

RESCUE GRANT APPLICATION INSTRUCTIONS

1. The application must be filled out completely and all blanks must be addressed by explanation or indicate the information is not applicable (**N/A**).
2. All *signatures* must be obtained from the appropriate personnel designated on the signature lines and the *date* the individual signed it.
3. The equipment inventory forms must be completed by an actual count of the number of items you currently have on hand. Indicate the number of items you have in the blank to the left of each item. **(IF YOU HAVE TWO (2) CENTER PUNCHES, PUT THE NUMBER (2) IN THE BLANK LINE. DO NOT USE A CHECK MARK TO INDICATE THE NUMBER OF ITEMS YOU HAVE!).**
4. If you are requesting the replacement of any item, you must explain the rationale for replacement in writing (e.g. the item is worn out, is no longer serviceable, parts no longer available, etc.).
5. If you are requesting replacement of "*minimum*" equipment, the Rescue Review Committee may not fund requests for replacement of minimum equipment if it cost less than \$100.00.
6. If you are requesting replacement of "*optional*" equipment which cost exceed \$10,000.00, you must indicate in your application if funds are available locally to assist with the purchase and/or how much funding you would be willing to accept.
7. If you have any questions regarding the application process or need assistance, please contact your Division of Emergency Management Area Manager or Office Coordinator or the state SAR Coordinator at (502) 564-8629.
8. The Rescue Review Committee may request additional information about your application so please include a phone number where you can be reached on the day of review.

DIVISION EMERGENCY MANAGEMENT
RESCUE AID GRANT APPLICATION

Name of the Squad: _____

Chief Officer of the Squad: _____

Mailing Address of the Squad: _____

City: _____ County: _____ Zip: _____

Business Phone: () _____ DES AREA: _____

1. Does your squad render charges for its services: Y N
2. Identify the squads primary geographical service area (Attach a map if available)____

3. What is the population of your service area?: _____.

4. What is the population of the county?: _____.

5. How many rescue missions did you respond to during the past fiscal year (July 1 thru June 30)? _____.

6. How many total man-hours of rescue training were provided to your squad members during the past fiscal year?: _____.

7. What is the average response time, in minutes, to the most outer limits of your service area?: _____.

8. What is the average operational budget for your squad for the past four (4) years?: _____.

9. What is your equipment budget for your squad for this year?: _____.

10. How much funding is available locally to assist with the purchase of the equipment you are requesting?: _____.

11. Would your squad be willing to accept partial funding for the equipment you're requesting?: YES NO

12. Please indicate what percentage of funding would be acceptable to assist with the purchase of the equipment?: _____ (50%, 60%, 70% etc.)

13. If an item you are requesting cost in excess of \$5000.00, you must attach a bid quote from the company or representative which identifies the cost, availability, delivery, and maintenance.

PERJURY CLAUSE

I _____ (APPLICANTS NAME) certify, under penalties of perjury, that I have examined this document, including all supporting documents, and to the best of my knowledge, it is true, correct, and complete. I further agree to comply with the statutes and regulations under which these funds are awarded, and agree that all funds will be used as specified on this application, that only those items approved by the Division of Emergency Management Director shall be purchased; that all equipment will be available for inspection by authorized state and local officials upon proper request.

APPLICANTS TITLE

APPLICANTS SIGNATURE

DATE SIGNED

COUNTY EMERGENCY MANAGEMENT DIRECTORS RECOMMENDATIONS

I HAVE REVIEWED THE APPLICATION IN ITS ENTIRETY AND OFFER THE FOLLOWING RECOMMENDATIONS: ***(IF MORE THAN ONE RESCUE SQUAD APPLICATION IS SUBMITTED FROM THE COUNTY DURING THIS REVIEW PERIOD, THE COUNTY DES DIRECTOR MUST ATTACH A LETTER OF PRIORITIZATION INDICATING WHICH SQUAD IS TO HAVE THE FIRST PRIORITY FOR FUNDING).***

County EM Director Signature: _____

Date Reviewed: _____.

