialist [Go]

Update Application Results

8333, District of Columbia: EMW-2007-FO-00849

Contact Name:	Chris Itoadff6505	Address:	500 c st	Population:	55555
Contact Phone:	3013334444	City:	wash	Panel Score:	88.75
Contact Email:	cheffner@ajpl.com	State:	District of Columbia	Amount Requested:	\$ 8,000.00
POP:		Zipcode:	20001-2788	Approved Cost:	\$ 8,000.00
Old EIN:	91-1234567	New EIN:	91-1234567	Federal Share:	\$ 8,400.00
Program:	Operations and Safety	Department:	All Paid/Career	Total Expenditure:	\$ 0.00

[View Payment History Summary](#) [View Application Details](#)

Reason/Comments:

The budget was reduced by \$2,000. The Program Office has reduced the price of the foam educators and foam concentrate to \$8,000. If awarded, the total project cost will be reduced from \$10,000 to \$8,000. The federal share will be reduced from \$8,000 to \$6,400. The applicant match will be reduced from \$2,000 to \$1,600.

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Click on *Completeness Review* to return to the Completeness Review page.

FY 2007 Assistance to Firefighters Grant Program

Administration Application Review **Awards** Grant Management Closeout Grant Monitoring Find Application

Grant Specialist [Go]

Completeness Review

8333, District of Columbia: EMW-2007-FO-00849 Status: Review in progress

Contact Name:	Chris Itoadff6505	Address:	500 c st	Population:	55555
Contact Phone:	3013334444	City:	wash	Panel Score:	88.75
Contact Email:	cheffner@ajpl.com	State:	District of Columbia	Amount Requested:	\$8,000.00
Contact Fax:		Zipcode:	20001-2788	Approved Cost:	\$8,000.00
EIN:	91-1234567	Department:	All Paid/Career	Federal Share:	\$6,400.00
Program:	Operations and Safety		View Panel Score Summary	View Application Details	

Please use the following checklist to carry out the completeness review. To finish this review, select the appropriate response for each question, indicate the review status, enter any relevant comments, and click on the *Save and Continue* button.

During negotiation with the applicant, it may be necessary to adjust the federal share requested.

This application has an adjusted budget from the GMS Completeness Review.

Note: This application has been updated 2 or more times. Please use the application history section to see the other previous values.

Old Federal Share: \$ 8,000
Old Applicant Share: \$ 2,000.0

New Federal Share: \$ 6,400
New Applicant Share: \$ 1,600.0

Comments: The budget was reduced by \$2,000. The Program Office has reduced the price of the foam educators and foam concentrate to \$8,000.

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Confirm that the changes have been made to the Federal Share, and scroll down to the bottom of the page.

Confirm the Budget Adjustment

FY 2007 Assistance to Firefighters Grant Program

Administration Application Review **Awards** Grant Management Closeout Grant Monitoring Find Application Go

Grant Specialist Go

Grant Specialist Handbook

- Overview
- Check Out Awards
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- Prepare Award Packages
- Update Application
- Check In Awards
- Award Reports
- Activity Report
- Return to Status
- Log Off

that there is no duplication of funding to the applicant?	<input type="radio"/> Yes <input type="radio"/> No
Does the applicant have a valid DUNS number?	<input type="radio"/> Yes <input type="radio"/> No
Did the recipient provide an appropriate and reasonable budget?	<input type="radio"/> Yes <input type="radio"/> No
Was the match verified?	<input type="radio"/> Yes <input type="radio"/> No
Did the recipient provide a detailed program narrative?	<input type="radio"/> Yes <input type="radio"/> No
Did the applicant verify that the organization name is correct in their email response?	<input type="radio"/> Yes <input type="radio"/> No
Did the recipient or authorized representative sign the Assurances and Certifications?	<input type="radio"/> Yes <input type="radio"/> No
Was the indirect cost agreement received?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Did you review the program office comments and resolve any identified issues?	<input type="radio"/> Yes <input type="radio"/> No
Was the recipient contacted?	<input type="radio"/> Yes <input type="radio"/> No
If you answered Yes above, indicate the date	MON DD YYYY
Did the recipient agree to accept the grant if awarded?	<input type="radio"/> Yes <input type="radio"/> No

