

## Applicant Information

Application **100%** complete

Please complete the following information regarding your department.

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

* Organization Name	Sedgwick County Fire District #1	
* Type of Applicant	<input checked="" type="radio"/> Fire Department/Fire District <input type="radio"/> Fire Department/Fire District (Regional) <input type="radio"/> Nonaffiliated EMS Organization <input type="radio"/> Nonaffiliated EMS Organization (Regional) <input type="radio"/> State Fire Training Academy <input type="radio"/> Regional Vehicle	
* Fire Department/District, nonaffiliated EMS, and Regional applicants, select type of Jurisdiction Served :		County <span style="border: 1px solid black; padding: 2px;">▼</span>
If "Other", please enter the type of Jurisdiction		<a href="#">Help</a>
<a href="#">SAM.gov</a> (System For Award Management)		
* What is the legal name of your Entity as it appears in <a href="#">SAM.gov</a> ? Note: This information must match your <a href="#">SAM.gov</a> profile if your organization is using the DUNS number of your Jurisdiction.	County of Sedgwick	
* What is the legal business address of your Entity as it appears in <a href="#">SAM.gov</a> ? Note: This information must match your <a href="#">SAM.gov</a> profile if your organization is using the DUNS number of your Jurisdiction.		
* Mailing Address 1	525 N MAIN ST STE 823	
Mailing Address 2		
* City	Wichita	
* State	Kansas <span style="border: 1px solid black; padding: 2px;">▼</span>	
* Zip (e.g. 12345-6789)	67203 - 3701 <a href="#">Need help for ZIP+4?</a>	
* <a href="#">Employer Identification Number</a> (e.g. 12-3456789) Note: This information must match your <a href="#">SAM.gov</a> profile. (e.g. 12-3456789)	48-6000798	<a href="#">Help</a>
* Is your organization using the DUNS number of your Jurisdiction?	<input checked="" type="radio"/> Yes <input type="radio"/> No, we have our own DUNS	

[illegible]



Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	<input type="text" value="9"/>	<input type="text" value="7"/>	<input type="text" value="21"/>
How many EMS-BLS Response Calls	<input type="text" value="5541"/>	<input type="text" value="4988"/>	<input type="text" value="4556"/>
How many EMS-ALS Response Calls	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
How many EMS-BLS Scheduled Transports	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
How many EMS-ALS Scheduled Transports	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
How many Community Paramedic Response Calls	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

#### MUTUAL AND AUTOMATIC AID

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

How many times did your organization receive Mutual Aid?	<input type="text" value="63"/>	<input type="text" value="66"/>	<input type="text" value="59"/>
How many times did your organization receive Automatic Aid?	<input type="text" value="1073"/>	<input type="text" value="1207"/>	<input type="text" value="1401"/>
How many times did your organization provide Mutual Aid?	<input type="text" value="69"/>	<input type="text" value="73"/>	<input type="text" value="76"/>
How many times did your organization provide Automatic Aid?	<input type="text" value="2004"/>	<input type="text" value="2322"/>	<input type="text" value="1607"/>
Of the Mutual and Automatic Aid responses, how many were structure fires?	<input type="text" value="193"/>	<input type="text" value="262"/>	<input type="text" value="190"/>

## Request Information

Application **100%** complete

### Program Selection

Please use this section to select the program(s) for which you want to apply and provide the additional information requested.

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

Select	Program Name	Activities Available
<input checked="" type="radio"/>	<b>Operations and 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> ]
<input type="radio"/>	<b>Vehicle Acquisition</b>	[ <a href="#">Vehicle Acquisition</a> ]

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

☒ Yes ☐ No

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

Sedgwick County Fire District 1 houses the South Central Regional Haz Mat team and is a host member of the State Urban Search and Rescue Task Force 5. Both of these teams respond throughout large parts of the state on responses and throughout the state on major incidents. The ability to have P25 radios to operate on the state 800 MHz system is a necessity.

297 characters left

## Fire Operations and Firefighter Safety Request Details

Below is a list of items included in your application. Click the *Add Fire Department/Fire District 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.

### Fire Department/Fire District Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Portable Radios (must be P-25 Compliant, limited to number of AFG approved seated positions)	102	\$ 5,204	\$ 530,808	<a href="#">Update</a> <a href="#">Delete</a>
Mobile Radios (must be P-25 Compliant)	63	\$ 4,100	\$ 258,300	<a href="#">Update</a> <a href="#">Delete</a>