STATE AREA MANAGERS COMMENTS/RECOMMENDATIONS

I HAVE REVIEWED THIS APPLICATION FOR COMPLIANCE WITH STATUTES, REGULATIONS, AND POLICIES AND PROCEDURES AND OFFER THE FOLLOWING COMMENTS OR RECOMMENDATIONS.

___ ALL TRAINING & INCIDENT REPORTS ARE ON FILE IN MY OFFICE.

___ I HAVE NOT RECEIVED ALL TRAINING & INCIDENT REPORTS.

AREA MANAGERS SIGNATURE: _____

DATE REVIEWED: _____

MINIMUM EQUIPMENT INVENTORY

PROTECTIVE GEAR:

- ___ (12) PR. GLOVES
- ___ (12) PR. SAFETY GOGGLES
- ___ (12) SQUAD COATS
- ___ (12) HELMETS
- ___ (12) PR. BOOTS WITH PROTECTIVE TOE
- ___ (2) SCBA, 30 MINUTE CAPACITY, WITH SPARE TANK (NIOSH APPROVED)

MEDICAL EQUIPMENT:

- ___ (2) FIRST AID KITS, 24 UNIT INDUSTRIAL TYPE OR EQUIVALENT
- ___ (2) FULL BACKBOARDS
- ___ (2) HALF BACKBOARDS
- ___ (1) STOKES LITTER
- ___ (1) OXYGEN BOTTLE "D" SIZE WITH REGULATOR
- ___ (1) RESUSCITATOR, BAG MASK: UNLESS SQUAD POSSESS AND OXYGEN POWERED RESUSCITATOR
- ___ (1) SPLINT KIT, HALF-ARM, HALF-LEG, FULL-ARM, FULL-LEG
- ___ (4) 15' x 1" TUBULAR NYLON WEBBING

EXTRICATION EQUIPMENT:

- ___ (2) 1/2" x 12" GOOSENECK WRECKING BARS
- ___ (2) 1" x 30" GOOSENECK WRECKING BARS
- ___ (1) 6" PRY BAR
- ___ (1) 12' TOW CHAIN
- ___ (2) HACKSAW FRAMES
- ___ (12) HACKSAW BLADES
- ___ (1) 10-TON PORTA-POWER
- ___ (1) 8' STRAIGHT LADDER
- ___ (2) PR. PLIERS, 8" SLIP-JOINT
- ___ (2) PR. 8" WIRE CUTTERS WITH INSULATED GRIPS
- ___ (1) 18" BOW SAW
- ___ (4) COMMON SCREWDRIVERS, ASSORTED SIZES
- ___ (4) PHILLIPS SCREWDRIVERS, ASSORTED SIZES
- ___ (1) PR. 8" TIN SNIPS
- ___ (1) ROUNDED POINT SHOVEL (short handle)
- ___ (1) 36" HOOLIGAN TOOL
- ___ (1) FLAT HEAD AXE
- ___ (2) AXES, SINGLE BUTT, 4lb. HEAD
- ___ (2) CRESCENT WRENCHES
- ___ (2) 24" PIPE WRENCHES

- ___ (1) 14" CHAIN SAW
- ___ (1) CLAW HAMMER
- ___ (1) 8lb. SLEDGE HAMMER
- ___ (1) 5-TON HYDRAULIC JACK
- ___ (1) 1 AND 1/2 TON COME-ALONG
- ___ (1) AIR CHISEL WITH EXTRA TANK
- ___ (2) BALE HOOKS
- ___ (1) SEAT BELT CUTTER
- ___ (1) CENTER PUNCH
- ___ (1) PR. VICE GRIPS
- ___ (1) ROUNDED POINT SHOVEL (long handle)
- ___ (1) PR. 36" BOLT CUTTERS
- ___ (2) 4" RESCUE PULLEYS
- ___ (1) MATTOCK
- ___ (2) 150' x 1/2" STATIC KERNMANTLE ROPE
- ___ (4) 50' SECTIONS OF NYLON ROPE

ADDITIONAL MISC. EQUIPMENT:

- ___ (2) FIRE RETARDANT BLANKETS OR SALVAGE COVERS
- ___ (1) 5 GALLON GAS CAN, SAFETY TYPE
- ___ (2) 10lb. FIRE EXTINGUISHERS, ABC RATED
- ___ (1) 2.5KVA PORTABLE GENERATOR
- ___ (1) 100' No. 10 ELECTRICAL EXTENSION CORD
- ___ (1) 100" No. 12 ELECTRICAL EXTENSION CORD
- ___ (1) 50' No. 10 ELECTRICAL EXTENSION CORD

___ ** RADIOLOGICAL MONITORING KITS:
Rescue squads who have appropriate trained personnel may obtain these kits through the State DES Area Coordinator.

