

RESOLUTION 2010 - 101

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AMENDING THE FISCAL YEAR 2010 FIRE DISTRICT BUDGET TO RECEIVE UNANTICIPATED REVENUE AND AUTHORIZE ITS EXPENDITURE BY THE ST. JOHNS COUNTY FIRE-RESCUE DEPARTMENT.

WHEREAS, the County operating budget is annually prepared prior to knowing the actual amount of grant funds which may be received by the County; and

WHEREAS, St. Johns County, Florida, when preparing the budget for Fiscal Year 2010, did not anticipate receiving grant funds from the Fireman's Fund Heritage Program above and beyond those projected by the Fire-Rescue Department; and

WHEREAS, the Fireman's Fund has made available from the Heritage Program Grant additional grant dollars for the purchase of a training software program; and

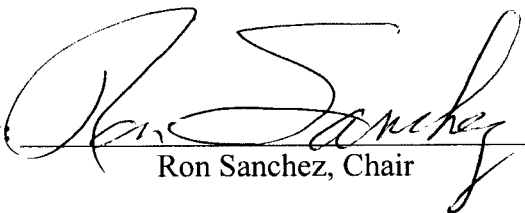
WHEREAS, the Fireman's Fund has approved additional grant funds to St. Johns County for Fiscal Year 2010 that exceeds budgeted grant amounts by \$ 7,650.

NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners of St. Johns County, Florida, that:


1. The above recitals are hereby adopted as legislative findings of fact and incorporated herein.
2. The Fire District revenue and expenditure budgets shall be adjusted to account for unanticipated funds from the Fireman's Fund Heritage Program in the amount of \$7,650 for Fiscal Year 2010.
3. To the extent that there are typographical and/or administrative errors and/or omissions that do not change the tone, or tenor, or context of this Resolution, then this Resolution may be revised without subsequent approval of the Board of County Commissioners.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, State of Florida, this 4th day of May, 2010

BOARD OF COUNTY COMMISSIONERS of ST. JOHNS COUNTY, FLORIDA

By: 
Ron Sanchez, Chair

ATTEST: Cheryl Strickland, Clerk

By: 
Deputy Clerk

RENDITION DATE 5/6/10

Grant Cover Sheet

Your Name Steve Canfield
 Your Signature [Signature]
 Department Head Signature [Signature]

Route in this order to:		Initial
1st	Administration	_____
2nd	OMB	_____
3rd	Legal	_____
4th	Finance	_____

Description of Grant Fireman's Fund Grant 2010
 Department 1224
 Awaiting Agency Name Fireman's Fund Insurance Company
 Is this a Proprietary Grant? yes no
 Has St. Johns County received funding from this agency before? yes no
 Grant Project No. 1179
(Finance will assign a project number when grant contract is received and Grant Budget form is submitted)

Step 1: Check all that apply and fill in the blanks

State Grant _____ CSFA #: _____ grant portion
 Local match required _____ match portion

Federal Grant _____ CFDA #: _____ grant portion
 Local match required _____ match portion

Other Agency Grant \$7,650 #: _____ 1224-55102 grant portion
 Local match required _____ match portion

Grant is "reimbursable" (spend your own money first THEN ask for reimbursement)
 Who is responsible for seeking/requesting the reimbursement? _____

The CURRENT budget has to be amended to receive & expend these grant funds. (Need attachments #1, #2, #3, #4, #6, & #7 in Step 2)
 This grant is already in the CURRENT budget, but should be modified. (Need attachments #1, #2, #3, #6 in Step 2)
 This grant is already in the CURRENT budget, but the changes are not material. (Need attachment #1 and maybe #6? in Step 2)
 Our department will be including this grant with NEXT YEAR'S budget requests. (Need attachment #5 in Step 2 if available at budget time)

