# 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 past year:**

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**For the <u>previous</u> year list:**

- ➤ 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*

- ➤ 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 |
|---|---|---|
| | | |
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| | | |

**List all grants received in the last calendar year:**

| Type of Grant | Purpose of Grant Money | Funding Amount |
|---|---|---|
| | | |
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| | | |

## Attach the following documentation with this questionnaire:

1. PennFIRS breakdown for **last year** 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 **last year**
   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 **last year**
   *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.