

## COUNCIL WORKSHOP ITEM

**ITEM:** 2004 Assistance to Firefighters Grant Program  
**DATE:** 3/23/04  
**PREPARED BY:** Phil Ruscetti, Chief of the Fire Department & Susan Brassfield, Grants Coordinator  
**PURPOSE:** Request waiver of one-week waiting period for resolution authorizing submittal of grant application to the U.S. Department of Homeland Security.

<b>BID AMOUNT:</b>	<b>N/A</b>	<b>ACCOUNT:</b>	001.722.0000.5831
<b>BUDGET AMOUNT</b>	<b>\$53,122</b>	<b>ESTIMATED</b>	\$47,810 (90% of total
<b>FY04/05:</b>		<b>GRANT</b>	estimated expenses)
		<b>REVENUE:</b>	

### DISCUSSION:

Staff is recommending the submission of the 2004 Assistance to Firefighters Grants Program to the US Department of Homeland Security for funding in the amount of \$53,122. The Assistance to Firefighters Grant will support the purchase of a breathing air compressor. A stipulation of the grant requires a local match of 10% of the total project/program cost. The total estimated cost of the compressor is \$53,122 of which the Village is required to provide \$5,312 as the match. The Village share will be funded from account 001.722.0000.5831 in 2004-05 budget year.

The Village of Downers Grove Fire Department is requesting funding to support the replacement of its ten-year old air compressor/cascade system. The current system is used to fill the department's Self Contained Breathing Apparatus (SCBA) bottles with safe breathing air for the firefighters to breathe while in smoky or toxic environments. Our compressor is used to fill cylinders on a daily basis; each cylinder must be filled after each use. This means a cylinder must be filled after an actual fire or hazmat call, or even after a training drill. This system also provides air to numerous cylinders that are used for special rescue tools and equipment. Cylinders must also be topped off when their pressure drops below 45,000 psi. Loss of pressure can be caused by a number of things such as the morning equipment check or a change in the ambient temperature. The compressor is also responsible for filling the Squad 1 cascade system. This system transports breathable air to every fire or incident that requires the use of SCBA. Under this capacity, it is used to assist our neighboring fire departments and the MABAS (Mutual Aid Box Alarm System) Division's 16 departments. In the event the State declares an emergency, Squad 1 must be readily available to respond anywhere within the State. The Squad's capabilities to fill SCBA cylinders are tremendously important. If deployed to a State response, it must be able to operate for minimum of 10 days on its own.

Over the past few years, the department has experienced numerous operational and maintenance problems with its current compressor. The compressor has exceeded its useful service life and of late, we have only been able to extend its service life by means of temporary band-aid repairs. Two years ago the Village incurred a costly repair of \$9,475 when the block assembly was

replaced on the compressor. Most recently, a manufacture representative repairman informed us that a \$2,000.00 repair estimate could not be guaranteed. The \$2,000 repair was only a temporary solution until a long-term remedy could be found. These problems have been costly and have adversely affected our day-to-day operation. This was quite evident when the Village's Fire Department had to utilize a neighboring fire department's compressor to fill our SCBA cylinders because our compressor was inoperable.

The age and the level of use have taken a toll on this critical and essential piece of machinery. Due to advances in technology and better metals used in the block assembly, our current compressor is now viewed as obsolete. Therefore, as part of the auspices of this grant, the Village seeks grant funds to protect the health and safety of the public and their firefighting personnel with respect to fire and all other hazards they may face.

