FireMed Grant Solutions, LLC
Update Questionnaire – Fire Service

Legal name of company: _____

Last year total call volume: _____

Membership information:
- ➢ _____ Number of active firefighters (Career: _____ Volunteer: _____)
- ➢ _____ Number of other active 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)

List any actual or proposed commercial / major residential development within two years:

For the <u>previous</u> two years list:

	Last Year	2 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 automatic aid received	_____	_____
➢ Total calls mutual aid received	_____	_____
➢ Total calls automatic aid provided	_____	_____
➢ Total calls mutual aid provided	_____	_____

Note: above statistics = Emergency Reporting report #549

	Last Year	2 Years Ago
➢ Of aid responses, number of structure fires	_____	_____

List any "rainy day" funds or capital outlays:

Fund Amount	Purpose of Funds	Restricted or Unrestricted?

List all current loans:

Total Outstanding	Purpose of Loan	Payment Amount & Frequency

List all grants received in the last calendar year:

Type of Grant	Purpose of Grant Money	Funding Amount

Attach the following documentation with this questionnaire:

1. PennFIRS breakdown for **each of the last two 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 two 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 two fiscal years**
   For example: Quick Books "Profit & Loss Report Summary" or audited financial statement
4. List any **changes** in apparatus to include:
   a. Type
   b. Year
   c. Make/Model
   d. Number of Riding Positions
5. Copies of any bids / quotations related to project
6. Provide any changes in contact information, addresses and/or phone numbers.