

# New York State Emergency Services Revolving Loan Application CITY

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## A. GENERAL INFORMATION

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Applications should be returned to:

NYS Division of Homeland Security and Emergency Services  
Office of Fire Prevention and Control  
State Office Campus  
1220 Washington Avenue  
Building 7A, Floor 2  
Albany NY 12226

1. A. Legal Name and Mailing Address of City Seeking Loan: (PLEASE TYPE)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County

\_\_\_\_\_

B. Applicant Federal Tax I.D.#:

\_\_\_\_\_

C. Approximate population of your city and/or the city fire department's assigned protection area (if not wholly contained within your entity's boundaries):

\_\_\_\_\_

D. Does the city and/or city fire department provide emergency services for any other local governments (does your city or the fire department contract for services with other towns, villages, cities, or fire districts outside of your own border)? \_\_\_\_\_ If yes, name those other areas and the approximate population(s) of each additional area.

\_\_\_\_\_ with population of \_\_\_\_\_

\_\_\_\_\_ with population of \_\_\_\_\_

\_\_\_\_\_ with population of \_\_\_\_\_

2. Fire Company Profile:

A. Number of Paid Personnel (FTE):

\_\_\_\_\_

B. Number of Volunteer Personnel:

\_\_\_\_\_

# B. CITY

**Revenues:**

List all sources of city income and the percentage of the budget that each provides (must equal the total budget):

	Current		Preceding	
	Amount of Income	% of Total Budget	Amount of Income	% of Total Budget
Property Taxes	_____	_____	_____	_____
Income Taxes	_____	_____	_____	_____
Sales Taxes	_____	_____	_____	_____
Utilities Income (if included in total expenses)	_____	_____	_____	_____
Interest and Earnings	_____	_____	_____	_____
Income from Ambulance Billings	_____	_____	_____	_____
Federal, State, Other Government Aid	_____	_____	_____	_____
Contracted Fire/EMS*	_____	_____	_____	_____
Other Revenues	_____	_____	_____	_____

\*Name those outside areas contracted with and the amounts of the contracts:

_____	_____	_____
_____	_____	_____
_____	_____	_____

**City Fire Department Expenses:**

Department Budget:

	Current	Preceding
Personnel	_____	_____
Fringes	_____	_____
Equipment	_____	_____
Reserve(s) Amount Appropriated For Fire Apparatus	_____	_____
Budgeted Bond Payments (for department equipment or facilities)	_____	_____
Building Expenses	_____	_____
Contractual Lines	_____	_____
Workers Comp Costs (VFBL)	_____	_____
Other Fire/EMS Insurance Costs	_____	_____
Other Major Expenses (Name those)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Fire Department Operating Budget	\$	_____	\$	_____
		Current Fiscal Year Budget		Preceding Fiscal Year Budget

**A copy of the current city budget and the immediate preceding year budget must be attached to substantiate the above stated budget information.**

2. City Reserves on Deposit: List all reserve funds in existence with the purpose and balance in each account:

	Date of Valuation	Purpose	Balance
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

Are any of these reserves designated for the same purpose as this loan request?  Yes  No

If yes, which line(s)? \_\_\_\_\_

3. City Fund Equity: General Fund Only

Total Fund Balance as of Last Completed Fiscal Year: \_\_\_\_\_

Reserves:

	Purpose	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Reserved	_____	_____
Total Unreserved	_____	_____
Total Appropriated Ensuing Fiscal Year	_____	_____
Total Unappropriated	_____	_____

**Substantiation of the above stated reserves and fund equities must be made by (1) submission of a copy of the last independent audit report and (2) a copy of the Annual Financial Report by the Chief Financial Officer as submitted to the Office of the State Comptroller for the most recent completed fiscal year.**

# C. BACKGROUND INFORMATION

## MUST BE COMPLETED BY ALL APPLICANTS

1. Total assessed and full valuation for the city or other areas protected (i.e. additional protection area or contract) for the last three years or the most recent three years.