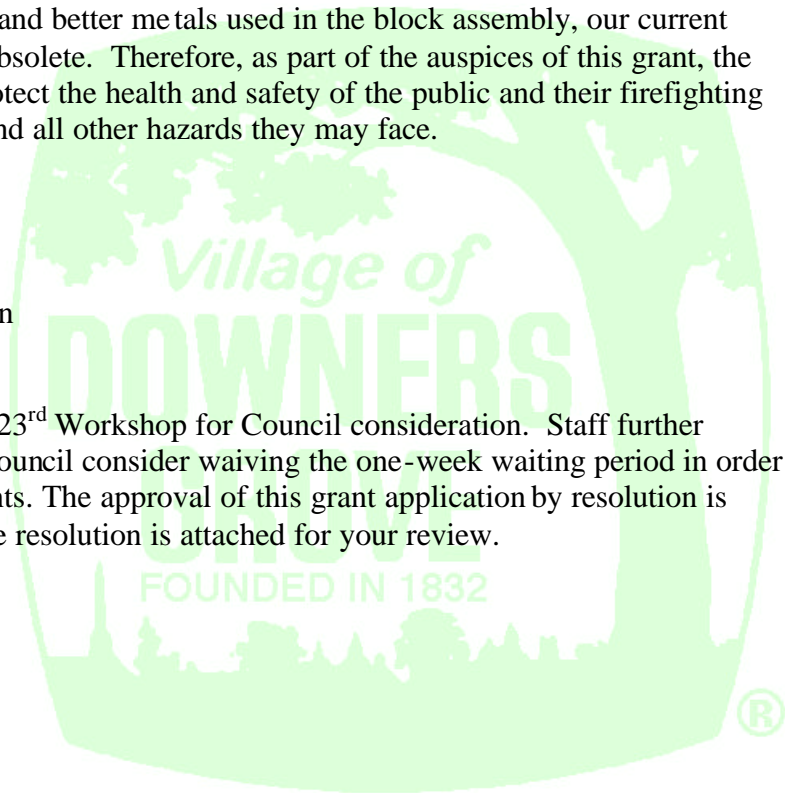
**ATTACHMENT:**

Attachment 1: Resolution

Attachment 2: Grant application

**RECOMMENDATION:**

Place this matter on the March 23<sup>rd</sup> Workshop for Council consideration. Staff further recommends that the Village Council consider waiving the one-week waiting period in order to meet grant deadline requirements. The approval of this grant application by resolution is recommended and a copy of the resolution is attached for your review.



**RESOLUTION NO.**

**A RESOLUTION AUTHORIZING SUBMITTAL OF GRANT APPLICATION TO THE  
US DEPARTMENT OF HOMELAND SECURITY FOR  
2004 ASSISTANCE TO FIREFIGHTERS GRANT PROGRAM**

WHEREAS, the Village of Downers Grove, an Illinois municipal corporation, has developed grant application 2004 Assistance to Firefighters Grant Program for funding in the total amount of \$47,810 for the support of an air compressor; and

WHEREAS, the Village Council has reviewed said grant application and agreement conditions, and has authorized the filing of said application with the US Department of Homeland Security.

NOW, THEREFORE, be it resolved by the Village of Downers Grove, DuPage County, Illinois, as follows:

1. That the Village of Downers Grove submit the 2004 Assistance to Firefighters Grant Program application of the Village of Downers Grove in the amount of \$47,810 for the support of an air compressor to the US Department of Homeland Security.
2. That the Village of Downers Grove agrees to the conditions and requirements listed in the grant application.
3. That this resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest:

Village Clerk

**Validation Error**

You must correct the following error(s) before proceeding:

- In Alternate Contact Information Number 2, Fax number is not valid, use (e.g. 999-999-9999)

**Contact Information**

Application 9% complete

In addition to yourself, please provide 2 additional points of contact for this application. Between all of the contact information gathered, 1 set of contact information should be for the Fire Chief. Once you are done, press the *Save and Continue* button below.

