2015 STATE FIRE MARSHAL
FIREFIGHTER I TRAINING
GRANT PROGRAM
OVERVIEW AND APPLICATION

I. Purpose

The Ohio Department of Commerce, Division of State Fire Marshal (SFM) is pleased to announce the availability of the Firefighter I Training Grant. This grant provides funding in State Fiscal Year (SFY) 2015 (ending June 30, 2015) to pay for the costs of providing Firefighter I or Firefighter I Transition certification courses free of charge at SFM approved class providers. By partnering with eligible class providers, it is the goal of the SFM to ease the costs to local governments, promote shared services and broaden the availability of these courses throughout the state. Grant funding is limited to $500,000 state-wide and will be dispersed to compliant course providers on a first come first serve basis.

II. Minimum Conditions for Eligibility

To be eligible for the Firefighter I Training Grant Program, class providers shall have the following:

1. Submitted a complete, signed application to the SFM. UNDER NO CIRCUMSTANCES SHALL THE SFM ACCEPT GRANT APPLICATIONS POSTMARKED AFTER MARCH 1, 2015. (A complete application consists of the application, copy of class provider charter, and if, applicable, a copy of the class provider's agreement for an acquired burn structure or facility.)
2. A valid Ohio Department of Public Safety – Division of Emergency Medical Service Fire Charter at the Firefighter I Level in accordance with Ohio Revised Code (ORC) 4765.55 and Ohio Administrative Code (OAC) 4765.11 and <u>one</u> of the following:
    a. In the two years preceding the application, the class provider shall have instructed at least one of the following courses: Firefighter I, Firefighter I Transition, and/or Firefighter II; or
    b. The class provider is partnering with the Ohio Fire Academy to provide Firefighter I, Firefighter I Transition, and/or Firefighter II at that charter's location or the Ohio Fire Academy.

    A copy of the charter shall be included with the application.
3. A current status of good standing with the Ohio Department of Public Safety – Division of Emergency Medical Services; Class provider is not under any sanctions.
4. A burn building facility, acquired structure, or an agreement for such a facility for conducting live fire training that complies with National Fire Protection Association, NFPA 1403 Standard on Live Fire Training Evolutions. A copy of the applicable agreement for an acquired structure or facility shall be included with the application. (If

the class provider does not have a written agreement, affirm in the certification, in Section IX. of this document, that the class provider meets this requirement.)

5. Compliance with Ohio Environmental Protection Agency – Open Burning Regulations, OAC 3745-19, if utilizing an acquired structure for live fire training.

III. Terms and Conditions

To be eligible for the Firefighter I Training Grant Program, the class provider must agree to comply with the following terms and conditions:

A. General Information

1. The SFM may award grants to approved class providers at that class provider's current tuition rate(s) up to $900 per student for the Firefighter I Transition level course and up to $1,300 per student for the Firefighter I course. These amounts shall include all administrative fees, equipment fees, and book costs. The student shall not be assessed any additional costs for this course.
2. Upon submission of the Grant Payment Request form as provided below and after the SFM determines funds are available, 100% of the funds for students of eligible approved courses are reserved and half (50%) of the approved funds are disbursed. The remaining half (50%) is disbursed upon the submission of a final class roster and any other documentation as requested by the SFM. Please review the remaining provisions of this document for details, deadlines, terms, and conditions.
3. Courses must be commenced on or after July 1, 2014.
4. Courses must be completed by May 1, 2015.

B. Grant Payment Request Forms

1. Upon compiling a class roster, the class provider shall submit to the SFM, in accordance with Section IV., a copy of the class schedule and the Grant Payment Request form listing registered students at least fifteen business days (15) prior to course start date. Failure to do so may result in delayed or <u>no award</u> to the class provider.
2. UNDER NO CIRCUMSTANCES WILL THE SFM ACCEPT GRANT PAYMENT REQUEST FORMS POSTMARKED AFTER MARCH 1, 2015. OR UNTIL FUNDS ARE EXHAUSTED.
3. Upon receiving a Grant Payment Request form, the SFM will review the application and determine if funding is available. If funding is available, the SFM will award the class provider fifty percent (50%) of the total course costs for registered students in accordance with Section VI. of this application overview. If funding is not available, the SFM will inform the class provider in writing.
4. SUBMISSION OF A GRANT PAYMENT REQUEST FORM DOES NOT GUARANTEE FUNDING. Each grant payment request form shall be reviewed upon submission to determine if funding is available.