Review Status

Based on your answers above, please indicate the review status of this application:

Pending Review Complete, Approve Incomplete, Release Application Ineligible Award Declined

GMS Comments

The budget was reduced by \$2,000. The Program Office has reduced the price of the foam educators and foam

1681 characters

Go Back Save and Continue

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Enter the appropriate comments in the *GMS Comments* section of the Completeness Review. Select the *Complete, Approve* option and then click *Save and Continue*.

Award Package

FY 2007 Assistance to Firefighters Grant Program

Administration Application Review **Awards** Grant Management Closeout Grant Monitoring Find Application

Grant Specialist Go

Grant Specialist Handbook

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All grantees must follow the audit requirements of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. The main requirement of this OMB Circular is that grantees that expend \$500,000.00 or more in Federal funds (from all Federal sources) must have a single audit performed in accordance with the circular.

As a condition of receiving funding under this grant program, you must agree to maintain grant files and supporting documentation for three years upon the official closeout of your grant. You must also agree to make your grant files, books, and records available for an audit by DHS, the General Accounting Office (GAO), or their duly authorized representatives to assess the accomplishments of the grant program or to ensure compliance with any requirement of the grant program.

Article XIII. Additional Requirements (if applicable)

Vehicle Awardees:

Vehicle awardees for FY 2007 will be required to include an advance payment bond as part of the contract with their vehicle manufacturer. An advance payment bond is like an insurance policy that protects you in the event that the manufacturer with whom you contracted to build your vehicle cannot fulfill the contract, i.e., cannot finish building your vehicle for any reason. An advance payment bond is a financial tool used to guarantee that, in the event of manufacturer/contractor default, funds will be available to finish the construction of your vehicle and ensure its proper operation. From the vehicle grantee's point of view, the insolvency of a contractor during the construction of a vehicle will most likely result in delayed completion of the vehicle, additional expenses for a different manufacturer/contractor to finish the work, or even loss of grant funds. For this reason, we now require manufacturers/contractors to provide a bond from an independent bank, insurance company or bonding agency so that the vehicle grantees can recover damages they may sustain if the manufacturer/contractor default during the construction of a vehicle. The amount of the bond should be equal to, or greater than, the sum of any payments, compensation and/or consideration provided prior to the delivery of the vehicle. If no down payment is required in the purchase contract, an advance payment bond is not required.

Regardless of whether a performance bond is obtained, each vehicle purchase contract must include a performance clause. The performance clause stipulates a certain date when the vehicle will be delivered by the vendor. If the vendor does not deliver the vehicle by the date stipulated in the performance clause, penalties are administered to the vendor. These penalties should be of a severity sufficient to provide the vendor with incentive to deliver the vehicle at the earliest possible date but no less than \$100 per day.

Regional Hubs:

Grantees that are the hosts of regional projects as provided for in the annual program guidance will not be responsible for equipment purchased with grant funds if that equipment is disbursed to other first-responder organizations under a memorandum of understanding which places the responsibility for the equipment in the hands of the recipient.

Modification to Facilities Requirements:

DHS is required to ascertain how proposed modifications to any facilities that will have sprinkler installation may be impacted by requirements related to the National Historic Preservation Act and the National Flood Insurance Program regulations. Modification projects must be evaluated for compliance with applicable statutory and regulatory environmental/historic preservation requirements and must be approved by DHS prior to project implementation. No funds may be requested for construction until all these requirements are fulfilled. If the installation site is a building that is 50 years old or older they shall not proceed with proposed modification projects, other than planning, until being notified by DHS that all reviews have been completed. Noncompliance may jeopardize receipt of federal funding.