Name of city: \_\_\_\_\_

YEAR	ASSESSED VALUATION	FULL VALUATION	EQUALIZATION RATE	TAX RATE PER \$1,000 OF ASSESSED VALUE

Please comment here on conditions which may have affected the valuation or tax rate above.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Outstanding General Obligation and Revenue Bonded Debt as of \_\_\_\_\_ (DATE)

Purpose	Fiscal Year Ending Balance	Principal Payment This Year	Interest Payment This Year	Total Payment
	\$	\$	\$	\$
Total	\$	\$	\$	\$

3. Outstanding Bond Anticipation Notes as of \_\_\_\_\_ (DATE)

Purpose	Fiscal Year Ending Balance	Principal Payment This Year	Interest Payment This Year	Total Payment
	\$	\$	\$	\$
Total	\$	\$	\$	\$



\*5. Accessory Equipment (Please identify in narrative)

Maximum Loan: \$125,000

Maximum Loan Period: 5 years

Total Cost \$ \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Loan Period Requested \_\_\_\_\_

6. Renovation, rehabilitation or repairing facilities that house firefighting equipment, ambulances, rescue vehicles and related equipment

Maximum Loan: \$250,000 or 75 percent of cost - whichever is less

Maximum Loan Period:

\*\* Class A -- Fireproof -- 20 years

\*\* Class B -- Fire resistant -- 15 years

\*\* Class C -- 10 years

Be sure to include in the Narrative Section, Page 7, the present age of facility and reason (structural, cosmetic, expansion, etc).

Total Cost \$ \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Loan Period Requested \_\_\_\_\_

\*7. Construction costs associated with the establishment of facilities that house firefighting equipment, ambulances, rescue vehicles and related equipment

Maximum Loan: \$500,000 or 75 percent of cost - whichever is less

Maximum Loan Period:

Class A -- Fireproof -- 30 years

Class B -- Fire Resistant -- 25 years

Class C -- 15 years

\_\_\_\_\_ replacement construction

\_\_\_\_\_ an additional facility

Total Cost \$ \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Loan Period Requested \_\_\_\_\_

\*8. Construction costs associated with the establishment of facilities for the purpose of live fire training

Maximum Loan: \$250,000 or 75 percent of cost - whichever is less

Maximum Loan Period: 15 years

Total Cost \$ \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Loan Period Requested \_\_\_\_\_

A loan for this purpose will not be granted if another live fire training facility is located within the boundaries of the county or within 25 miles of the site you wish to construct. Please be sure your "Narrative" addresses this issue clearly. Also, you must clearly describe in the "Narrative" Section of this application exactly how your training facility will be used and how it could be shared with neighboring departments and/or mutual aid facilities and local agencies. Explain how this construction is compliant with NFPA 1403 and whether or not it will be a totally non-combustible site.

\* Refer to Definitions, Restrictions and Inclusions (Page 11)

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## E. NARRATIVE SECTION (Please Type)

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In the NARRATIVE SECTION below, please explain to us who you are (fire department, municipality, EMS, ect.).

Tell us a little about the geographic area that your organization serves and any unique characteristics or problems in the area that would support your request for financial assistance such as: is this an industrial area, commercial area, rural area, college town, nuclear site area, State Park or preserve area, correctional facility site, and/or any other identified risk/problem area.

Show how receipt of these funds will improve firefighter safety or firefighting operations or prevent an escalating problem in your service area.

If purchasing apparatus, ambulance or rescue vehicle, you must include or list out a detailed inventory of all types of vehicles in your fleet including the year, make and model.

Please explain the conditions that led you to apply for this loan or any specific information about your current economic situation so that we understand your financial need. Perhaps you might want to explain your department's income and expenses in recent years or highlight any hardships currently being faced. Please tell us if you have previously attempted to fund your current needs and what the outcome of that was. Remember, you are attempting to persuade someone to loan a significant amount of money to your organization.

**PLEASE NOTE:** The Division of Homeland Security and Emergency Services may disapprove any application which contains inadequate demonstration of need or which would result in inequitable or inefficient use of the monies in this account relative to other applications under consideration at the time of review.