C. Addition or Withdrawal/Removal of Students

1. If additional students register for a course after the initial Grant Payment Request form has been accepted and approved by the SFM, class providers shall submit an Amended Grant Payment Request form to the SFM in accordance with Section IV. of this application overview within ten (10) business days of the student enrolling in the course. (If grant funds are exhausted after the initial Grant Payment Request form has been accepted and approved by the SFM but before the class provider submits an Amended Grant Payment Request form, then no funding will be awarded for the additional student(s).)
2. In the event a student withdraws from the course (Firefighter I or Firefighter I Transition) or is removed from the course for any reason at any time, written notification, including date of withdrawal/removal, must be submitted to the SFM in accordance with section IV. of this application overview within ten (10) business days of the student withdrawing or being removed.
3. Please see D.2 below for details as to accounting for funds received by course providers for withdrawn or removed students.

D. Final Student Roster Submission and Documentation

1. If the class provider is awarded funding, within ten (10) business days of course completion, a Final Student Roster Submission form with Certification Numbers, if applicable, for each student must be forwarded to the SFM in accordance with Section IV. of this application overview. The Final Student Roster Submission shall list the students who completed the course. (A student completes a course if he or she completes the curriculum in the scheduled course time. A student does not have to receive certification from the Department of Public Safety to be considered having completed the course.)
2. In addition to the roster, within ten (10) business days of course completion, the class provider shall submit to the SFM a copy of the official attendance record from the class provider. Such record shall be submitted to the SFM in accordance with Section IV. of this application overview. Upon receiving a Final Student Roster Submission form, the SFM shall award the class provider the remaining balance of the course costs for students who have completed the course less the initial grant payment for any student(s) who withdraws from the course or is removed from the course for any reason at any time.

E. Cancelation

1. The class provider will notify the SFM in writing of a course cancellation at least seven (7) calendar days before the planned start of the course. In the event that the SFM has paid course costs for that course prior to such notification, the class provider will remit to the SFM one hundred percent (100%) of the course costs paid by the SFM within thirty (30) calendar days of such cancellation.

F. Records

1. During the provision of a course and for a period of three years after its completion, the class provider shall maintain auditable records of attendance, registration, and all billing pertaining to the SFM Firefighter I Training Grant Program and shall make such records available upon receiving a reasonable request.
2. If applicable, the class provider agrees to comply with the applicable provisions of FERPA regarding the use and disclosure of student education records. The class provider understands that information and data, including documents received by the SFM, may be subject to Ohio's Public Records Act pursuant to section 149.43 of the Ohio Revised Code.

G. Miscellaneous

1. Failure to timely submit any required forms to the SFM may result in a revocation of the class provider's eligibility to receive grant awards.
2. Under no circumstances, shall the class provider assess any student that is registered for a course for which course costs are paid by the SFM and completes the course, any additional course costs or fees. The class provider shall perform services and the SFM shall not hire, supervise, or pay any employees of the class provider in its performance under the Firefighter I Training Grant Program.
3. Instructional services performed by the class provider shall also include a registration mechanism and an official attendance record.
4. All students registered for a Firefighter I or Firefighter I Transition course with the class provider shall be entitled to all class provider resources and services at any and all class provider campuses including all web-based resources and/or services as would any non-grant funded student.
5. The class provider agrees to comply with all applicable federal, state and local laws in the provision of the course.

H. Additional Terms & Conditions

1. While the class provider shall be required to render services for the SFM, nothing herein shall be construed to imply, by reason of the class provider's engagement, that the SFM shall have or may exercise any right of control over the class provider with regard to the

manner or method of the class provider's performance of service, unless otherwise provided in this application.