The budget was reduced by \$2,000. The Program Office has reduced the price of the foam educators and foam concentrate to \$8,000. If awarded, the total project cost will be reduced from \$10,000 to \$8,000. The federal share will be reduced from \$8,000 to \$6,400. The applicant match will be reduced from \$2,000 to \$1,600.

Summary Award Memo

SUMMARY OF ASSISTANCE ACTION
Assistance to Firefighters Grant Program

INSTRUMENT: GRANT
AGREEMENT NUMBER: EMW-2007-FO-00849
GRANTEE: 8333

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The above screen is an example of what the Award Package should look like once applicable comments have been entered into the *Additional Requirements* section, and have been saved.

FY 2007 Assistance to Firefighters Grant Program

Administration Application Review **Awards** Grant Management Closeout Grant Monitoring Find Application

Grant Specialist Go

Grant Specialist Handbook

Content:
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need and whose proposed activities provided the greatest benefit.

This applicant was rated highly by the panel of experts. The panelists reviewed both the proposed use of funds, and the budget information supplied by the applicant. Once the panel made this recommendation, the application was forwarded to the approving official, Mr. Tom Harrington, who concurred in this recommendation. Mr. Harrington approved the applicant's proposal, and forwarded the application to the DHS's Grants Management Branch.

GRANTS MANAGEMENT REVIEW

The grants management staff selected this application off of a recommended list provided by Mr. Harrington. The grants management specialists then reviewed the file for completeness, checked the GSA suspension and debarment list and determined that the applicant was not on the list. The Audit Clearinghouse was also checked to determine if grants were subject to the Single Audit Requirements. The Specialist determined that the file was complete and ready for award.

BUDGET REVIEW

The Specialist reviewed the proposed costs contained in the budget information. The summary of costs, which represents the Federal and applicant totals are as follows:

Personnel	\$0.00
Fringe Benefits	\$0.00
Travel	\$0.00
Equipment	\$8,000.00
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00
Indirect Charges	\$0.00

The budget review by the specialist was to evaluate the consistency of these cost elements with OMB Cost Principles (either A-67 or A-122) and as detailed in 44 CFR Part 13. The Specialist finds the budget to be consistent with the cost principles and directly and reasonably related to the proposed grant activity. Furthermore, the panelists reviewed the proposed budget and determined there was merit with respect to cost-benefit. The DHS technical program expert also found the budget costs to be reasonable based on their experience and expertise in the area. Finally, the applicant adequately describes the portion of the grant activity that will be paid for with non-Federal funds. The applicant verified during negotiations they will be able to meet the required match. The matching requirements must be met through cash. In-kind services are not allowed as the matching requirement.

NEGOTIATION COMMENTS IF APPLICABLE

The budget was reduced by \$2,000. The Program Office has reduced the price of the foam educators and foam concentrate to \$8,000. If awarded, the total project cost will be reduced from \$10,000 to \$8,000. The federal share will be reduced from \$8,000 to \$6,400. The applicant match will be reduced from \$2,000 to \$1,600.

RECOMMENDATION

Based on the above, it is hereby recommended that grant number EMW-2007-FO-00849 be awarded in the amount of \$8,000.00, \$6,400.00 Federal funds and \$1,600.00 Applicant funds.

Andrea Gordon
 Grants Management Branch

FEDERAL EMERGENCY MANAGEMENT AGENCY
OBLIGATING DOCUMENT FOR AWARD/AMENDMENT

1. AGREEMENT NO. 2. AMENDMENT NO. 3. REQUIREMENT NO. 4. TYPE OF ACTION 5. CONTROLLING NO.

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The above screen is an example of what the Award Package should look like once applicable comments have been entered into the *Summary Award Memo* section, and have been saved.

Award Package

FY 2007 Assistance to Firefighters Grant Program

Administration Application Review **Awards** Grant Management Closeout Grant Monitoring Find Application

Grant Specialist Go

Grant Specialist Handbook
 Grant Specialist: Andrea Gordon
 Grant Management Branch

Based on the above, it is hereby recommended that grant number EHWV-JJ01-F-00042 be awarded in the amount of \$0,000.00, \$0,000.00 Federal funds and \$1,000.00 applicant funds.