additional _____
 comments _____

Step 2: Check-off the attachments

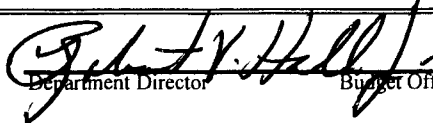
- Attachments**
- Award Certificate/Notification from Grant Agency
 - Budget transfer form
 - Capital Project form (if project = or > \$25,000)
 - Agenda Item
 - Grant Application submitted to Grant Agency
 - Grant Budget Form
 - Resolution Recognizing Unanticipated Revenue
- To get blank Grant Cover Sheet (this page): go to shared directory / Budget Information / GrantCoverSheet.xls
 (shows date of award, grant period, project title, grant number, location, award amount)
 To get blank form: go to shared directory / BudgetTrans_forms / BTF_MsWord.doc
 To get blank form: go to shared directory / BudgetTrans_forms / CapBudt_forms.xls
 To get blank form: go to shared directory / Agenda / wagentmp.doc
 (shows project description and financial information)
 To get blank form: go to shared directory / Budget Information / GrantBudgetForm.xls
 Example: shared directory / Budget Information / SampleResolutionReogUnanticipatedRevenueGrants.doc

Capital Projects & Grants Initiation and/or Amendment Form

Department Fire Services Contact Steve Canfield

Project Title Fireman's Fund Heritage Grant 2010

Budget Year: FY 2010	Date: 05/04/10	Project Grand Total \$6,750
-------------------------	-------------------	--------------------------------

Signatures 

Department Director
Budget Officer
Finance

		initial budget	amendments	new budget
51200	Regular Salaries	_____	_____	\$0
52100	FICA & Medicare	_____	_____	\$0
52101	Medicare	_____	_____	\$0
52200	Retirement	_____	_____	\$0
52300	Life & Health	_____	_____	\$0
52400	Workers Comp	_____	_____	\$0
52900	Vehicle Labor Credits	_____	_____	\$0
53100	Professional Services	_____	_____	\$0
53120	Contract Services	_____	_____	\$0
53150	Consulting Services	_____	_____	\$0
53180	Engineering	_____	_____	\$0
53190	Architectural	_____	_____	\$0
53191	Surveying	_____	_____	\$0
54300	Utilities	_____	_____	\$0
54401	Lease/Rental	_____	_____	\$0
54500	Insurance	_____	_____	\$0
54600	Bldg Maintenance	_____	_____	\$0
54900	Advertising	_____	_____	\$0
55200	Operating Supplies	_____	_____	\$0
56170	Permits/Licenses	_____	_____	\$0
55206	State Grant Expenditure	_____	_____	\$0
55304	Federal Grant Expenditure	_____	_____	\$0
55306	Other Grants	\$6,750	_____	\$6,750
56103	Geotechnical	_____	_____	\$0
56170	Permits/Licenses	_____	_____	\$0
56200	Buildings	_____	_____	\$0
56300	Building Improvements	_____	_____	\$0
56301	Improvements other than buildings	_____	_____	\$0
56400	Equipment	_____	_____	\$0
56401	Office Equipment	_____	_____	\$0
56402	Office Furniture	_____	_____	\$0
56411	Exhibits	_____	_____	\$0
59923	Contingency	_____	_____	\$0
59927	Capital Outlay Reserve	_____	_____	\$0
1171-33770	Grant Revenue	REV \$6,750		\$6,750
	Total Capital Budget	EXP \$6,750	\$0	\$6,750

G/L # 1224-55306-1193- Set up date 4-May-10
 Project # 1193 by S. Canfield

Capital Projects & Grants Initiation and/or Amendment Form

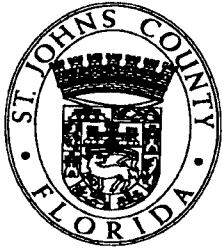
Department Fire Services Contact Steve Canfield
 Project Title Fireman's Fund Heritage Grant 2010

	Budget Year:	Date:	Project Grand Total
Revenue:	Amount	2010	\$7,650
State Grant			
Local Funds			
Federal Grant			

