State of Maryland Senator William H. Amoss
Fire, Rescue and Ambulance Funds (508)
Application for Funds
FY-13 in FY-14
April 2013

Instructions

Please review MCVFRA Policy and Procedure Number 0601 (amended April 3, 2013) for complete instructions and requirements.

This application shall be used by an LFRD requesting funds from the State of Maryland Senator William H. Amoss Fire, Rescue and Ambulance Funds (508) received by Montgomery County from the State of Maryland and distributed by the MCVFRA. All Amoss funds received by the County from the State must be distributed to the LFRDs and its use must receive prior approval by the MCVFRA President and Board along with the MCFRS Fire Chief.

The application must be filled out completely and signed by the LFRD department head. Failure to complete the entire form will result in the application package being returned to the LFRD department head without MCVFRA or Fire Chief review or approval of funding. An LFRD not in good standing and active with the MCVFRA will not be eligible to receive any funding.

If an LFRD is requesting funding for apparatus replacement or augmentation, the LFRD must submit with the application a staffing plan for the piece of apparatus unless a staffing plan already exists for the piece of apparatus being requested for funding.

This form will be submitted by 5pm, XXXXXXXX 2013 to the MCVFRA President either electronically, hand delivered to the MCVFRA office or via US Mail to the MCVFRA office at:

Montgomery County Volunteer Fire Rescue Association
230 North Washington Street, Suite 400
Rockville, MD 20850

Use of Funding

According to Maryland Code, Public Safety, Title 8-102, Amoss Funds may be used only for:

1. Acquire or rehabilitate fire or rescue equipment, including ambulances
2. Acquire or rehabilitate capital equipment used in connection with fire or rescue equipment
3. Rehabilitate facilities used primarily to house firefighting equipment, ambulances, and rescue vehicles

According to Maryland Code, Public Safety Title 8-102, Amoss Funds may not be used for:

1. Administrative costs
2. Compensation or fringe benefits to employees or members of the County government, or fire, rescue or ambulance companies
3. Travel or meals expenses
4. Fuel, utility or routine maintenance costs of facilities or apparatus
5. Acquire new or replacement fire hydrants, water mains, or emergency alarm systems not installed at a fire, rescue, or ambulance facility
6. Insurance
7. Fund raising activities
8. Refinancing any debt or other obligation incurred before July 1, 1985
9. Replace or repair eligible items to the extent that insurance proceeds are available
10. Costs associated with the “911” emergency telephone system
11. Land or interests in land

Funding Priority Formula for Fund Distribution

The Board of Directors of the MCVFRA will receive, review and approve all applications from the LFRDs for funding from the Senator Amoss funds. The requests will be judged on the overall priorities of the service and the need of the item and NOT be based solely on the priorities and wants of each individual LFRD. Each of the following factors will be considered in the listed priority for fund appropriation:

1. Number of active IECS volunteer members
2. Number of LOSAP active members
3. Percentage of staffing by volunteer members
4. Number of stations and facilities owned by the LFRD
5. Financial contributions of the LFRD to the service
6. Financial need of the LFRD at the time of the request
7. Amount of heavy apparatus owned by the LFRD
8. Amount of command, staff and support vehicles owned and operated by the LFRD
9. Number and participation of certified chief officers from the LFRD
10. Conformance to approved standby program
11. Percentage of increase in minimum staffing IECS certified volunteers (FF2 & EMSP1) from previous year(s)
12. Increase in number of recruits and candidates on the IECS from previous year(s)
13. Previous year(s) funding from the Amoss fund
14. Previous year(s) Amoss funding remaining unspent by LFRD
15. Funding from EMST fund
16. Previous performance in managing, accounting and spending of Amoss funds

The Board will weigh all priority factors along with the overall strategic priorities set when reviewing applications for funding.
There is no expectation that each LFRD will receive an equal amount of funding:

1. As other LFRDs may have received
2. As the LFRD had received in prior years
3. Equal to any percentage of available funds
4. That is not in accordance with the set funding priority formula and overall MCVFRA priorities

Funds MUST be spent or encumbered within one year. Failure to spend or encumber funds in the fiscal year received will result in reversion of the funds back to the MCVFRA. Exceptions may be granted by the MCVFRA Board and MCFRS Fire Chief IF:

1. The LFRD has received prior approval by the President of the MCVFRA and Fire Chief
2. The funding is for an on-going project or apparatus purchase approved by the President and Board of the MCVFRA and the Fire Chief

**Overall MCVFRA Priorities**

- Volunteer purchased and/or owned fire, rescue heavy apparatus and EMS units (ambulances)
- Volunteer owned facility infrastructure improvements and replacement
- Training for volunteers
- Volunteer recruitment and retention
- Personal Protective Equipment (PPE) for volunteers
- Fire, rescue and EMS equipment
- Command and support vehicles

**The application deadline is 5pm, XXXXXXX, 2013**
LFRD Name:______________________________________________________________

LFRD Amoss Fund Representative:__________________________________________

Representative Contact Information: (h)_________________ (C)__________________

A. LFRD Membership Information

1. IECS Members (total): ______ Candidates/Recruits: ______

2. Administrative (total):______ Auxiliary (total): ______

3. Prior year LOSAP Active members (total): ______________

B. Station Information

1. Station(s) owned and age(s) of each: ____________________________________

C. Unspent Amoss Funds – Please list all remaining Amoss funds by fiscal year and status of why funds have not been spent or encumbered. These funds may be considered when reviewing new requests.

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D. New Requests – Please provide a short description of each request along with the requested priority. All items must be given a priority and there may be only one (1) of each numbered priority. Failure to prioritize or to duplicate priority ranking will result in return of the application without action.

E. Each request must have a complete scope of work along with an estimate of cost and NOT a formal bid. Once a project or purchase is approved, formal bids will be required.

F. All requests must conform to all existing MCFRS policies and procedures.
1. **Request 1**  
   Priority: ____  
   Request Amount: ____________________

   Full Request Description:
   
   ____________________________________
   ____________________________________
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2. **Request 2**  
   Priority: ____  
   Request Amount: ____________________

   Full Request Description:
   
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3. Request 3  Priority: ______  Request Amount: ________________________________

Full Request Description:
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4. Request 4  Priority: ______  Request Amount: ________________________________

Full Request Description:
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### Request 5

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### Request 6

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If additional space is required please complete an additional form and attach to this application.
G. List any request you are making this year that were previously requested in the last three (3) years, approved, but for which the funds were then reallocated for another purpose. Explain why they were reallocated and why they are now needed.

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H. If you are making payments on apparatus or other approved items please provide information on the annual payments required and remaining payments to be made.

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I. If you are not currently making payments but accumulating Amoss funds for an approved item, please name the item and the funds accumulated to date and the final cost of the item.

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J. If any of your requests is for the purchase of apparatus or support vehicles (less than 10,000 lbs.) please state the estimated cost of the vehicle and its proposed use. Please include copy of quote with application.

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K. For new facilities rehabilitation requests of LFRD owned stations, please provide description of work to be completed and estimated detailed cost. Include copy of a complete scope of work and cost estimate.

L. If you are requesting PPE please state sets of LFRD owned PPE issued and in stock. Please state if request is to replace PPE due to age or condition, or to have on stock to issue.

M. Have you applied to the Emergency Assistance Trust Fund of the Maryland State Firemen's Association? Y or N

N. Have you applied for funds for equipment or facility rehabilitation through the County budgetary process? Y or N

O. Have you requested funds from the EMST Fund for any of the items requested in this application for Amoss fund? Y or N

P. If the above is answered yes, please list all items that have been requested.
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End of Application