2. No personnel of the class provider or the SFM who exercises any functions or responsibilities in connection with the review or approval of this application or carrying out of any such work, shall, prior to the completion of said work, voluntarily acquire any personal interest, direct or indirect, which is incompatible or in conflict with the discharge and fulfillment of his or her functions and responsibilities with respect to the carrying out of said work.
3. In accordance with Ohio Revised Code Section 2921.42, should any person employed or contracted with the course provider acquire an incompatible or conflicting personal interest or who involuntarily acquires any such incompatible or conflicting personal interest, he or she shall immediately disclose his or her interest to the SFM in writing. Thereafter, he or she shall not participate in any action affecting the work under this application, unless the other party shall determine in its sole discretion that, in the light of the personal interest disclosed, his or her participation in any such action would not be contrary to the public interest.
4. Pursuant to O.R.C. Section 125.111, the class provider agrees that any subcontractor, and any person acting on behalf of the class provider or a subcontractor, shall not discriminate, by reason of race, color, religion, sex, gender identity, sexual orientation, age, national origin, or disability against any citizen of this state in the employment of any person qualified and available to perform the work under this application overview.
5. The class provider further agrees that any subcontractor, and any person acting on behalf of the class provider shall not, in any manner, discriminate against, intimidate, or retaliate against any employee hired for the performance of work under this application on account of race, color, religion, sex, gender identity, sexual orientation, age, national origin, or disability.
6. In no event shall either the class provider or the SFM be liable to the other party for indirect, consequential, incidental, special, or punitive damages, or lost profits.
7. The class provider agrees to comply with all applicable federal, state and local laws regarding smoke-free and drug-free work places and shall make a good faith effort to ensure that none of its employees or permitted subcontractors engaged in the work being performed hereunder purchase, transfer, use, or possess illegal drugs or alcohol, or abuse prescription drugs in any way.
8. Political Contributions: The class provider hereby certifies that all applicable parties listed in Division (I) or (J) of O.R.C. Section 3517.13 are in full compliance with Divisions (I) and (J) of O.R.C. Section 3517.13.
9. It is expressly understood and agreed by the class provider that none of the rights, duties, and obligations described in this Application shall be binding on either party until all relevant statutory provisions of the Ohio Revised Code, including, but not limited to, O.R.C. Section 126.07, have been complied with, and until such time as all necessary

funds are available or encumbered and, when required, such expenditure of funds is approved by the Controlling Board of the State of Ohio, or in the event that grant funds are used, until such time that Agency gives the class provider written notice that such funds have been made available to SFM by SFM's funding source.

IV. Application, Notices, Forms

The State Fire Marshal Firefighter I Training Grant Application follows in Section VIII. of this document and is available on-line at: http://www.com.ohio.gov/fire

Faxed, scanned and emailed applications will not be accepted.

Please submit Grant Applications, Grant Payment Request forms, Amended Grant Payment Request form for Student Additions and Withdrawal/Removals, and Final Student Roster Submission forms to:

Ohio Department of Commerce
Fiscal East
Attn: Kimberly Hodnett
P.O. Box 4009
6606 Tussing Road
Reynoldsburg, Ohio 43068-9009

V. Questions

If you have any questions regarding the State Fire Marshal Firefighter I Training Grant Application, Grant Payment Request forms, Amended Grant Payment Request form, and Final Student Roster, please contact Kimberly Hodnett at 614.752.7122 or kimberly.hodnett@com.state.oh.us.

VI. Notification and Payment

Eligibility notification will be mailed within ten (10) business days of receipt of a Grant Application. Grant award payments will be mailed within twenty (20) business days of receipt of a Grant Payment Request form or Final Roster Submission.

VII. Instructions for Grant Application

Please read the entire application package. Each blank must be completed and application must be must be signed by the Program Director or authorized official of the class provider. The class provider must submit a separate application for each course offering.

Copies of the class provider's valid charter and, if applicable, the agreement for an acquired burn structure or facility shall be included with the application.

VIII. 2015 STATE FIRE MARSHAL FIREFIGHTER I TRAINING GRANT PROGRAM APPLICATION

All questions must be answered completely and the application must be postmarked at least fifteen (15) business days prior to course start date. Failure to do so may result in delayed approval or denial of the grant. Applications submitted without a copy of the valid charter will not be considered.

1. Class Provider Name: _____

   Fire Charter School Id.: _____Federal Tax. Id. Number: _____

   _____
   Address City State Zip

   _____
   County Daytime telephone number

2. Please check applicable school affiliation:
   ___ Career/Technical ___ College/University ___ Fire Department ___ Other

3. _____
   Print Class Provider Contact Name Title

   _____
   Address City State Zip

   _____
   Email address Daytime telephone number

4. _____
   Print Name of Financial Officer Title

   _____
   Address City State Zip

   _____
   Email address Daytime telephone number

IX. Certification

I hereby certify this application is accurate and my class provider meets all five (5) eligibility requirements listed in "Section II" of the application overview. I certify that the class provider has a ☐ burn building facility, ☐ acquired structure, or ☐ an agreement for such a facility for conducting live fire training that complies with National Fire Protection Association, NFPA 1403 Standard on Live Fire Training Evolutions. Further, I agree to the terms and conditions listed in "Section III" of the application overview. Falsifying information on this application will result in denial of grant funding and/or return of grant funds and may subject the below signatory and class provider to criminal sanctions pursuant to Ohio Revised Code Section 2921.13.