	Signatures	Department Director	Budget Officer	Finance
		initial budget	amendments	new budget
51200	Regular Salaries			\$0
52100	FICA & Medicare			\$0
52101	Medicare			\$0
52200	Retirement			\$0
52300	Life & Health			\$0
52400	Workers Comp			\$0
52900	Vehicle Labor Credits			\$0
53100	Professional Services			\$0
53120	Contract Services			\$0
53150	Consulting Services			\$0
53180	Engineering			\$0
53190	Architectural			\$0
53191	Surveying			\$0
54300	Utilities			\$0
54401	Lease/Rental			\$0
54500	Insurance			\$0
54600	Bldg Maintenance			\$0
54900	Advertising			\$0
55306	Other Grants			\$0
56170	Permits/Licenses	\$7,650		\$7,650
55206	State Grant Expenditure			\$0
56100	Land			\$0
56103	Geotechnical			\$0
56170	Permits/Licenses			\$0
56200	Buildings			\$0
56300	Building Improvements			\$0
56301	Improvements other than buildings			\$0
56400	Equipment			\$0
56401	Office Equipment			\$0
56402	Office Furniture			\$0
56411	Exhibits			\$0
59923	Contingency			\$0
59927	Capital Outlay Reserve			\$0
				\$0
				\$0
				\$0
	Total Capital Budget	\$7,650	\$0	\$7,650

G/L # 1224-55306
 Project # _____

Set up date _____
 by _____



**ST. JOHNS COUNTY
BOARD OF COUNTY COMMISSIONERS
BUDGET TRANSFER FORM**

May 4, 2010
(Board Meeting Date)

Date:		Dept Name:	Fire Services	Dept #:	1224	Fund #:	1171
-------	--	------------	---------------	---------	------	---------	------

Increase:			Appropriate To:		
1171-33770	Other Grant	\$7,650	1226-55306	Other Grant Exp	\$7,650
TOTAL:		\$7,650	TOTAL:		\$7,650

Justification of Request:


[Redacted area]

This request has been checked and is correct in every aspect including an adequate source of funds to complete the transfer:	Yes		No	

Budget Officer



Fireman's Fund[®]
Insurance Company

A company of **Allianz** 

The Heritage ProgramSM by Fireman's Fund Grant Compliance Agreement

Project # 1193
Fireman Fund Grant 2010

This agreement is made and entered into by and between the

St. Johns County Fire Rescue Department _____ (Department/District) ("the
Department") located at (street address)
3657 Gaines Road, St. Augustine, FL 32084

and Fireman's Fund Insurance Company ("Fireman's Fund") of Novato, CA and its respective subsidiaries (collectively referred to as the "Company"). Fireman's Fund provides grants to fire departments and fire and burn prevention programs at non-profit organizations.

Whereas, it is intended that the Department will utilize a grant award or donation received from Company for the specific purpose outlined in the Department's grant application and/or approved by Company. Company reserves the right to communicate with and visit the Department on an ongoing basis to ensure that the funding is utilized for the express purpose intended. The Department is required to apply a grant or donation from Company within 90 days of receipt of funds or obtain an extension from Company. Additionally, the Department must supply Company with a copy of the paid invoice within 30 days of purchases utilizing funding from the Heritage Program. Invoice copies should be sent to:

Fireman's Fund Insurance Company
Attn: Heritage Program Grant Manager
777 San Marin Drive
SM-1, A25
Novato, CA 94998-1000
Fax: 415-899-3837

The Department must notify Company within 60 days of receipt of funds if it decides to purchase a different quantity of items than what was awarded by Company, or if it chooses to apply funds differently than originally intended or approved by Company. Unused funds must be returned to Company.

If the Department plans to use funds for any purpose other than originally outlined and approved by Company, the Department must first obtain approval from Company. In the event that the grant funding is not utilized for the purpose(s) approved by Company and/or outlined in the original grant application and Company is not notified of any changes to the original request, Company reserves the right to revoke the grant funding or donation, request the return of the full grant/donation amount, and eliminate the Department from consideration for future funding through the Heritage Program.

