

New York State Emergency Services Revolving Loan Application FIRE DISTRICT

A. GENERAL INFORMATION

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 12242

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

County _____ Applicant's City _____ Village _____ Or Town _____

B. Applicant Federal Tax I.D.#: _____

C. Approximate population of your fire district's assigned protection area (if not wholly coterminous with your fire district's boundaries):

D. Does the fire district provide emergency services for any other local governments (does your fire district contract for services with other towns, villages, cities, or fire districts)? _____ 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 District Profile:

A. Number of Paid Personnel (FTE): _____

B. Number of Volunteer Personnel: _____

B. FIRE DISTRICT

1. Budget Information: Enter the total General Fund dollar amount for:

\$ _____
Current Fiscal Year Budget

\$ _____
Preceding Fiscal Year Budget

Revenues:

List all sources of 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 (3 rd party)	_____	_____	_____	_____
Federal, State, Other Government Aid	_____	_____	_____	_____
Contracted Fire/EMS*	_____	_____	_____	_____
Other Revenues	_____	_____	_____	_____

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

_____	_____	_____
_____	_____	_____
_____	_____	_____

Fire District Expenses:

District 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)	_____	_____
Firefighters Retirement Funds	_____	_____
Other Fire/EMS Insurance Costs	_____	_____
Other Major Expenses/Benefit Programs: (Name those)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Fire District Operating Budget

\$ _____
Current Fiscal Year Budget

Preceding Fiscal Year Budget

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

2. Fire District 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. Fire District 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 fire district or other areas protected (i.e. additional protection area or contract) for the last three years or the most recent three years.

Name of fire district: _____

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	\$	\$	\$	\$

D. PURPOSE OF LOAN - YOU CAN ONLY APPLY IN ONE CATEGORY.

1. Firefighting Apparatus: Include in the Narrative Section a detailed inventory of all vehicles including year, make and model.
 Maximum Loan: \$225,000 or 75 percent of cost - whichever is less
 Maximum Loan Period: \$5,000 -- 5 years: \$5,001 to \$50,000 -- 10 years
 Over \$50,000 -- 20 years

<input type="checkbox"/>	New	Total Cost \$ _____
<input type="checkbox"/>	Used	Amount Requested \$ _____
<input type="checkbox"/>	Replacement	Loan Period Requested _____

2. Ambulance or Rescue Vehicle
 Maximum Loan: \$150,000 or 75 percent of cost - whichever is less
 Maximum Loan Period: 10 years

<input type="checkbox"/>	New	Total Cost \$ _____
<input type="checkbox"/>	Used	Amount Requested \$ _____
<input type="checkbox"/>	Replacement	Loan Period Requested _____

- *3. Personal Protective Equipment (PPE), Communications Equipment or Both
 Maximum Loan: \$100,000 in any combination of A and B below; Maximum Loan Period:
 Personal Protective Equipment (PPE) - 5 years; Communications - 10 years

A. Personal Protective Equipment (PPE)

Total Cost \$ _____
Amount Requested \$ _____
Loan Period Requested _____

B. Communications Equipment
 Describe on Page 7, Narrative Section, your present communication system and explain how this loan will improve your capabilities, safety and inter-communication with other emergency service providers.

Total Cost \$ _____
Amount Requested \$ _____
Loan Period Requested _____

4. Repair or Rehabilitation of Firefighting Apparatus, Ambulance or Rescue Vehicle
 Maximum Loan: \$75,000 or 100 percent of cost - whichever is less
 Maximum Loan Period: 5 years

A. Firefighting Apparatus

Age of Vehicle _____	Total Cost \$ _____
	Amount Requested \$ _____
	Loan Period Requested _____

B. Ambulance

Age of Vehicle _____	Total Cost \$ _____
	Amount Requested \$ _____
	Loan Period Requested _____

C. Rescue Vehicle
 Explain in the Narrative Section of Page 7, the need for rehab and to what standards the rehabbed apparatus will be measured against.

Age of Vehicle _____	Total Cost \$ _____
	Amount Requested \$ _____
	Loan Period Requested _____

*Refer to Definitions, Restrictions and Exclusions on Page 12

*5. Accessory Equipment (Please identify in narrative)

Maximum Loan: \$75,000

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: \$150,000 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: \$300,000 or 75 percent of cost - whichever is less

Maximum Loan Period:

Class A -- Fireproof --30 years

Class B -- Fire Resistant -- 20 years

Class C -- 10 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: \$150,000 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

** See § 11(a), 11(b) and 11(c) of the Local Finance Law.

E. NARRATIVE SECTION (Please Type)

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. _____

F. PROGRAM CONTACT SHEET

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:

FOR AGENCY USE ONLY: Do Not Write In This Space

Agreement # _____

Board Approval Date _____

Amount Approved _____ Term of Loan _____

G. SIGNATURE/NOTARY PAGE

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.

Signature of Authorized Official

Title

Date

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 municipality/department described herein which executed the foregoing instrument; and that (s)he signed (her)his name thereto by order of the governing body of said municipality/department.

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.