**Note:** Fields marked with an \* are required.

Alternate Contact Information Number 1

* Title	<input type="text" value="Chief"/>
Prefix	<input type="text" value="Mr."/> Select N/A if not applicable
* First Name	<input type="text" value="Phil"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text" value="Ruscetti"/>
* Business Phone	<input type="text" value="630-434-5985"/> (e.g. 123-456-7890) Ext. <input type="text"/>
* Home Phone	<input type="text" value="630-434-5985"/> (e.g. 123-456-7890) Ext. <input type="text"/>
Mobile Phone/Pager	<input type="text"/> (e.g. 123-456-7890)
Fax	<input type="text" value="630-434-5998"/> (e.g. 123-456-7890)
* Email	<input type="text" value="pruscetti@downers.us"/> (e.g. user@xyz.org)

Alternate Contact Information Number 2

* Title	<input type="text" value="Deputy Chief"/>
Prefix	<input type="text" value="Mr."/> Select N/A if not applicable
* First Name	<input type="text" value="Bob"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text" value="Tutko"/>
* Business Phone	<input type="text" value="630-434-5989"/> (e.g. 123-456-7890) Ext. <input type="text"/>
* Home Phone	<input type="text" value="630-434-5989"/> (e.g. 123-456-7890) Ext. <input type="text"/>
Mobile Phone/Pager	<input type="text"/> (e.g. 123-456-7890)
Fax	<input type="text" value="630-434-5998"/> (e.g. 123-456-7890)
* Email	<input type="text" value="btutko@downers.us"/> (e.g. user@xyz.org)

## Applicant Information

Application **18%** complete

Please provide the following information about your organization and click the *Save and Continue* button below. If you have not already done so, check to see if someone has already started an application for your organization. If an application has been started, request access from the owner by clicking the link above. If you feel this person is not an appropriate representative of your organization, call the Help Desk at 1-866-274-0960.

**Note:** Fields marked with an \* are required.

* Applicant Name	<input type="text" value="Village of Downers Grove"/>	
* Type of Applicant	<input type="text" value="Village"/>	<a href="#">Help</a>
If other, please enter the type of Applicant	<input type="text"/>	
* <u>Employer Identification Number</u>	<input type="text" value="36-6005857"/> (e.g. 12-3456789)	<a href="#">Help</a>
* Does your organization have a <u>DUNS Number</u> ?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<a href="#">Help</a>
If yes, please enter the <u>DUNS Number</u>	<input type="text" value="030899512"/>	<a href="#">Help</a>
<b>Headquarters Physical Address</b>		
* Physical Address 1	<input type="text" value="801 Burlington Avenue"/>	
Physical Address 2	<input type="text"/>	
* City	<input type="text" value="Downers Grove"/>	
* State	<input type="text" value="Illinois"/>	
* Zip	<input type="text" value="60515"/> - <input type="text" value="4776"/> (e.g. 12345-6789) <a href="#">Need help for ZIP+4?</a>	
<input type="checkbox"/> Mailing Address is the same as the Physical Address		<a href="#">Help</a>
* Mailing Address 1	<input type="text" value="801 Burlington Avenue"/>	
Mailing Address 2	<input type="text"/>	
* City	<input type="text" value="Downers Grove"/>	
* State	<input type="text" value="Illinois"/>	
* Zip	<input type="text" value="60515"/> - <input type="text" value="4776"/> (e.g. 12345-6789) <a href="#">Need help for ZIP+4?</a>	
<b>Account Information</b>		
* Type of bank account	<input checked="" type="radio"/> Checking <input type="radio"/> Savings	
* Bank routing number - <u>9 digit number on the bottom left hand corner of your check</u>	<input type="text" value="REDACTED"/>	(numbers only, no dashes) <a href="#">Help</a>
* Re-enter Bank routing number	<input type="text" value="REDACTED"/>	
* Your account number	<input type="text" value="REDACTED"/>	(numbers only, no dashes)

\* Re-enter Your account number



Additional Information

\* For this fiscal year (Federal) is your jurisdiction receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?  Yes  No

\* If awarded this grant, will your jurisdiction expend greater than \$300,000 in Federal share funds during the Federal fiscal year in which the grant was awarded?  Yes  No

\* Is the applicant delinquent on any federal debt?  Yes  No

[Help](#)

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

(maximum 4000 characters)

If this grant is awarded, it is estimated that the Village will expend greater than \$300,000 in

[Go Back](#)

[Save and Continue](#)

## Department Characteristics (Part I)

Application **27%** complete

Please provide the following additional information regarding your Fire Department. Once you are done, press the *Save and Continue* button below.