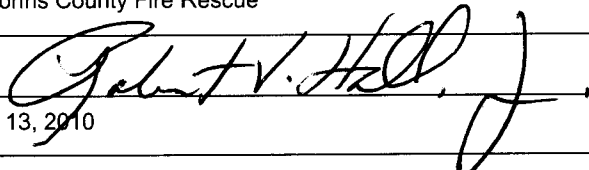
It is the intention of Company to promote the grant and Company will work with the Department on promotional efforts to ensure that they are mutually beneficial. If the Department is awarded a grant or donation, Company expects the Department to participate in a check presentation ceremony that is scheduled mutually, but held within three months after the check is received and/or when the equipment arrives. Company reserves the right to film and/or photograph the award presentation and publicize the request and award in all internal and external marketing and communications activities related to the Company Heritage Program. Company will provide stickers to the Department which indicate that the equipment was purchased with a grant from Company and the stickers are to be placed on the equipment

purchased with funds granted by Company, as well as an electronic logo for printed materials. For large donations such as fire safety houses, Company has the right to assist the Department with design and signage on the equipment and may provide additional funding for this purpose. Company invites your department to contact us to discuss any additional marketing or public relations assistance we can provide on your behalf.

Finally, as a way to demonstrate the overall impact of this grant program, Company asks that the Department provide documentation demonstrating the effect the funding has had on operations. This can be documented via E-mail, letter, photos, video, or however the department sees fit. We request that this impact be documented and shared with Company within six months of the receipt of the grant or donation or as special calls occur and the grant funds helped make a difference.

By signing this agreement, Department agrees to carry out the aforementioned activities as planned.

Agreed to and Accepted:

Department: St. Johns County Fire Rescue
By: (X) 
Date: April 13, 2010
Print Name and Title: Robert V. Hall, Jr Fire Chief
Dept. Tax/Fed ID #: 85-8012740181C-7
Make Grant Checks Payable to: St. Johns County Fire Rescue
Send Check to: 3657 Gaines Road, St. Augustine, FL 32084
(No PO Boxes)

If check is being mailed directly to a vendor:

Vendor Name: _____
Contact Name: _____
Tax ID Number: _____
Street Address (NO PO Boxes) for check to be sent: _____

PLEASE PRINT LEGIBLY

Fireman's Fund Heritage Proposal[Help](#)[Logout](#)**Confirmation of Application Receipt:**

Your proposal was successfully submitted to the Fireman's Fund Heritage. No further action on your part is required and you can expect to receive notice of your proposal's status shortly. To print a copy of this completed application go to 'File', then 'Print' on your browser toolbar. Click here to [return to the homepage](#) when you are finished.

Contact Information***1. Your First Name**

Johnny

***2. Your Last Name**

Colson

***3. Your Title**

Training Section Chief

***4. Fire Dept. or Organization Name**

St. Johns County Fire Rescue

***5. Fire Chief or Executive Director's Name**

Robert Hall

6. Address

3657 Gaines Road

7. City

Saint Augustine

8. County

St. Johns

***9. State**

Florida

10. Zip Code

32084

***11. Your Telephone Number**

904-209-1700

***12. Your E-mail Address**

jcolson@sjcfl.us

About Your Organization***1. Fire Dept. or Organization Name**

St. Johns County Fire Rescue

***Is your organization or municipality insured by or an applicant for insurance with a Fireman's Fund company?**

No

***2. Federal Tax ID Number**

59-6000825

***3. Department or Organization Address**

3657 Gaines Road

***4. City**

St. Augustine

***5. State**

Florida

***6. Zip Code**

32084

***7. Telephone Number**

904-209-1700

***8. Fax Number**

904-209-1716

***9. Type of Department or Organization**

County

***10. Staff Description**

Paid staff only

Tell Us About Your Needs***1. Project Title**

Firefighter Training and Evaluation Program

***2. Proposal Date (MM/DD/YY)**

12/29/09

***3. Insurance agency that will be directing grant award**

St. Johns County Fire Rescue

***4. Name of contact at insurance agency**

Johnny Colson

***5. Category of Request**

Firefighting training

***6. If you responded "other" to the previous question, please elaborate.**

N/A

***7. Total Amount of Request**

\$6,892.00

***8. Detailed Request**

St. Johns County Fire Rescue requests the purchase of a computerized training and testing software program with the capabilities of allowing interactive audiovisual training functionalities embedded within the testing components. The program must have the capability of providing personnel feedback after completing the training and a method of tracking individual progress in a computerized management format. The training and testing program must run on a web-based platform so that accessibility can be accomplished within the numerous sites throughout the County, by other departments and agencies for mutual aid training, and by an individual at their leisure from home in order to provide the employee the flexibility to complete assigned training in a manner most conducive to meet their needs.