COMMUNICATIONS EQUIPMENT:

- ___ (12) PAGERS
- ___ (4) PORTABLE (hand-held) RADIOS
- ___ (1) MOBILE RADIO PER VEHICLE
- ___ (1) ENCODER
- ___ ANTENNA(s)
- ___ TOWER(s)

LIST OTHER COMMO EQUIPMENT: _____

PRIMARY RESCUE VEHICLE IDENTIFICATION

UNIT 1:
MAKE: _____ MODEL: _____
YEAR: _____ LICENSE #: _____ MILEAGE: _____

UNIT 2:
MAKE: _____ MODEL: _____
YEAR: _____ LICENSE#: _____ MILEAGE: _____

UNIT 3: _____ MODEL: _____
YEAR: _____ LICENSE#: _____ MILEAGE: _____

HIGH ANGLE AN/OR CAVE RESCUE EQUIPMENT INVENTORY

Rescue squads who "*specialize*" in high angle or cave rescue shall possess the following minimum equipment before requesting funding for additional minimum high angle or cave rescue equipment:

- ____ (1) Vehicle dedicated to high angle or cave rescue
- ____ (1) Stokes basket litter or equivalent
- ____ (1) 200' x 7/16" static kernmantle rope
- ____ (4) Large "D" locking carabiners
- ____ (1) Figure eight "8" descender
- ____ (4) 15' x 1" Nylon webbing

If your squad currently has the equipment listed above, you are eligible to apply for the following equipment:

- ____ (10) Large "D" locking carabiners
- ____ (10) Large "D" Offset locking carabiners
- ____ (4) Gibbs ascenders or equivalent
- ____ (6) 200' x 1/2" hauling rope
- ____ (6) 200' x 7/16" static kernmantle rope
- ____ (12) 15' x 1/2" nylon webbing
- ____ (4) 2" Rescue pulleys
- ____ (4) Pr. rappelling gloves
- ____ (1) SKED stretcher or equivalent
- ____ (2) RSI or equivalent rescue racks
- ____ (4) Figure "8" descenders
- ____ (4) Rope bags
- ____ (4) Rappelling helmets, UIAA approved
- ____ (4) Helmet lights
- ____ (4) Rappelling swiss seats or full-body harnesses
- ____ (12) Light sticks, cyalume or equivalent
- ____ (1) Splint kit, half-arm, half-leg
full-arm, full-leg
- ____ (2) Belt pack first aid kits
- ____ (4) Rechargeable flashlights

WATER RESCUE AND RECOVERY INVENTORY

Rescue squads who provide "*specialize*" in water rescue and recovery shall have the following equipment before requesting funding of additional minimum water rescue and recovery equipment:

- ___(1) Vehicle dedicated to water rescue and recovery
- ___(1) 16' John boat (equivalent or larger)
- ___(1) Boat trailer
- ___(2) Boat oars
- ___(1) Boat motor

If your squad possess the above equipment, you are eligible to apply for the following water rescue and recovery equipment:

- ___(4) Type III personal flotation devices (USGS approved)
- ___(1) Boat motor, 25HP
- ___(2) Pike poles
- ___(1) Shepherd's hook
- ___(1) John boat, in excess of 19ft.
- ___(2) Lanterns with rechargeable batteries
- ___(2) Rescue pulleys, Anderson or equivalent
- ___(2) 250' x 1/2" nylon or polypropylene rope
- ___(1) Body bag
- ___(1) 18" Bow saw
- ___(2) Pr. waders
- ___(2) Flashlights
- ___(1) Stokes basket litter or equivalent
- ___(1) Pr. vice grips
- ___(2) Spot lights, boat mounted
- ___(2) Line bags
- ___(4) Pr. rubberized gloves
- ___(1) Full length backboard
- ___(1) First aid kit
- ___(1) Tool box
- ___(1) Pr. Channel lock pliers
- ___(1) Phillips screwdriver
- ___(1) Flat-head screwdriver
- ___(1) Hatchet
- ___(1) Pr. 18" bolt cutters
- ___(2) Signal lights
- ___(2) Throw bags with 50' nylon rope
- ___(4) Buoy markers
- ___(2) Gas tanks
- ___(2) Grappling irons
- ___(1) Grappnel
- ___(1) Boat anchor
- ___(1) Chart graph with print out capability