FEDERAL EMERGENCY MANAGEMENT AGENCY OBLIGATING DOCUMENT FOR AWARD/AMENDMENT						
1. AGREEMENT NO.	2. AMENDMENT NO.	3. RECIPIENT NO.	4. TYPE OF ACTION	5. CONTROL NO.		
EMV-2007-F-00043		91-1234567	AWARD	W071037H		
6. RECIPIENT NAME AND ADDRESS		7. ISSUING OFFICE AND ADDRESS		8. PAYMENT OFFICE AND ADDRESS		
9333 500 C St Wash District of Columbia, 20001-2788		Grants Management, Operations Directorate 245 Murray Lane - Building 410, SW Washington DC, 20528-7000 POC: Andrea Gordon 202-786-9462		FEMA, Financial Services Branch 500 C Street, S.W., Room 723 Washington DC, 20472		
9. NAME OF RECIPIENT PROJECT OFFICER		10. PHONE NO.	10. NAME OF PROJECT COORDINATOR		10. PHONE NO.	
Chris Teasdale		301-3334444	Tom Harrington		1-866-274-0960	
11. EFFECTIVE DATE OF THIS ACTION	12. METHOD OF PAYMENT	13. ASSISTANCE ARRANGEMENT		14. PERFORMANCE PERIOD		
9/27/07	Cost Sharing	Cost Sharing		From: To: Budget Period: From 01-OCT-07 To 30-SEP-09		
15. DESCRIPTION OF ACTION a. Indicate funding data for awards or financial changes:						
PROGRAM NAME ACRONYM	CFDA NO.	ACCOUNTING DATA (ACCS CODE)	PRIOR TOTAL AWARD	AMOUNT AWARDED THIS ACTION + OR (-)	CURRENT TOTAL AWARD	CUMULATIVE NON-FEDERAL COMMITMENT
AFO	97.044	2009-M8-0001-OF-2500000-4101-D	\$0.00	\$6,400.00	\$6,400.00	\$1,800.00
TOTALS			\$0.00	\$6,400.00	\$6,400.00	\$1,800.00

If changes to the Award Package are necessary, click the *Go Back* button.

Edit an Award Package

FY 2007 Assistance to Firefighters Grant Program

Administration Application Review **Awards** Grant Management Closeout Grant Monitoring Find Application

Grant Specialist Go

Grant Specialist Handbook
 Grant Specialist: Andrea Gordon
 Grant Management Branch

Based on the above, it is hereby recommended that grant number EHWV-JJ01-F-00042 be awarded in the amount of \$0,000.00, \$0,000.00 Federal funds and \$1,000.00 applicant funds.

FEDERAL EMERGENCY MANAGEMENT AGENCY OBLIGATING DOCUMENT FOR AWARD/AMENDMENT						
1. AGREEMENT NO.	2. AMENDMENT NO.	3. RECIPIENT NO.	4. TYPE OF ACTION	5. CONTROL NO.		
EMV-2007-F-00043		91-1234567	AWARD	W071037H		
6. RECIPIENT NAME AND ADDRESS		7. ISSUING OFFICE AND ADDRESS		8. PAYMENT OFFICE AND ADDRESS		
9333 500 C St Wash District of Columbia, 20001-2788		Grants Management, Operations Directorate 245 Murray Lane - Building 410, SW Washington DC, 20528-7000 POC: Andrea Gordon 202-786-9462		FEMA, Financial Services Branch 500 C Street, S.W., Room 723 Washington DC, 20472		
9. NAME OF RECIPIENT PROJECT OFFICER		10. PHONE NO.	10. NAME OF PROJECT COORDINATOR		10. PHONE NO.	
Chris Teasdale		301-3334444	Tom Harrington		1-866-274-0960	
11. EFFECTIVE DATE OF THIS ACTION	12. METHOD OF PAYMENT	13. ASSISTANCE ARRANGEMENT		14. PERFORMANCE PERIOD		
9/27/07	Cost Sharing	Cost Sharing		From: To: Budget Period: From 01-OCT-07 To 30-SEP-09		
15. DESCRIPTION OF ACTION a. Indicate funding data for awards or financial changes:						
PROGRAM NAME ACRONYM	CFDA NO.	ACCOUNTING DATA (ACCS CODE)	PRIOR TOTAL AWARD	AMOUNT AWARDED THIS ACTION + OR (-)	CURRENT TOTAL AWARD	CUMULATIVE NON-FEDERAL COMMITMENT
AFO	97.044	2009-M8-0001-OF-2500000-4101-D	\$0.00	\$6,400.00	\$6,400.00	\$1,800.00
TOTALS			\$0.00	\$6,400.00	\$6,400.00	\$1,800.00

