

2019-20 Emergency Services Provider Fund (ESPF) Application

Due Date June 21, 2019

Use this cover sheet as the first page of your proposal. Attach the other documents to it. Use the attached check list to ensure all necessary information relevant to your proposal is included.

Community Group/Organization (Applicant): _____

Facility Location: _____
Civic Address Community

Facility Mailing Address: _____

Contact Name: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

Equipment to be purchased. Check off a maximum of three (3) categories:

- | | |
|--|---|
| <input type="checkbox"/> Personal Protective Equipment (PPE) and Self-Contained Breathing Apparatus (SCBA)
<input type="checkbox"/> Communications
<input type="checkbox"/> Rescue Equipment | <input type="checkbox"/> Water Supply, Suppression Equipment
<input type="checkbox"/> Miscellaneous Fire Fighting Equipment
<input type="checkbox"/> HAZMAT |
|--|---|

See page 3 of the application for a detailed listing of equipment by category

PROJECT'S TOTAL ESTIMATED COSTS:

Equipment	
Other <i>(please specify)</i>	
<i>Tax</i>	
TOTAL <i>(should match total below)</i>	

- Provide detailed estimates separately.
- Obtain and provide a minimum of three (3) quotes on proposed equipment.
- Provide justification if submitting fewer than three (3) quotes.
- Cost overruns of projects are the responsibility of the applicant.

Project's Estimated Funding Breakdown:

Applicant's contribution to total project cost	\$
Donated equipment and Labour <i>(detail separately)</i>	\$
Other groups or organizations <i>(detail separately)</i>	\$
Emergency Services Provider Funds <i>up to \$20,000 or 75% of total project cost</i>	\$
TOTAL <i>(should match total above)</i>	\$

- Specify expected amount of project funding by all source(s).
- Attach letters indicating funding commitments, where appropriate.



2019-20 Emergency Services Provider Fund (ESPF) Checklist of Required Documentation

Please submit all applicable documents from the following list:

- Description of proposed equipment purchase(s) and the intended use.** Equipment from a maximum of three (3) categories can be purchased.
- Description of organization.** Provide a detailed description of the organization including location, services provided, and communities served.
- Proof of Incorporation.** Provide evidence of incorporation and identify how long the organization has existed. This can be your proof of Registration with Joint Stocks or a copy of the provincial legislation that established your organization.
- Proof of Property Peril Insurance.** Provide all or a portion of the organization’s insurance policy that states coverage period and indicates that the equipment is insured, i.e. fire/vandalism. A letter confirming coverage from your insurance provider will be accepted. *Renewal notices will not be accepted.*
- Financial statements.**
 - The last fiscal year of the organization must be provided, including income statement.
 - The financial statement must clearly indicate the amount the applicant received from the organization’s municipality, such as operating grants, bills or expenses paid on behalf of the organization, and other funding support.
 - The net income or loss in the applicants last fiscal year must be included.
 - Any monies generated by the organization, i.e. fundraising, must also be included.
- Detailed Estimates.** The applicant must obtain a minimum of three (3) quotes on proposed equipment purchases and/or contracted work. The applicant must provide justification if submitting fewer than three (3) quotes. Applicant must clearly indicate which quote or items on each quote they are proposing.
- Provide justification if quote selected is not the lowest quote received.**
- Other funding.** Identify all other sources of grant funds. Please note that total ESPF funding cannot exceed 75% of the total project cost or \$20,000, whichever is less.

Applications missing required documents may not be considered for funding.

All applications are reviewed for any missing information or documents. Applicants are contacted regarding any missing information. The requested information must be submitted in a timely manner in order to be considered further.

DECLARATION

The information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I hereby give the Office of the Fire Marshal authority to verify any and all information pertaining to this application. I understand that any projects funded may be subject to audit by the Province of Nova Scotia. I understand that the Province reserves the right to review and inspect funded projects and related documentation during and following project completion.

Signing Authority for the Application

Printed name

Date

Please forward your proposal to:

Kirk Janes
Office of the Fire Marshal
PO Box 231
Halifax, NS B3J 2M4

Toll Free: **1-800-559-3473**
Phone: 902-424-5721
Fax: 902-424-3239
Email: OFM@novascotia.ca



2019-20 Emergency Services Provider Fund Equipment Categories

Personal Protective Equipment (PPE) & Self-Contained Breathing Apparatus (SCBA)

- Bunker Gear
- Helmets
- Boots
- Gloves
- Flashhoods
- Coveralls
- Hard Hats
- Helmet/personal lights
- Self-Contained Breathing Apparatus (SCBA) & Accessories
- Rapid Intervention Packs (RIT)

Communications

- Pagers
- Portable Radios
- Radio Equipment, Dispatch
- Radio Towers
- Digital Communications Equipment
- SCBA Interface Equipment

Miscellaneous Fire Fighting Equipment

- Thermal Imager & Accessories
- Gas Detection
- Compressors / Cascade Systems
- Utility Ladders
- Scene Lighting
- Rotary Saws
- Ventilation Saws
- Positive Pressure Fans / Smoke Ejector

HAZMAT

- Hazmat Suits
- Decon Shelters
 - Decon Showers
 - Leak Control Systems
 - Gas/Substance Detectors

Rescue Equipment

- Hydraulic Rescue Tools
- Stabilization Equipment
- Air Bag Systems
- Ice / Water Rescue Equipment
- High Angle Rescue Equipment
- Confined Space Rescue Equipment
- Medical
 - Defibrillators
 - Backboards / Baskets
 - Trauma Bags
- GPS Units
- Mapping/Tracking Software

Water Supply, Suppression Equipment

- Hoses
- Nozzles
- Monitors
- Wyes & Siamese
- Adapters
- Foam Eductors
- Strainers
- Dry Hydrants
- Pump / Tank Skid Units
- Hose Testers
- Hose Dryers
- Suction Hose
- Porta-Tanks
- Portable Pumps