The training and testing program must be flexible, and provide an acceptable learning curve to reduce frustration as well as an acceptable method to modify each training program to enhance training topic as annual refresher training. The training and testing program must have the capability to import and export data to build enhanced training and export personnel accomplishments to the Department database to maintain ISO training requirements.

***9. Summary of Budget**

Weblearning software-includes the management and training production module.

Total budget: \$7,650

9a. Additional Budget Detail**10. Vendor Estimate**

(1) Atrixware WL-4-09-Weblearning ENTERPRISE software \$7,650

10a. Additional Vendor Estimate Detail**Quote1.doc (99.5 K)****11. If you are requesting funding for equipment, do you have a preference for a specific manufacturer?**

Yes

12. If you answered "yes" to the question above, please tell us why you have a preference for that manufacturer(s).

We have researched various vendors and have found that this vendor provides both management and training production software in one. This greatly reduces the redundancy for duplicate applications. We feel that this software best meets our training needs.

***13. Does your department need volunteers for specific non-firefighting activities or projects?**

No

***14. If you answered "yes" to the question above, please describe ways volunteers can help your department.**

N/A

***15. Additional Information**

Our Department is spread out over 608 square miles, with firefighters responding out of 17 stations strategically located throughout the county.

Providing training to our firefighters is an important component of our mission. As such, the training software listed in this grant was requested as part of our 2010 budget, but was cut due to lack of funds.

We are aware that there is a difference in the invoice and the award amount as related to us from Fireman's Fund, and that St. Johns County Fire Rescue would be responsible for any difference.

The use of this grant money to assist in the purchase of this important training tool for our firefighters for use in every station would be of greatest benefit to us at this time. St. Johns County Fire Rescue greatly appreciates the opportunity to apply for this grant through Firemans Fund.

***16. Would you like to receive regular updates on the Fireman's Fund Heritage program?**

Yes

Compliance Agreement

***1. Compliance Agreement**

I agree to these terms.

***2. Special Circumstances**

No

3. If "yes," please explain.

N/A

Need Support?

[Legal](#) | [Privacy](#)

(c) 2007 Fireman's Fund Insurance Company, Novato, CA. All Rights Reserved.

TOP 

INSTRUCTIONS FOR COMPLETING THE ONLINE APPLICATION

1. Go to <http://www.cybergrants.com/firemansfund/agencygrants> (You may have to copy and paste this into your internet browser)

Fireman's Fund Heritage Proposal

Help 

First time user? [Click here](#) to create your password.

Please Log In

*E-mail Address:

*Password:

Log In

Forgotten your password? [Click here](#) to have it e-mailed to you.

Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.

[Need Support?](#)

2. If you are a first time user, select "[Click here](#)" at the top of the page.
3. You will be directed to the "Registration Information" page.

Fireman's Fund Heritage Proposal

Help 

Registration Information

*First Name:

Enter your first name.

*Last Name:

Enter your last name.

*Telephone:

Enter your telephone number.

*E-mail
Address:

Enter your e-mail address. You will need your e-mail address to log in.

*Password:

Enter a password between 4 and 15 characters. Passwords can only contain letters, numbers, '!', '#', '\$', '-' and '_'. Enter it a second time to confirm it.

*Organization
Name:

Enter the legal name of the organization for which you are applying.

*Zip / Postal
Code:

Enter the organization's Zip/Postal Code.

Save

Cancel

* denotes a required field

[Need Support?](#)

4. Enter information for all applicable fields and create a password. Review your information to make sure it is correct and record your password in a safe place. Then click on "Save" at the bottom of the page.
5. You will be directed to the "Welcome" Page.

Welcome!

The organization you are currently associated with is FFIC-test.

