ATTACHMENT B

Massachusetts Municipal Public Safety Staffing Grant
FIRE

Pursuant to Funds Appropriated in Chapter 46 of the Acts of 2019

1599-0026 For a reserve to support municipal improvements; provided, that not more than $4,750,000 shall be transferred to the executive office of public safety and security for a competitive grant program for public safety and emergency staffing to be administered by the executive office; provided further, that the grants shall be awarded to communities that have populations of not less than 60,000 and demonstrate that their police departments had an operating budget per capita of less than $200 in 2010; provided further, that grant funds under this item shall only be provided to communities who submitted qualifying applications that were approved by the executive office of public safety and security in fiscal year 2019; provided further, that not more than 4 per cent of funds appropriated for the grant program shall be expended for the administrative costs of said program; provided further, that not later than February 14, 2020, each state entity administering grant funds through this item shall submit a report to the house and senate committees on ways and means detailing grants awarded through this item and the criteria used for distribution.

Name of Local Fire Department:_____

Funding Requested: $_____

Name of Fire Commissioner/Chief:_____
(type: official title, first and last name)

Fire Commissioner/Chief Phone:_____ **Email Address:**_____

Local Department Mailing Address:

Street_____ City_____ Zip Code _____

County:_____ Phone:_____ Fax: _____

Grant Contact Name:_____ Title:_____
(Note: The person designated by the Commissioner/Chief as the *Grant Contact* shall serve as the project's point person and be responsible for receiving and responding to EOPSS' project related requests)

Grant Contact Mailing Address:

Same as Above ☐ Street_____ City_____ Zip Code _____

Phone:_____ Ext:_____ Fax:_____

E-mail:_____

Fiscal Point of Contact for Grant: Name:_____ Title: _____

Fiscal Point of Contact Mailing Address:

Same as Above ☐ Street_____ City_____ Zip Code _____

Phone:_____ Ext:_____ Fax:_____

E-mail:_____

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Applicants must **answer all questions in the application** in order to qualify for funding. Applicants will be required to address the following: (1) department staffing; (2) budget information; (3) calls for service; and (4) several narrative questions.

Fire Department Staffing

a. Please list the total number of full time employees in your department as of the dates indicated. Please include part-time employees as part of one FTE. For example, two half-time employees = 1 FTE.

	FY17 (on 7/01/16)	FY18 (on 7/01/17)	FY19 (on 07/01/18)	Authorized in FY20
Total # Personnel (Uniform or Sworn Firefighters)				
Is Minimum Staffing per Shift by contract?	**FY17 (on 7/01/16)**	**FY18 (on 7/01/17)**	**FY19 (on 07/01/18)**	**Authorized in FY20**
If "Yes" include #				

b. Please list the number of recruits currently in the academy:

c. Please list the number of layoffs and the total number of positions eliminated (through attrition, retirement, etc.) or left open since July 1, 2016 **as of the date of this application**. Please include part-time employees as part of one FTE. For example, two half-time employees = 1 FTE.

	Actual # of *layoffs*	Total # of open positions since 7/1/16*
Total # Sworn/Uniform Firefighters		

* This column should contain only the number of open positions (from lay-offs and/or attrition) for which there is no funding to re-hire or hire. Do not include positions for which there is funding and you have been authorized to fill or filled but haven't yet.

2. Budget Information

a. Please list information regarding your department's budget and the total municipal budget as of the dates indicated.

	FY17	FY18	FY19	Authorized in FY20
Total City/Town Budget*				
Total Overall Fire Department *Operating Budget*				
Total Fire Department Salaries, Wages and Benefits **				
Fire Department Overtime Budget				

*Include your city's school budget.

** Do not include fringe or indirect costs.

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3. Demographics, Incidents, Stations Closed and Response Time

a. Please provide the requested demographic information below.

	On 6/30/19
Square Miles in Jurisdiction	
Number of Firefighters/1,000 Population	

b. Please provide the incident data for the requested time periods.

Total Number of Incidents	**FY2017** 7/1/2016-6/30/2017	**FY2018** 7/1/2017-6/30/2018	**FY2019** 7/1/2018-6/30/2019
Fires (IT=100-173)			
Number of Incident-Related Firefighter Injuries			
All Incidents			

c. Please provide the requested information regarding open/closed stations, companies and brownout shifts.

	On 7/1/2017	**On 7/1/2018**	**On 7/1/2019**
Number of Stations Open			
Number of Stations Closed			
Number of Companies Open			
Number of Companies Closed			
	FY17 7/1/15-6/30/16	**FY18** 7/1/16-6/30/17	**FY19** 7/1/17-6/30/18
Number of Brownout Shifts			

d. Please provide response data for the time periods indicated. Average response times should be calculated from the MFIRS Fire Department Alarm Time (time the fire dept. was dispatched) to Arrival Time (time of arrival of first unit on scene).

	FY17 7/1/16-6/30/17	**FY18** 7/1/17-6/30/18	**FY19** 7/1/18-6/30/19
Avg. Response Time (in minutes) for 1st arriving unit that can intervene.			

4. Narrative Questions

a. Describe how changes in staffing have affected specific department functions. Are any units disproportionately affected? Be specific. Limit your response to one page in the space below.

b. Describe whether or not staff reductions have affected how you allocate department resources (i.e., staff distribution). Include if and how reductions in civilian staff have affected assignment of sworn personnel. Be specific. Limit your response to one page in the space below.

c. Describe how reductions or lack of any increases in your department's budget have affected its daily operations by putting firefighters and/or the community at greater risk and to what extent this risk will be reduced by the funds being requested. Limit your response to one page in the space below.

d. Inform EOPSS if your department has received State and/or Federal funding to support staffing needs in the last 24 months. If so, please identify the funding stream(s), funding amount, number of positions, and duration of the award. Limit your response to one page in the space below.

e. Please provide any additional information not already provided that will help justify your department's need for these funds. This could include but not be limited to any reductions in services attributable to staffing reductions (e.g., code enforcement, public education, fire prevention, vehicle maintenance, etc.). Limit your response to one page in the space below.

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THIS SIGNATURE PAGE MUST BE SIGNED AND MAILED WITH YOUR COMPLETED APPLICATION!

Signature Page

The following must be completed and signed by the Mayor of behalf of the Municipal Department submitting this application.

As the Mayor of this City, I am authorizing the Fire Department to apply for funding for a Massachusetts Municipal Public Safety Staffing grant from the Executive Office of Public Safety and Security. I have reviewed and approve the content contained in this application being submitted for consideration of a grant award.

Name of City _____

Name of Fire Department _____

Mayor's Name-Printed_____Date _____

Mayor's Signature _____

(*this must be signed in blue ink and mailed with your application*)

Submission Protocol

Submit electronically (1) PDF version of the completed UNSIGNED application (Attachment B) to eopssmunistaffing@state.ma.us by the application deadline stated below.

ALSO

Mail (1) signed original and (1) additional copy of the **signed completed (Attachment B) application (along with Attachments C – E) to:**

Office of Grants and Research
Ten Park Plaza, Suite 3720
Boston, MA 02116
Attention: Emily Fontaine

Applications must be completed and received by the Office of Grants and Research by **4:00 p.m., Thursday, October 31, 2019**. Late submissions will not be accepted.