Go

Budget Select section to revie	Select section to review Go
Budget Object Class	
a. Personnel	\$ 750
b. Fringe Benefits	\$ 0
c. Travel	\$0
d. Equipment	\$ 455,358
e. Supplies	\$0
f. Contractual	\$0
g. Construction	\$0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0
Federal and Applicant Share	
Federal Share	\$ 414,644
Applicant Share	\$ 41,464
Applicant Share of Award (%)	10
* Non-Federal Resources (The combined Non-Federal Resources must equal the Ap	plicant Share of \$ 41,464)
a. Applicant	\$ 41,464
b. State	\$ 0
c. Local	\$ 0
d. Other Sources	\$ 0
If you entered a value in Other Sources other than zero (0), include your space to provide information on the project, cost share match, or if you he federal agency. Total Budget	

Select section to review Select section to review

View Operations and Firefighter Safety - Equipment

Equipment Details	
What equipment will your organization purchase with this grant?	Mobile Repeaters (must be P-25 Compliant)
* Please provide a detailed description of the item selected above.	Currently we have two apparatus equipped with P25 mobile repeaters. Adding two repeaters will enhance our response and automatic mutual aid responses within the Sarasota County area. Venice Fire Department is part of the Florida Fire Chiefs Association for mutual aid responses. Adding this equipment will enhance and maintain interoperability with outside agencies. This will also provide critical and reliable on scene communications in times of limited radio coverage due to radio towe outages.
2. Number of units: (whole number only)	2
3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$ 15000
4. Generally the equipment purchased under this grant program will	:
Increase the organization's available supply of the requested item(s	s)
5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with	Yes
NFPA, OSHA, etc? In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.	
6. Is your department trained in the proper use of the equipment being requested?	Yes
7. Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested in the Equipment Additional Funding section).(Under the Action column select Update Additional Funding)	No
8. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	Yes
Close Window	

Close Window

View Operations and Firefighter Safety - Equipment

Equipment Details	
What equipment will your organization purchase with this grant?	Portable Radios (must be P-25 Compliant, limited to number of AFG approved seated positions)
* Please provide a detailed description of the item selected above.	Current portable radios are outdated, will be obsolete in 2018, they have required numerous repairs, major down time to keep them operational and have become unreliable to critical communications. Replacing this equipment will greatly improve responder safety in incorporating radios that have global positioning, 500 degree thermal rating, voice announcing for channel identification in zero visibility, multiband for offshore and mutual aid responses, P25 and re establish critical communications.
2. Number of units: (whole number only)	54
Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)	\$ 7877
4. Generally the equipment purchased under this grant program will	•
Replace obsolete or damaged equipment that can no longer meet to	he applicable standards
If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.	14
5. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc? In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.	Yes
6. Is your department trained in the proper use of the equipment being requested?	No.
7. Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested in the Equipment Additional Funding section).(Under the Action column select Update Additional Funding)	Yes
8. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	Yes