If you work with multiple organizations, [click here to add a new organization to your account.](#)

The Fireman's Fund Heritage Agent-Directed Grants Application consists of four main sections, each of which must be completed for your proposal to be considered.

1. Contact information pertaining to your organization.
2. Basic information pertaining to your organization.
3. Information about your organization's request for funding.
4. A compliance agreement your organization must review in order to submit this proposal.

Once completed, all applications created in Apply Online are immediately submitted to Fireman's Fund Heritage.

We recommend that you [familiarize yourself with the online application](#) before you begin. To create a new application, click the "Start a New Application" link at the bottom of this page. You may also save your application now and return to work on it later. To continue work on an unsubmitted application, click the "Continue" link next to the application's Project Title. To view an application previously submitted to Fireman's Fund Heritage, click the "View" link next to the appropriate Project Title.

Each page will have a timeline like the one below to help you monitor your progress. The line and text will indicate your current position within the application process. If you have technical questions regarding this application, use the link located at the bottom of every page to contact our support team.

Welcome Page

[Contact Information](#)

[About Your
Organization](#)

[Tell Us About Your
Needs](#)

[Compliance
Agreement](#)

[» Start a New Application «](#)

[Need Support?](#)

6. Read the information on this page. If you have not already submitted an application, select "[Start a New Application](#)" at the bottom of the page.
7. You will be directed to the first of two "Contact Information" pages.

[Welcome Page](#)

Contact Information

[About Your Organization](#)

[Tell Us About Your Needs](#)

[Compliance Agreement](#)

Contact Information

It is required in this section that you include contact information for you and your organization's fire chief or executive director. Having both points of contact is necessary for us to ensure prompt and efficient follow-up with your organization.

If you are a new user, go to "create new" at the bottom of the page and enter your information. If you are returning to the site and want to go back to a proposal you've been working on, please check the box next to the word "Match" and go to "Save and Proceed" at the bottom of the page. To double check that your contact information is correct, click on your name and it will take you back to your contact information page.

*1. Your First Name

*2. Your Last Name

*3. Your Title

*4. Fire Dept. or Organization Name

*5. Fire Chief or Executive Director's Name

6. Address

7. City

8. County

*9. State

10. Zip Code

*11. Your Telephone Number

Instructions:

- Please enter your telephone number using the following format: (xxx) xxx-xxxx.

*12. Your E-mail Address

Need Support?

8. Enter information for all applicable fields. Enter your telephone number using the following format: (XXX) XXX-XXXX. Review your information to make sure it is correct. Then click on "Save and Proceed" at the bottom of the page.
9. You will be directed to the second "Contact Information" page.

[Welcome Page](#)

Contact Information

[About Your Organization](#)

[Tell Us About Your Needs](#)

[Compliance Agreement](#)

Contact Information

It is required in this section that you include contact information for you and your organization's fire chief or executive director. Having both points of contact is necessary for us to ensure prompt and efficient follow-up with your organization.

If you are a new user, go to "create new" at the bottom of the page and enter your information. If you are returning to the site and want to go back to a proposal you've been working on, please check the box next to the word "Match" and go to "Save and Proceed" at the bottom of the page. To double check that your contact information is correct, click on your name and it will take you back to your contact information page.

Match: Click to associate this individual with this application.

Name: YOUR NAME
Phone:
E-mail:

[Save and Proceed](#)

[Create New](#)

Need Support?

- 10. Click the box next to "Match" to attach your name contact information to the application. Then click on "Save and Proceed" at the bottom of the page.
- 11. You will be directed to the "About Your Organization" page.

[Welcome Page](#)

[Contact Information](#)

About Your Organization

[Tell Us About Your Needs](#)

[Compliance Agreement](#)

About Your Organization

Eligible applicants for Fireman's Fund Heritage program grants include city, county, fire district, Indian reservation, parish, town, township, unincorporated community, village and volunteer fire departments. Non-profit fire and burn prevention organizations also are eligible for grants through the Fireman's Fund Heritage program.