Since cash is not always available at the time a loan has been approved and, because each applicant has a different financial timetable, please indicate on or about when you wish to receive disbursement of your award. \_\_\_\_\_

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# F. PROGRAM CONTACT SHEET

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The following information is necessary for review and follow-up to your loan application. **PLEASE TYPE** all information. At the minimum, we must have information on the Local Official and a Daily Contact Person.

NAME AND TITLE	ADDRESS	TELEPHONE/FAX #S
Local Official Authorized To Sign Documents		Telephone: ( ) Fax: ( )
Alternate Local Official Authorized To Sign		Telephone: ( ) Fax: ( )
Daily Contact Person		Telephone: ( ) Fax: ( )

Legal Name and Mailing Address of Applicant:

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**FOR AGENCY USE ONLY: Do Not Write In This Space**

Agreement # \_\_\_\_\_

Board Approval Date \_\_\_\_\_

Amount Approved \_\_\_\_\_ Term of Loan \_\_\_\_\_

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# G. SIGNATURE/NOTARY PAGE

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I hereby certify that the information presented in this application is true and accurate and that I am authorized by Resolution to apply for a loan and to borrow from the New York State Emergency Services Revolving Loan Fund on behalf of \_\_\_\_\_ . Said Resolution herewith submitted.

See the following page for items that must be included in your Resolution. Applications submitted *without* a Resolution will not be forwarded to the Division of Homeland Security and Emergency Services until a proper resolution has been received by our office.

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Signature of Authorized Official	Title	Date
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STATE OF NEW YORK }  
COUNTY OF \_\_\_\_\_ } ss:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known, who being by me duly sworn, did depose and say that (s)he resides at \_\_\_\_\_; that (s)he is the \_\_\_\_\_ of \_\_\_\_\_, the city described herein which executed the foregoing instrument; and that (s)he signed (her)his name thereto by the authority vested in their office or by order of the governing body of said municipality/department.

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NOTARY PUBLIC

NYS Division of Homeland Security & Emergency Services  
**Office of Fire Prevention and Control**



## **NYS EMERGENCY SERVICES LOAN PROGRAM**

The purpose of the resolution is to demonstrate that the governing body officially supports the application and the proposed project. The following terms are not intended to be an exclusive list of items which may be included in a resolution. A resolution may be modified or revised by the involved parties.

### **ITEMS WHICH MUST BE INCLUDED IN THE RESOLUTION**

- 1) **Authorization to Apply for the Loan:** The governing body of each applicant must authorize a person by name and title (and his/her designee, if appropriate), to submit an application to the NYS Emergency Services Loan Program. The resolution should authorize that Person to execute all financial and/or administrative processes relating to the grant program.
- 2) **Funding Request:** The resolution must indicate the maximum amount of money being applied for through this program. This amount should correspond with the "Amount of Loan Requested" on the application form.
- 3) The resolution must include the vote of the governing body members and certification of the vote by the clerk or board secretary.

**Recommendations:** The resolution may contain any additional activities related to the project that also needs the approval of the governing body.

## Definitions, Restrictions and Exclusions

- (1) Personal Protection Equipment must meet OSHA standards;
- (2) Communications Equipment must be, to the maximum extent practicable, compatible with the communications equipment of adjacent services and jurisdictions;
- (3) Accessory Equipment is necessary equipment to support the ordinary functions of firefighting, emergency medical services or rescue activities. Excludes communications equipment, protective equipment and motor vehicles together with their fixtures and appointments;
- (4) Construction costs shall not include fees for design, planning, preparation of applications or other costs not directly attributable to land acquisition or construction.
- (5) "Fire Companies" means (i) a fire company, the members of which are firefighters, volunteer, paid or both,, of a county, city, town, village, fire district or fire department, or (ii) a fire corporation, the members of which are firefighters, volunteer, paid or both, providing fire protection pursuant to a fire protection contract within a fire protection district of a town.
- (6) "Volunteer ambulance service" means an individual, partnership, association, corporation, municipality or any legal or public entity or subdivision thereof engaged in providing emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle, aircraft or other form of transportation to or from facilities providing hospital services which is (i) operating not for pecuniary profit or financial gain, and (ii) no part of the assets or income of which is distributable to, or inures to the benefit of its members, directors or officers.
- (7) No applicant shall receive a loan for any purpose more than once in any five year period.
- (8) Loan money cannot be used to pay off an existing loan.
- (9) Must not in the prior 10 years have used state funds to repay all or a part of any loan made under §97pp of the State Finance Law.



