



**PERMA Firefighter Risk Reduction Mini-Grant Program**  
(in collaboration with the New York State Association of Fire Chiefs)

***Request for Applications***

**Issued:** *January 21, 2020*

**Application Deadline:** *March 1, 2020*

Questions regarding this *Request for Applications (RFA)* and the PERMA Firefighter Risk Reduction Mini-Grant Program should be directed to: Pete Frisoni  
Public Safety Risk Management Specialist  
PERMA  
9 Cornell Road  
Latham, NY 12110  
(518) 220-0383  
pfrisoni@perma.org

Online applications are preferred and can be done at [perma.org](http://perma.org). Submission deadline is March 1, 2020.

If submitting a paper copy, complete the attached application and endorsement page. Additional pages may be included as necessary to provide the required information. Email all documents to pfrisoni@perma.org or mail to Pete Frisoni at the address above.

Emailed/mailed applications must be received/postmarked by March 1, 2020.

## **Introduction and Purpose**

The purpose of this grant is to financially assist members in obtaining equipment that will help reduce duty-related illnesses within their agency.

PERMA will award grants to reimburse the purchase of gear washers and dryers, which remove carcinogens from turnout gear while maintaining gear durability.

The PERMA Risk Management department and NYS AFC will conduct ongoing evaluations of agencies awarded this equipment to determine its effectiveness in preventing illness.

## **Submission Process**

Submission deadline is March 1, 2020.

Eligible fire departments should complete the online *Application and Endorsement Page* at [perma.org](http://perma.org). Applicants will be able to save their work in the online application system and return to complete the application at another time. Applicants must click the “Submit” button at the end of the application process or the information will not be submitted for scoring and award consideration. Applicants will receive an email confirmation if their application was received. Submissions received after the deadline will not be considered.

If submitting a paper copy, complete the attached application and endorsement page. Additional pages may be included as necessary to provide the required information. Email all documents to [pfrisoni@perma.org](mailto:pfrisoni@perma.org) or mail to Pete Frisoni at the address above. Emailed/mailed submissions received/postmarked after the deadline will not be considered.

## **Scoring**

The maximum number of points available for each section of the application is indicated on the attached form. The application’s maximum total is 100 points.

Applications will be scored by a panel of three (3) reviewers. The three scores will be averaged and the final average scores ranked. This ranking will determine which applicants are awarded funds. A total of five (5) \$5,000 grants will be awarded.

Individual scoring results will not be made available to applicants.

## **Awards and Payments**

Applicants selected for funding will be notified by PERMA around May 1, 2020. Purchases made prior to the award date will not be eligible for reimbursement. Awardees will be required to execute an agreement with PERMA that confirms the purchase and reimbursement procedures described below.

Payment will be made to awardees upon submission of all requested documentation.

An award is intended to assist with payment toward the equipment purchase. It does not ensure reimbursement of the item's full purchase price. Awardees are responsible for paying the balance of any purchase not covered by the award maximum listed in the *Scoring* section.

Grantees of the PERMA Firefighter Risk Reduction Mini-Grant Program will be required to participate in written and/or visual documentation of grant utilization, including but not limited to, photos/video of the equipment, fire company facilities, and fire company representatives. PERMA may use this media without the expressed written permission of those included within the documentation. PERMA may use the documentation in publications or other media material produced, used or contracted by PERMA including but not limited to newsletters, websites, etc.

**PERMA Firefighter Risk Reduction Mini-Grant Program**  
**Endorsement Page**

Applicant Department Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Physical Address (if different from mailing address):

\_\_\_\_\_

Primary Point of Contact Name: \_\_\_\_\_

Primary Point of Contact Title: \_\_\_\_\_

Primary Point of Contact Email: \_\_\_\_\_

Primary Point of Contact Phone: \_\_\_\_\_

NYS AFC Membership Number: \_\_\_\_\_

The signatures below are required for the application to be considered for an award. By signing, each person is certifying that the applicant department is a PERMA and NYSAFC member in good standing and will adhere to the stipulations detailed in the *Request for Applications*.

The PERMA Permanent Representative may be the chairperson of the board of fire commissioners, mayor, city manager or other municipal executive officer.

\_\_\_\_\_  
Fire Chief /Authorized Signer                      Title                      Date

Print Name: \_\_\_\_\_

\_\_\_\_\_  
PERMA Permanent Representative                      Title                      Date

Print Name: \_\_\_\_\_

**PERMA Firefighter Risk Reduction Mini-Grant Program**  
**Application**

**Department Information**

What is your department's total annual call volume? \_\_\_\_\_

What is your annual number of:      Fire Calls \_\_\_\_\_

   EMS Calls \_\_\_\_\_

   EMS Transports \_\_\_\_\_

What is your department's annual budget, excluding personnel expenses? \_\_\_\_\_

Approximately what percentage of your annual budget is spent on safety equipment, safety initiatives, and injury risk reduction activities? \_\_\_\_\_%

Have you had an injury claim in the past 5 years?    Yes    No

**Safety Committee Information**

Does your department have or participate in a safety committee?    Yes    No

If "Yes," how often does the committee meet?

- Monthly
- Quarterly
- Twice each year
- Annually
- Other (specify) \_\_\_\_\_

**Safety Training Information**

Please provide two (2) examples of recent injury risk reduction trainings that your department conducted (excluding mandatory OSHA training). Please include a description of the training, who instructed the training, topics covered, costs, number of personnel trained, and any other pertinent information.

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Please describe any unique or proactive injury risk reduction initiatives (other than training activities) that your department has recently conducted. Please include information on why you chose to address the particular risk, what was done, costs, and any successful results or outcomes resulting from the injury risk reduction initiative.

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### **Equipment Request Information**

*This section is not being scored, but the questions must be answered.*

Do you currently own the equipment for which you are requesting funding?  Yes  No

If "Yes," when was it purchased (mo/yr)? \_\_\_\_/\_\_\_\_

If "Yes," is it operational?  Yes  No

Do you plan to provide training on the proper use of the requested equipment?  Yes  No

If "Yes," describe the type of training you plan to provide and who will conduct the training.

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Do you plan to develop a policy/standards for use of the equipment?  Yes  No

If "Yes," who will be responsible for developing the policy/standards?

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Briefly provide an example of how the requested piece of equipment would have been helpful in a previous response or activity.

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