Scroll to the bottom of the page and click *Edit Award Package*.

Edit an Award Package

Award Package

8333, District of Columbia, EMW-2007-FO-00849

Contact Name	Chris Swann6555	Address	500 c st	Population	665556	Status	Review in progress
Contact Phone	301334444	City	wash	Panel Score	88.75		
Contact Email	chris@bels.com	State	District of Columbia	Amount Requested	\$8,000.00		
Contact Fax		Zipcode	20007-2788	Approved Cost	\$8,000.00		
DN	91-1234567	Department	All Paid Career	Federal Share	\$6,400.00		
Program	Operations and Safety						

Awardee Information

First Name	Chris
Last Name	Tlood#
Title	Mr
Organization Name	8333
Address	500 C Street
City	Washington
State	District of Columbia
Zip	20001 - 2788

Article X - Other Terms and Conditions (max 4000 characters)

A. Fee-award costs directly applicable to the awarded grant are allowable if approved in writing by the DHS Program Office.

B. Quotes obtained prior to submission of the application - for the purposes of applying for this grant - are not considered to be sufficient to satisfy the requirements for competition as outlined in

Summary Award Memo

SUMMARY OF ASSISTANCE ACTION
Assistance to Firefighters Grant Program

If necessary, edit entries for spelling and grammar; ensure that all required information is included.

Summary Award Memo

SUMMARY OF ASSISTANCE ACTION
Assistance to Firefighters Grant Program
INSTRUMENT: GRANT
AGREEMENT NUMBER: EMW-2007-FO-00849
GRANTEE: 8333
AMOUNT: 8,000.00, Operations and Safety
BACKGROUND

Go Back | **Save and Continue**

Confirm that all errors have been corrected. Then, scroll down to the bottom of the page and click *Save and Continue*.

Completed Award Package Page

Award Package

8333 - District of Columbia - EMW-2007-FO-00849		Status: Review in progress	
Contact Name	Chris Toadoff	Population	555555
Contact Phone	301 214444	Panel Score	88.75
Contact Email	ctoadoff@afg.com	Amount Requested	\$8,000.00
Contact Fax		Approved Cost	\$8,000.00
City	Washington	Federal Share	\$6,400.00
State	District of Columbia		
Zipcode	20001-2788		
Department	All Field/Cover		
Program	Operations and Safety		

U.S. Department of Homeland Security
Washington, D.C. 20472

FEMA

Mr. Chris Toadoff
8333
500 C Street
Washington, District of Columbia 20001-2788

Re: Grant No EMW-2007-FO-00849

Dear Mr. Toadoff:

On behalf of the Department of Homeland Security (DHS), I am pleased to inform you that your grant application submitted under the FY 2007 Assistance to Firefighters Grant has been approved. The DHS Federal Emergency Management Agency's National Preparedness Directorate, in consultation with the U.S. Fire Administration, carry out the Federal responsibilities of administering your grant. The approved project costs total to \$8,000.00. The Federal share is 80 percent or \$6,400.00 of the approved amount and your share of the costs is 20 percent or \$1,600.00.