**Note:** Fields marked with an \* are required.

\* Are you a member of a Fire Department or authorized representative of a fire department?  Yes  No [Help](#)

\* Are you a member of Federal Fire Department or contracted by the Federal government and solely responsible for suppression of fires on Federal property?  Yes  No

\* What kind of Department do you represent?  [Help](#)

If you answered combination, above, what is the percentage of career firefighters in your department?  % (Numbers only)

\* What is the square mileage of your primary response area?  (Numbers only)

\* What percentage of your response area is protected by hydrants?  % (Numbers only)

\* Does your department protect critical infrastructure of the State?  Yes  No [Help](#)

(Percentages in three answers below must sum up to 100%)

\* How much of your jurisdiction's land use is for agriculture, wild land, open space, or undeveloped properties?  % (Numbers only)

\* What percentage of your jurisdiction's land use is for commercial, industrial, or institutional purposes?  % (Numbers only)

\* What percentage of your jurisdiction's land is used for residential purposes?  % (Numbers only)

\* How many commercial, industrial, residential, or institutional structures in your jurisdiction are more than four stories tall?  (Whole Numbers only)

\* What is the permanent resident population of your Primary/First Due Response Area or jurisdiction served?  (Whole Numbers only) [Help](#)

\* How many active firefighters does the department have who perform firefighting duties?  (Whole Numbers only) [Help](#)

\* How many personnel provide only EMS service delivery?  (Whole Numbers only)

\* How many stations are in your department?  (Whole Numbers only)

\* Do you currently report to the National Fire Incident Reporting System (NFIRS)?  Yes  No [Help](#)

If you answered yes above, please enter your FDIN/FDID  [Help](#)

\* What services does your department provide? [Help](#)

- Structural Fire Suppression  Medical First Response  Hazmat Operational Level

- Wildland Fire Suppression
- Airport Rescue Firefighting (ARFF)

- Basic Life Support
- Advanced Life Support

- Hazmat Technical Level
- Rescue Operational Level
- Rescue Technical Level

[Go Back](#)

[Save and Continue](#)

## Request Information

Application **27%** complete

### Program Selection

Please use this section to select the award program for which you want to apply and provide some additional information requested. Once you are done, press the *Save and Continue* button below.

\* 1. Select a program for which you are applying. Remember, you can only apply for one program this year. You can apply for as many activities within a program as you need.

(If you modify your selection, you will lose data entered under the original activity.)

Select	Program Name	Activities Available
<input type="radio"/>	<b>Fire Prevention</b>	[ <a href="#">Fire Prevention Programs</a> ]
<input type="radio"/>	<b>Firefighting Vehicle</b>	[ <a href="#">Firefighting Vehicles</a> ]
<input checked="" type="radio"/>	<b>Operations and Firefighter Safety</b>	[ <a href="#">Equipment</a> ] [ <a href="#">Modify Facilities</a> ] [ <a href="#">Personal Protective Equipment</a> ] [ <a href="#">Training</a> ] [ <a href="#">Wellness and Fitness Programs</a> ]

\* 2. Will this grant benefit more than one department?

Yes  No

If you answered Yes to Question 2 above, please explain. (You can only enter 4000 characters)

# 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 department purchase with this grant?  [Help](#)

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

\*2. Number of units  (whole number only)

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

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

- Is necessary for basic firefighting capabilities, but has never been owned by this department
- Will replace old, obsolete, or substandard equipment currently owned by this department
- Will expand the capabilities of the department into a new mission area
- Will increase the department'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.

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

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

Will bring the department into voluntary compliance with a national standard. Please explain how this equipment will bring the department into voluntary compliance in the space provided to the right.

