FireMed Grant Solutions, LLC
Preliminary Questionnaire – Fire Service

Legal name of company: _____

Address (Mailing):   **Address (Physical):**

_____   _____

_____   _____

_____   _____

County of physical location: _____
Municipality of physical location: _____

Station phone: (   ) _____ - _____   **Station fax:** (   ) _____ - _____

Year of incorporation: _____
501(c)3 or 501(c)4 status?   ( ) Yes   ( ) No
Federal EIN/TIN: ____-_____
DUNS number: _____
NFIRS ID: _____

Last year total call volume (not including ambulance calls): _____

Municipalities served (if partially served, include approximate percentage)

Size (square miles) of first-due area: _____

Population of first-due area (utilize last official census data): _____

Approximate percentage of first-due area covered by hydrants: _____

Percentage of first-due area that is (columns adds up to 100%):
____% Open space (farmland, forests, waterways, etc.)
____% Utilized for commercial/industrial/institutional purposes
____% Utilized for residential purposes

Does your department provide <u>licensed</u> emergency medical services? ( ) Yes   ( ) No
If so, check all that apply
- o   Basic life support ambulance
- o   Advanced life support ambulance
- o   Advanced life support squad
- o   Quick response service

Membership information:

- ➤ _____ Number of active firefighters (Career: _____ Volunteer: _____)
- ➤ _____ Number of other <u>active</u> members (fire police, support personnel, drivers, etc.)
- ➤ _____ Number of active firefighters trained <u>no higher than</u> NFPA Firefighter 1
  - • *Firefighter 1 training =Essentials/Fundamentals class, CPR/First Aid, Hazmat Awareness, Structural Burn Session*
- ➤ _____ Number of active firefighters trained as NFPA Firefighter 2
  - • *Firefighter 2 training = Above PLUS Hazmat Operations, Vehicle Rescue Training (minimum Operations Level)*
- ➤ _____ Number of active firefighters with State Fire Academy/ProBoard/IFSAC <u>certification</u> (any type)
- ➤ _____ Number of Emergency Medical Responders / First Responders
- ➤ _____ Number of Emergency Medical Technicians
- ➤ _____ Number of Advanced Emergency Medical Technicians
- ➤ _____ Number of Advanced Life Support Providers (i.e. Paramedic, PHRN, PHPA, PHMD)

Approximate number of the following in first-due area:

- ➤ _____ Schools
- ➤ _____ Hospitals/Medical Centers
- ➤ _____ Nursing Facilities/Personal Care Homes
- ➤ _____ Shopping Centers/Malls

Do you currently serve or anticipate serving any locations of special interest? ( ) Yes ( ) No

If yes, explain:_____

_____

_____

List any known commercial products or items of interest produced in first-due area:

List any hazardous materials stored in significant quantity in first-due area (i.e. Tier II –Community Right to Know Act):

List transportation facilities in first-due area (include major bridges, highways, airports, ports, etc…):

For the previous three calendar years list: **Last Year   2 Years Ago   3 Years Ago**

➢ Fire-related civilian injuries (within your first due) _____   _____   _____
➢ Fire-related civilian deaths (within your first due) _____   _____   _____
➢ Firefighter injuries (your department only) _____   _____   _____
➢ Firefighter deaths (your department only) _____   _____   _____

➢ Total acreage of all vegetation fires   _____   _____   _____

➢ Total calls mutual aid received   _____   _____   _____
➢ Total calls automatic aid received   _____   _____   _____
➢ Total calls mutual aid provided   _____   _____   _____
➢ Total calls automatic aid provided   _____   _____   _____
     Note: above statistics = Emergency Reporting report #549

➢ Of aid responses, number of structure fires   _____   _____   _____

Does your department provide regular community/school fire prevention programs?( ) Yes   ( ) No

Does your department operate either a members only or public bar?   ( ) Yes   ( ) No

Does your department receive any funding directly from any municipality it serves? ( ) Yes   ( ) No
If so, check all that apply:
o   Enacted fire tax
o   Local services tax
o   Municipal contribution
o   Other (Specify: _____)

List fundraising methods routinely utilized by department (do not include income from taxes or billing):

Type of Fundraiser	Frequency of Occurrence	Percentage of Annual Income

List all current loans:

Total Outstanding	Purpose of Loan	Payment Amount & Frequency

List any "rainy day" funds or capital outlays:

Fund Amount	Purpose of Funds	Restricted or Unrestricted?

List all grants received in the last calendar year:

Type of Grant	Purpose of Grant Money	Funding Amount

Contact information:

	Primary Contact	Alternate Contact
Name:		
Title:		
E-Mail Address:		
Cell Number:		
Home Number:		
Work Number:		

Attach the following documentation to this questionnaire:

1. PennFIRS breakdown for **each of the last three years** for **your first-due coverage area only**
   Acceptable Report Examples:
   a. Emergency Reporting report #553 if "Zone" can be customized to your first-due coverage area
   b. Emergency Reporting report #849 (highlighting municipalities of first-due coverage area)
   c. Firehouse Software report "Incident Type Report (Summary)" adding only first-due coverage area via report parameters
2. If applicable, EMS call breakdown for **each of the last three years**
   a. ALS Emergency
   b. ALS Non-Emergency/Interfacility Transport
   c. BLS Emergency
   d. BLS Non-Emergency/Routine Transport
   e. Other
3. Copy of financial statements to show income and expenses for **each of the last three fiscal years**
   For example: Quick Books "Profit & Loss Report Summary" or audited financial statement
4. List of all apparatus to include
   a. Type
   b. Year
   c. Make/Model
   d. Number of Riding Positions
5. Copies of any bids / quotations related to project