As part of your award package, you will find Grant Agreement Articles. Please make sure you read and understand the Articles as they outline the terms and conditions of your Grant award. Maintain a copy of these documents for your official file. **You establish acceptance of the Grant and Grant Agreement Articles when you request and receive any of the Federal Grant funds awarded to you.** By accepting the grant, you agree not to deviate from the approved scope of work without prior written approval from DHS.

The first step in requesting your grant funds is to confirm your correct Direct Deposit Information. Please go online to the AFG eGrants system at www.firegrantsupport.com and if you have not done so, complete and submit your SF 1199A, Direct Deposit Sign-up Form. Please forward the original, completed SF 1199A, Direct Deposit Sign-up Form, signed by your organization and the banking institution to the address below:

Department of Homeland Security
FEMA, National Preparedness Directorate
Grants Management Branch
500 C Street, SW, Room 334
Washington, DC 20472

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This is the completed Award Package page. Next, click on the *Check-In Awards* link on the left-hand side of the screen.

Undo Completeness Review

FY 2007 Assistance to Firefighters Grant Program

Administration | Application Review | **Awards** | Grant Management | Closeout | Grant Monitoring | Find Application

Grant Specialist | Go

Check In Awards

Awards that you have checked out are listed below. To check in an award, check the box beside the award number or check in all awards by clicking Select All below, then click the Save and Continue button.

Displaying 1-9 of 9
 Display Options | Go

Select	Award Number	Fire Department Name	Color Code	Program	Federal Share	Status
<input type="checkbox"/>	DMF-2007-FG-00084	Laurel Fire Department		Operations and Safety	57000	Pending Check In Undo Completeness Review
<input type="checkbox"/>	DMF-2007-FG-00092	TDL Mar 2 - All apps		Operations and Safety	129600	Pending Check In Undo Completeness Review
<input type="checkbox"/>	DMF-2007-FG-00049	8333		Operations and Safety	6400	Pending Check In Undo Completeness Review
<input type="checkbox"/>	DMF-2007-FG-01220	8333		Operations and Safety	0	Pending Check In Undo Completeness Review
<input type="checkbox"/>	DMF-2007-FR-00022	Vermont F D		Operations and Safety	80000	Pending Check In Undo Completeness Review
<input type="checkbox"/>	DMF-2007-FR-00081	Boonhocks Fire Department <i>Potential City Duplicate</i>		Operations and Safety	1000000	Pending Check In Undo Completeness Review
<input type="checkbox"/>	DMF-2007-FR-00152	S fire department		Operations and Safety	190004	Pending Check In Undo Completeness Review
<input type="checkbox"/>	DMF-2007-FY-00001	NRAN - TDL - Regional Request - 3		Vehicle Acquisition	220000	Pending Check In Undo Completeness Review
<input type="checkbox"/>	DMF-2007-FY-00001	Joey's Fire Department <i>Potential City Duplicate</i>		Vehicle Acquisition	160000	Pending Check In Undo Completeness Review

Select All | Clear All

[Go Back](#) | [Save and Continue](#)

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Note: If changes are required before completing and submitting the Completeness Review and the Award Package to the AO, click on the *Undo Completeness Review* link under the status column of the appropriate Award Number row. This action will return the application to the Completeness Review queue.

Check-In Awards

Check In Awards

Awards that you have checked out are listed below. To check in an award, check the box beside the award number or check in all awards by clicking Select All below, then click the Save and Continue button.