*** 1. Fire Dept. or Organization Name**

*** 2. Federal Tax ID Number**

*3. Department or Organization Address

*4. City

*5. State

*6. Zip Code

*7. Telephone Number

Instructions:

- Please enter your telephone and fax numbers using the following format: (xxx) xxx-xxxx

*8. Fax Number

*9. Type of Department or Organization

Instructions:

- Please select the department type that best describes your organization. (Place your cursor on the down arrow of the box to your left to see the organization choices)

*10. Staff Description

Instructions:

- Please tell us how your staff is organized (select one of the options from the drop-down menu).

Save and Proceed

Reset

Need Support?

12. Enter information for all applicable fields. Review your information to make sure it is correct. Then click on "Save and Proceed" at the bottom of the page.

13. You will be directed to the "Tell us about your Needs" page.

Fireman's Fund Heritage Proposal

[Help](#) 

[Logout](#)

[Welcome Page](#)

[Contact Information](#)

[About Your Organization](#)

[Tell Us About Your Needs](#)

[Compliance Agreement](#)

Tell Us About Your Needs

Fireman's Fund Heritage grants are limited to five general areas: equipment, firefighter training, fire safety education, fire safety tools and community emergency response programs. Please note that grants may be used for other matching grant programs such as the FIRE Act grant program. Under most circumstances, a grant from Fireman's Fund Heritage will not fund requests in the following categories: personnel or staff; general operating expenses; debt retirement; or investigations/research/reports.

Fireman's Fund reserves the right to make exceptions and fund grants falling in the same categories listed above as ineligible. If your department's proposed request falls in one or more of the ineligible categories listed above, please contact Fireman's Fund Heritage at 1-866-440-8716.

***1. Project Title**

***2. Proposal Date (MM/DD/YY)**

***3. Agency that will be directing grant award**

***4. Name of contact at agency**

***5. Category of Request**

Equipment	▲
Firefighting training	
Fire safety education	
Fire safety tools	
Community emergency response programs	▼

***6. If you responded "other" to the previous question, please elaborate. (2000 character maximum)**

<input type="text"/>	▲
<input type="text"/>	▼

***7. Total Amount of Request**

***8. Detailed Request**

<input type="text"/>	▲
<input type="text"/>	▼

***9. Summary of Budget**

<input type="text"/>	▲
<input type="text"/>	▼

Instructions:

- For example: "Safety Village Fire Department Proposal"

Instructions:

- Include the date when submitting the proposal.

Instructions:

- Please check the categories for which you are receiving funding. To select more than one category, hold down the control key and select with your mouse pointer.

Instructions:

- If not applicable, respond N/A

Instructions:

- List the total amount of funding you are requesting. You will have the opportunity to itemize your budget in another section of this online proposal.

Instructions:

- Provide a detailed description of the equipment, project or program the organization is requesting to be funded. Note: For equipment requests, include a definition of the equipment to better explain how and/or why it is used. For non-equipment requests, describe what you believe makes the program or service unique. Explain how this proposal, if funded, will impact the community and/or surrounding communities your organization serves.

Instructions:

- Please provide a line-item budget outlining specific information detailing the cost of specific items to be funded. Please round up to the nearest dollar amount. If you have a Word, Excel, or .pdf file that you'd like to include instead, please type N/A here and skip to the next question to upload your file.

9a. Additional Budget Detail
Upload File

Instructions:

- If applicable, please click the "Upload File" link in order to attach your document.

10. Vendor Estimate (2000 character maximum)

Instructions:

- If you have received an estimate from a vendor for the items you are requesting funding for, please list the vendor and estimated amount. For your convenience, you can choose to electronically attach this information in a Word, Excel or .pdf file.

10a. Additional Vendor Estimate Detail
Upload File

Instructions:

- If applicable, please click the "Upload File" link in order to attach your document.

11. If you are requesting funding for equipment, do you have a preference for a specific manufacturer?

Instructions:

- Select "yes" or "no" from the drop-down menu below.

