Applicant Information

Application 100% complete

Please complete the following information regarding your department. **Note:** Fields marked with an * are required.

* Organization Name	Sedgw ick County Fire District #1				
*Type of Applicant	Fire Department/Fire District Fire Department/Fire District (Regional) Nonaffiliated EMS Organization Nonaffiliated EMS Organization (Regional) State Fire Training Academy Regional Vehicle				
* Fire Department/District, nonaffiliated EN and Regional applicants, select type of Jurisdiction Served :	County	-		He	elp
If "Other", please enter the type of Jurisdiction	n	П		П	П
SAM.gov (System For Award Management))				
*What is the legal name of your Entity as it appears in <u>SAM.gov</u> ? Note: This information must match your <u>SAM.gov</u> profile if your organization is using the DUNS number of your Jurisdiction.	County of Sedgwick				
*What is the legal business address of your E Note: This information must match your <u>SAM.</u> DUNS number of your Jurisdiction.					
* Mailing Address 1	525 N MAIN ST STE 823				
Mailing Address 2					
* City	Wichita				
*State	Kansas		\parallel		
* Zip (e.g. 12345-6789)	6720: 370: Need help for ZIP+4?				
* Employer Identification Number (e.g. 12-3456789) Note: This information must match your SAM.gov profile. (e.g. 12-3456789)	48-6000798 <u>Help</u>				
* Is your organization using the DUNS number of your Jurisdiction?	Yes No, we have our own DUNS				

	number separate from our Jurisdiction.			I			
I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you selected Yes above)	Yes						
* What is your 9 digit <u>DUNS number</u> ?	056577166	Help					
(call 1-866-705-5711 to get a DUNS number)	,		Ц		Ц		L
If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here. Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own DUNS number and bank account separate from your Jurisdiction.	<u>F</u>	<u>-lelp</u>				The state of the s	
Is your <u>DUNS Number</u> registered in <u>SAM.gov</u> (System for Award Management previously CCR.gov)?	Yes No	Help					
* I certify that my organization/entity is registered and active at <u>SAM.gov</u> and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's <u>SAM.gov</u> record.	Yes						
Headquarters or Main Station Physical Add	ress						
* Physical Address 1	525 N Main						
Physical Address 2							
* City	Wichita						
* State	Kansas ▼						
* Zip (e.g. 12345-6789)	6720: _ 370: Need help for ZIP+4?						
Mailing address is the same as the phy Note: This information must match your <u>SAM.</u>		lelp					
* Mailing Address 1	7750 N Wild West Drive						
Mailing Address 2							
* City	Park City						

Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	9	7	21
How many EMS-BLS Response Calls	5541	4988	4556
How many EMS-ALS Response Calls	0	0	0
How many EMS-BLS Scheduled Transports	0	0	0
How many EMS-ALS Scheduled Transports	0	0	0
How many Community Paramedic Response Calls	0	0	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?	63	66	59
How many times did your organization receive Automatic Aid?	1073	1207	1401
How many times did your organization provide Mutual Aid?	69	73	76
How many times did your organization provide Automatic Aid?	2004	2322	1607
Of the Mutual and Automatic Aid responses, how many were structure fires?	193	262	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
Œ	Operations and Safety	[Equipment] [Modify Facilities] [Personal Protective Equipment] [Training] [Wellness and Fitness Programs]
C	Vehicle Acquisition	[Vehicle Acquisition]

*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:

Sedgw ick County Fire Distict 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 throghout the state on major incidents. The ability to have P25 radios to operate on the state 800 mHz system is a	<u>^</u>
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	Update Delete
Mobile Radios (must be P-25 Compliant)	63	\$ 4,100	\$ 258,300	<u>Update</u> <u>Delete</u>