Displaying 1-9 of 9
 Display Options

Select	Award Number	Fire Department Name	Cons. District	Program	Federal State	Status
<input type="checkbox"/>	DMN-2007-FI-00044	Laural Fire Department		Operations and Safety	37000	Pending Check In View Full Award Package View Completeness Review
<input type="checkbox"/>	DMN-2007-FI-00052	TDL Mar 2 - All apps		Operations and Safety	129600	Pending Completeness Review
<input checked="" type="checkbox"/>	DMN-2007-FI-00069	6333		Operations and Safety	6400	Pending Check In View Full Award Package View Completeness Review
<input type="checkbox"/>	DMN-2007-FI-01470	6333		Operations and Safety	0	Pending Award Package View Completeness Review
<input type="checkbox"/>	DMN-2007-FI-00022	Viewers F D		Operations and Safety	80000	Pending Completeness Review
<input type="checkbox"/>	DMN-2007-FI-00081	Boondocks Fire Department Selected Vehicle File		Operations and Safety	1000000	Pending Completeness Review
<input type="checkbox"/>	DMN-2007-FI-00182	5 fire department		Operations and Safety	190004	Pending Check In View Full Award Package View Completeness Review
<input type="checkbox"/>	DMN-2007-FI-00001	NRAN - TDL - Regional Request - 3		Vehicle Acquisition	220000	Pending Completeness Review
<input type="checkbox"/>	DMN-2007-FI-00061	Joe's Fire Department Selected EQ Outline		Vehicle Acquisition	180000	Pending Completeness Review

Select All

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Select the appropriate award number and click *Save and Continue* at the bottom of the page.

Confirm Award Check-In

Administration | Application Review | **Awards** | Grant Management | Closeout | Grant Monitoring

FY 2007 Assistance to Firefighters Grant Program

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Confirm Award Check In

The awards you selected for check in are listed below. To modify your selection, click on the No button. To confirm your selection click on the Yes button below.

Award Number	Fire Department Name	Congressional District	Program	Federal Share
BMX-2007-FQ-0064	8333		Operations and Safety	6400

Are you sure you want to check in the award(s) listed above?

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Confirm the award check-in by clicking Yes.

Award Check-In Results

The screenshot displays the 'Award Check In Results' page from the USFA system. The page header includes the USFA logo and the text 'FY 2007 Assistance to Firefighters Grant Program'. The navigation menu shows 'Administration', 'Application Review', 'Awards', 'Grant Management', 'Closeout', and 'Grant Monitoring'. The 'Awards' section is active, and the 'Find Application' search box is empty. The main content area is titled 'Award Check In Results' and contains the text 'You have checked in the following awards.' Below this is a table with the following data:

Award Number	Fire Department Name	Congressional District	Program	Federal Share
BMX-2007-FQ-0064	8333		Operations and Safety	6400

Below the table is a button labeled 'Check In More Awards'. The left sidebar contains a 'Grant Specialist Handbook' and a 'Content' menu with links for 'Check Out Awards', 'Completeness Review', 'Prepare Award Packages', 'Update Application', 'Check In Awards', 'Award Records', 'Activity Report', 'Return to Status', and 'Logout'. The footer contains links for 'USFA Home', 'FEMA', 'Frequently Asked Questions', 'Glossary', 'Privacy', and 'Help'.

The Completeness Review and Award Package have now been completed. It has now entered the Assistance Officers check-out queue.

Appendix

Acronyms	Definition
AFG	Assistance to Firefighters Grants
AO	Assistance Officer
ARRA	American Revitalization and Recovery Act
DBMods	Database Modifications
EOPS	Enterprise Operations
EIN	Employee Identification Number
FEMA	Federal Emergency Management Agency
FP&S	Fire Prevention and Safety
GD&A	Grant Development & Administration
GMD	Grants Management Division
GMS	Grants Management Specialist
GPD	Grants Programs Directorate
GS	Grant Specialists
ISAAC	Integrated Security And Access Control
OCIO	Office of the Chief Information Officer
OMB	Office of Management and Budget's
PO	Program Officer
POC	Points of Contacts
PS	Program Specialist
PVCS	Polytron Version Control System
SAFER	Staffing for Adequate Fire and Emergency Response
SCG	Station Construction Grants
SCR	System Change Requests
SDLC	System Development Lifecycle