_____

Program Director/Authorizing Official Signature Print Name/Title

_____

Email address Daytime telephone number

_____

Date

2015 STATE FIRE MARSHAL
FIREFIGHTER I TRAINING GRANT PROGRAM
GRANT PAYMENT REQUEST FORM

_____

Class Provider Name Fire Charter Id. Number

_____

Address City State Zip

List Name of Course: _____ Start/End Dates: _____

Course Location: _____ County: _____

Federal Tax. Id. Number: _____

	Student Name	Course Cost	Payment Requested	SFM Use Only
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

(Use additional sheets if necessary.)

Certification

I hereby certify all information contained in this Grant Payment Request form is true and accurate. I further acknowledge that within ten (10) business days of course completion, a Final Student Roster Submission form must be forwarded to the SFM in accordance with Section IV. of the application overview. Failure to do so will require grant funds to be returned by the class provider to the SFM. Falsifying information on this form will result in denial of grant funding and/or return of any paid grant funding, and may subject the below signatory and class provider to criminal sanctions pursuant to Ohio Revised Code Section 2921.13.

_____

Program Director/Authorizing Official Signature Print Name/Title

_____

Email address Daytime telephone number

_____

Date

2015 STATE FIRE MARSHAL
FIREFIGHTER I TRAINING GRANT PROGRAM
AMENDED GRANT PAYMENT REQUEST FORM
FOR STUDENT ADDITIONS AND/OR WITHDRAWALS/REMOVALS
(Must be submitted within 10 business days of addition or withdrawal/removal)

_____
Class Provider Name Fire Charter Id. Number

_____
Address City State Zip

List Name of Course: _____ Start/End Dates: _____

Course Location: _____ County: _____

Federal Tax. Id. Number: _____

STUDENT ADDITIONS – Use this table to add students to the grant payment request form.

	Student Name	Course Cost	Payment Requested	Date of Addition	SFM Use Only
1					
2					
3					
4					
5					
6					

STUDENT WITHDRAWALS/REMOVALS – Use this table to identify students who have withdrawn or were removed from the course.

	Student Name	Amount of funding received from the SFM for this student.	Date of Withdrawal or Removal	SFM Use Only
1				
2				
3				
4				
5				
6				

Certification

I hereby certify all information contained in this Amended Grant Payment Request Form for student additions or withdrawals/removals form is true and accurate. I further acknowledge that within ten (10) business days of course completion, a Final Student Roster Submission form must be forwarded to the SFM in accordance with Section IV. of the application overview. Failure to do so will require grant funds to be returned by the class provider to the SFM. Falsifying information on this form will result in denial of grant funding and/or return of any paid grant funding, and may subject the below signatory and class provider to criminal sanctions pursuant to Ohio Revised Code Section 2921.13.

_____

Program Director/Authorizing Official Signature Print Name/Title

_____

Email address Daytime telephone number

_____

Date

2015 STATE FIRE MARSHAL
FIREFIGHTER I TRAINING GRANT PROGRAM
FINAL STUDENT ROSTER SUBMISSION

_____

Class Provider Name Fire Charter Id. Number

_____

Address City State Zip

List Name of Course: _____ Start/End Dates: _____

Course Location: _____ County: _____

Federal Tax. Id. Number: _____

****Do not forget to submit official attendance records with this form.****

Please list all students who <u>completed</u> the course:

	Student Name	State Certification No. (if applicable)	SFM Use Only
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

(Use additional sheets if necessary.)

Certification

I hereby certify all information contained in this Final Student Roster Submission form is true and accurate. Falsifying information on this form will result in denial of grant funding and/or require the return of any paid grant funds, and may subject the below signatory and class provider to criminal sanctions pursuant to Ohio Revised Code Section 2921.13.

_____

Program Director/Authorizing Official Signature Print Name/Title

_____

Email address Daytime telephone number

_____

Date

Do not forget to submit official attendance records with this form.