**NEW YORK STATE  
DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES**

**LOAN APPLICANT'S MINORITY & WOMEN'S BUSINESS  
ENTERPRISE AND EQUAL EMPLOYMENT OPPORTUNITY  
REQUIREMENTS**

**Name of Loan Applicant:**  
**County:**

Pursuant to New York State Executive Law Article 15-A, New York State Division of Homeland Security and Emergency Services recognizes its obligation under the law to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of New York State Division of Homeland Security and Emergency Services contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting versus the number of minority-and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that New York State Division of Homeland Security and Emergency Services establishes goals for maximum feasible participation of New York State Certified minority and women-owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

The Applicant (defined above) will comply with the provisions of the Minority & Women's Business Enterprise and Equal Employment Opportunity (MWBE-EEO) requirements of Article 15-A of the New York State Executive Law and all other requirements as prescribed by the New York State Division of Homeland Security and Emergency Services (NYS DHSES) by providing opportunities for MBE/WBE participation, and will maintain such records and take such actions necessary to demonstrate such compliance throughout the life of this loan.

Further, pursuant to Article 15 of the Executive Law (the “Human Rights Law”), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

**I hereby certify that the \_\_\_\_\_ will abide by the equal employment opportunity (EEO) policy statement provisions outlined below.**

- (i) A statement that the applicant will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, or marital status against any employee or applicant for employment, will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination and will make and document its conscientious and active efforts to ensure all sub-contractors employ and utilize minority group members and women in its work force on contracts related to this loan.
- (ii) An agreement that all of the applicant’s solicitations or advertisements for vendors will state that, in the performance of the contracts relating to this loan, all qualified vendors will be afforded equal opportunities without discrimination on the basis of race, creed, color, national origin, sex, age, disability or marital status.
- (iii) An agreement to request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the contractor’s obligations herein.

**All applicants shall, as a precondition to entering into a valid and binding contract relating to this loan, agree to the provisions set forth in (i), (ii), and (iii).**

Successful applicants will be required to complete and submit a NYS DHSES Local Assistance MWBE Subcontractor/Supplier Utilization form prior to contract. Successful applicants will also be required to complete and submit a NYS DHSES Local Assistance MWBE Equal Opportunity Staffing Plan for the applicant as well as all sub-contractors paid with funds from this loan.

Applicant further understands and agrees that failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract. In accordance with 5 NYCRR §142.13, Applicant acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding constitutes a breach of Contract and NYS DHSES may withhold payment from the Contractor as liquidated damages. Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

**Applicants’ Designated Minority & Women’s Business Enterprise Officer (MBO)**

The applicant’s designated Minority & Women’s Business Enterprise Officer is responsible for administering the Applicant’s MWBE-EEO program.

Applicant’s Designated MBO Name: \_\_\_\_\_

Applicant’s MBO Phone No.: \_\_\_\_\_

Applicant’s MBO Email Address: \_\_\_\_\_

Applicant’s MBO Mailing Address: \_\_\_\_\_

**Emergency Services Revolving Loan Program MBE/WBE Services and Commodities Goals:**

The WBE Participation Goal is 10%  
The MBE Participation Goal is 10%

I hereby certify that the \_\_\_\_\_ will abide by the Minority and Women’s Business Enterprise requirements as outlined in this document.

**Signature of Authorized Loan Applicant:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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