Has no statutory basis

\*6. Does this equipment provide a health and safety benefit to the firefighters in your department? If yes, please fully explain in the narrative section.  Yes  No

## Request Details

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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
Compressors/Cascade/Fill Station (Fixed)	1	\$ 53,122	\$ 53,122	<a href="#">Update</a> <a href="#">Delete</a>

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

- The sum of Applicant, State, Local and Other amounts must equal to Total Applicant Share.

## Total Budget

Application **54%** complete

Please note that any one organization or department is limited to a maximum of \$750,000 Federal Share in the same Federal fiscal year (e.g. October 1, 2003 to September 30, 2004). This includes funds received through the Assistance to Firefighters Grant Program. Review and confirm the budget information below. When you are finished, click the *Save and Continue* button below.

**Note:** Fields marked with an \* are required.

### Budget Object Class

a. Personnel	<a href="#">Help</a>	\$ 0
b. Fringe Benefits	<a href="#">Help</a>	\$ 0
c. Travel	<a href="#">Help</a>	\$ 0
d. Equipment	<a href="#">Help</a>	\$ 53,122
e. Supplies	<a href="#">Help</a>	\$ 0
f. Contractual	<a href="#">Help</a>	\$ 0
g. Construction	<a href="#">Help</a>	\$ 0
h. Other	<a href="#">Help</a>	\$ 0
i. Indirect Charges	<a href="#">Help</a>	\$ 0

### Indirect Cost Details

Agency Indirect Cost Agreement with

Indirect Cost Rate

 % (Whole numbers only)

Agreement Summary

 (maximum 4000 characters)

### Federal and Applicant Share

Federal Share	\$ 47,810
Applicant Share	\$ 5,312
Federal Rate Sharing (%)	90/10

\* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 5,312)

a. Applicant	(Whole dollar amounts only) \$	<input type="text" value="5312"/>
b. State	(Whole dollar amounts only) \$	<input type="text" value="0"/>
c. Local	(Whole dollar amounts only) \$	<input type="text" value="0"/>
d. Other Sources	(Whole dollar amounts only) \$	<input type="text" value="0"/>

If you entered a value in Other Sources, include your explanation below. You can use this space to provide information on the project, cost share match.

**Form 20-16A**

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**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:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290-dd-3 and 290-ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or Federally assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply 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.
9. 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.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in 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).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (29 U.S.C. 201), as they apply to employees of institutions of higher education, hospitals, and other non-profit organizations.

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

\* Password:

\*  I, Susan Brassfield, am hereby providing my signature for this application as of 03-Mar-2004.

**Form 20-16C**

**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.

**Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 28 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

**1. Lobbying**

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons(entering) into a grant or cooperative agreement over \$100,000, as defined at 44CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

**2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)**

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and

(d) have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to

this application.

(maximum 4000 characters)

3. Drug-Free Workplace (Grantees other than individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantees policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation and employee assistance programs;
- and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(8) 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, click on 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.

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

\* Password:

\*  I, Susan Brassfield, am hereby providing my signature for this application as of 03-Mar-2004.

## Assurances and Certifications

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Application **54%** complete

These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and electronically submitted as a part of the application. **If the lobbying form is not applicable, please check the box below.**

Please click on the Incomplete/Complete link in the status column to go to individual forms.

	Status
Part I: Form 20-16A, Assurances-Nonconstruction Programs	<a href="#">Complete</a>
Part II: Form 20-16C, Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibilities Matters; and Drug-Free Workplace Requirements.	<a href="#">Complete</a>
SF-LLL, Disclosure of Lobbying Activities (Complete only if applying for a grant of more than \$100,000 and have lobbying activities using Non-Federal funds. See Form 20-16C for lobbying activities definition.)	<input checked="" type="checkbox"/> <a href="#">Not Applicable Incomplete</a>

**NOTE:** By signing the certification regarding debarment, suspension, and other responsibility matters for primary covered transaction, the applicant agrees that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHS entering into this transaction. The applicant further agrees by submitting this application that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the DHS Regional Office entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. (Refer to 44 CFR Part 17.)

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