

**DEPARTMENT OF MUNICIPAL AFFAIRS AND ENVIRONEMTN  
FIRE SERVICES DIVISION  
FIREFIGHTING EQUIPMENT PROGRAM**

**ABOUT THE APPLICATION**

The completed application will provide Fire Services Division (FSD) with information about the municipality, local service district or regional service board and the firefighting equipment being requested to determine eligibility for funding under the firefighting equipment program.

Upon receipt of the application, FSD will evaluate and recommend the type and quantity of the most suitable equipment to meet fire protection needs. FSD may assess the applicability of other forms of equipment which may not be specifically identified in the completed application.

All three sections of the application must be completed – Section I, II and III. Applications must be received by **MARCH 31**.

Completed applications will not be carried forward to future years. Applications are required on an annual basis and must be received by **MARCH 31**.

**SCOPE**

This program will provide financial assistance on a cost-shared basis, to approved municipalities, local service districts or regional service boards for the acquisition, upgrading and replacement of firefighting equipment.

**PROGRAM ADMINISTRATION**

FSD will administer the program and provide guidance on the application process, if required.

FSD completes municipal fire protection assessments and will use the information from these assessments to make recommendations on firefighting equipment needs and the associated funding.

**FUNDING LEVELS**

Eligible firefighting equipment includes portable pumps, Self-Contained Breathing Apparatus (SCBA), cylinders, hoses, nozzles, Personal Protective Equipment (PPE including bunker clothing, rubber boots, gloves, helmets, and hoods), extrication tools, communication equipment, thermal imaging cameras, air compressors / purification systems, fill / fragmentation systems, cascade systems, and ladders.

The final cost-shared funding shall be established based upon unit pricing quotes obtained by the requesting municipality, local service district, or regional service board and verified by FSD. FSD may establish maximum unit pricing based on the type of equipment requested. The applicable cost-shared ratios are determined by FSD in accordance with provincial government policy.

Financial assistance for SCBA replacement will only be considered if the SCBA currently in service does not meet current standards or cannot be upgraded to the current standards in accordance with FSD's Self-Contained Breathing Apparatus Guidance Document.

Requests for financial assistance for operating grants or training for fire departments will **not** be considered under this program.

**Note: If an application is approved, it may be approved conditionally subject to meeting specific requirement(s) which will be identified in the approval letter. Any such conditions must be met prior to the release of funds.**

### **EQUIPMENT STANDARDS**

FSD will identify the minimum standards for all cost-shared firefighting equipment. Equipment that has already been acquired by municipalities, local services districts or regional services boards without the prior written approval of the Minister is **not** eligible for this program. FSD will not cost-share equipment that does not meet approved standards.

### **REQUEST PROCESS**

Municipalities, local service districts and regional service boards are to submit all requests for financial assistance for firefighting equipment to the Director of Fire Services / Fire Commissioner at FSD. Requests can be forwarded to FSD by either mail, fax or hand delivery.

The FSD mailing address is: Fire and Emergency Services  
Department of Municipal Affairs and Environment  
P.O. Box 8700, St. John's, NL A1B 4J6

The FSD fax number is: (709) 729-2524

The FSD hand delivery address is: 2nd floor, 45 Major's Path, St. John's, NL

All requests for financial assistance are subject to the written approval of the Minister.

**Note: Completed applications submitted directly from fire departments will not be accepted.**

### **PURCHASE PROCESS FOLLOWING APPROVAL**

Municipalities, local service districts and regional service boards that receive written approval from the Minister can proceed to order the approved equipment as identified in the Minister's letter. Upon delivery of the equipment, the municipality, local service district or regional service board must submit the original invoice directly to FSD. FSD will arrange for the payment of the funding.

**Note: Municipalities, local service districts and regional services boards cannot use funding for reasons other than what is stated in the Minister's approval letter without written permission to do so, and only in extenuating circumstances will such requests be considered.**

### **OTHER REQUIREMENTS**

Other documentation may be requested by the Director of Fire Services / Fire Commissioner to assist in determining eligibility for the firefighting equipment being requested under this program.

Municipalities, local service districts and regional service boards approved under this program must conduct appropriate maintenance and inspection(s) on their firefighting equipment.

**SECTION I – MUNICIPALITY / LOCAL SERVICE DISTRICT (LSD) / REGIONAL SERVICE BOARD (RSB) INFORMATION**

Legal Name of Municipality / Local Service District / Regional Service Board			
Municipality / LSD / RSB Mailing Address	Town/City	Province	Postal Code
Contact Person's Name (Municipality / LSD / RSB)		Position (Clerk, Manager, Chairperson)	
Contact Person's Telephone Number	Contact Person's Fax Number	Contact Person's Email Address	

Supplier Quote(s) Attached. <i>(Supplier Quote(s) must be attached to this application. Failure to provide a supplier quote(s) will cause a delay in the review of your application.)</i>	Yes <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/>
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Total Dollar Value Requested:

\$ \_\_\_\_\_ + HST amount \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Type of Equipment Requested (Prioritize)	Quantity	Unit Price	New Equip.	Replacement Equip.	Extended Cost
1.			<input type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	
6.			<input type="checkbox"/>	<input type="checkbox"/>	
7.			<input type="checkbox"/>	<input type="checkbox"/>	
8.			<input type="checkbox"/>	<input type="checkbox"/>	
9.			<input type="checkbox"/>	<input type="checkbox"/>	
10.			<input type="checkbox"/>	<input type="checkbox"/>	
11.			<input type="checkbox"/>	<input type="checkbox"/>	
12.			<input type="checkbox"/>	<input type="checkbox"/>	

\_\_\_\_\_  
Mayor / Chairperson Signature

\_\_\_\_\_  
Date

**SECTION III – EQUIPMENT CONDITION REPORT**

**FIRE SERVICES DIVISION  
EQUIPMENT CONDITION REPORT  
(E.g. SCBA, hose, clothing, nozzles, portable pumps, etc.)**

Name of Fire Department \_\_\_\_\_

Equipment Type \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_

Date Equipment Acquired \_\_\_\_\_ Supplier \_\_\_\_\_

Is equipment presently in service? YES  NO

Overall Condition of Equipment:      Excellent       Good       Fair       Poor       N/A

Please provide a complete description of equipment condition.

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Please provide an outline of equipment maintenance history.

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Has equipment been tested in accordance with appropriate standards, where applicable?

YES       NO

If yes, please indicate what tests and who conducted the tests.

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