I hereby certify that all equipment inventories are a true reflection and accurate statement of all equipment in the possession of the _____ Rescue Squad.

(COPIES OF PREVIOUS INVENTORIES TAKEN WILL NOT BE ACCEPTED!)

INVENTORY TAKEN BY: _____ (SIGNATURE & TITLE)

DATE TAKEN: _____

ADDITIONAL EQUIPMENT POSSESSED BY THE SQUAD. ALSO LIST EQUIPMENT PREVIOUSLY FUNDED BY RESCUE GRANT FUNDS:

NUMBER	ITEM	SERIAL NUMBER

IF YOUR SQUAD IS REQUESTING THE REPLACEMENT OF MINIMUM OR OPTIONAL EQUIPMENT, YOU ARE REQUIRED TO PROVIDE A WRITTEN EXPLANATION OF THE NEED OF REPLACEMENT (BE EXPLICIT AS POSSIBLE WHEN DEFINING THE NEED FOR THIS EQUIPMENT. YOU MAY INCLUDE PRICE QUOTES, PICTURES, OR BROCHURES OF THE EQUIPMENT. USE ADDITIONAL SHEETS AS NECESSARY).

SIGNATURE OF APPLICANT: _____

FUNDING REQUESTED

PRIORIT Y	QUANTITY	ITEM	UNIT PRICE	* (N/R)	TOTAL COST	AMT. APPROVE D
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

****(N/R) INDICATE WHETHER EQUIPMENT IS NEW OR REPLACEMENT***

TOTAL AMOUNT REQUESTED \$ _____

RESCUE SQUAD ACTIVE MEMBERSHIP LIST

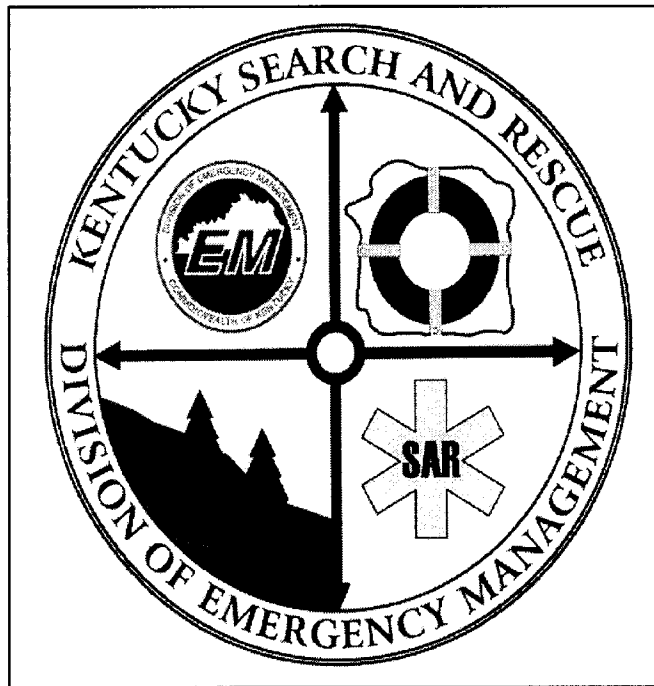
(DO NOT LIST MEMBERS WHO ARE INACTIVE OR DECEASED)

NAME	SOCIAL SECURITY#	AGE	HOME PHONE

LIST ADDITIONAL PERSONNEL ON ANOTHER SHEET IF NECESSARY

KENTUCKY DIVISION OF EMERGENCY MANAGEMENT
SEARCH AND RESCUE PROGRAM

RESCUE GRANT APPLICATION



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