12. If you answered "yes" to the question above, please tell us why you have a preference for that manufacturer(s). (2000 character maximum)

***13. Does your department need volunteers for specific non-firefighting activities or projects?**

***14. If you answered "yes" to the question above, please describe ways volunteers can help your department. (2000 character maximum)**

Instructions:

- Ex.: Brush clearing, emergency response training, fire safety education in schools, office/administrative support, etc.

***15. Additional Information (2000 character maximum)**

Instructions:

- Please include any additional, relevant information you think would be helpful in processing your request.

***16. Would you like to receive regular updates on the Fireman's Fund Heritage program?**

Save and Proceed

Reset

Need Support?

14. Enter information for all applicable fields. Review your information to make sure it is correct. Then click on "Save and Proceed" at the bottom of the page.

15. You will be directed to the "Compliance Agreement" page.
PLEASE NOTE: The compliance agreement for the Fireman's Fund Heritage Proposal, also known as the online application, does not take the place of the *Grant Compliance Agreement*, which must be signed and sent to the designated Fireman's Fund representative. A copy of the *Grant Compliance Agreement* should have been sent to you along with the link for the online application.

Fireman's Fund Heritage Proposal

Help 

[Logout](#)

[Welcome Page](#)

[Contact Information](#)

[About Your Organization](#)

[Tell Us About Your Needs](#)

[Compliance Agreement](#)

Compliance Agreement

To facilitate the grant process, it is required that all grant recipients acknowledge and approve the terms of the grant compliance agreement.

Please ensure that you read and fully understand these terms and conditions. Your acceptance of this agreement serves as a legally binding contract.

WHEREAS, it is intended that the Department or Organization will utilize a grant award or donation received from Fireman's Fund Insurance Company (FFIC) for the specific purpose outlined in the Department or Organization's grant application and/or approved by FFIC.

FFIC reserves the right to communicate with and visit the Department or Organization on an ongoing basis to ensure that the grant funding is utilized for the express purpose intended. The Department or Organization is required to apply a grant or donation from FFIC within six months of receipt of funds.

Additionally, the Department or Organization must supply FFIC with a copy of the paid invoice within 30 days of making purchases utilizing funding from a Fireman's Fund Heritage grant or donation.

The Department or Organization must notify FFIC within 60 days of receipt of funds if it decides to purchase a different quantity of items than what was awarded by FFIC, or if it chooses to apply funds differently than originally intended or approved by FFIC. Unused funds must be returned to FFIC.

If the Department or Organization plans to use funds for any other purpose than originally outlined and approved by FFIC, the Department or Organization must first obtain approval from FFIC. In the event that the grant funding is not utilized for the purpose(s) approved by FFIC and outlined in the original grant application and FFIC is not notified of any changes to the original request, FFIC reserves the right to revoke the grant funding or donation, request the return of the full grant amount/donation amount, and eliminate the Department or Organization from consideration for future funding through the Fireman's Fund Heritage program.

When the grant is awarded, FFIC reserves the right to publicize the award in all marketing and communications activities. FFIC invites you to contact us to discuss any additional marketing or public relations assistance we can provide on your behalf.

Finally, as a way to demonstrate the overall impact of this grant program, FFIC asks that the Department or Organization provide documentation demonstrating the effect the funding has had on operations. This can be documented via E-mail, letter, photos, video or however the Department or Organization sees fit. We request that this impact be documented and shared with FFIC within six months of the receipt of the grant or donation.

* 1. Compliance Agreement

- I agree to these terms.
 I do not agree to these terms.

Instructions:

- Click the box if you agree

***2. Special Circumstances**

Instructions:

- Are there any special circumstances that prohibit you from agreeing to these terms at this time? Select "yes" or "no" from the drop-down menu.

3. If "yes," please explain. (2000 character maximum)

Save and Proceed

Reset

[Need Support?](#)

16. Select "I agree to these terms" and enter information for the remaining fields, if applicable. Then click on "Save and Proceed" at the bottom of the page.

Justification for New
Training Software Package

Cost Analysis:

Aatrixware Weblearning	- Learning Management System	(\$7000.00)
Aatrixware	- Test Pro Developer	(\$2000.00)
Aatrixware	- Course Admin License (2)	(\$500.00)
	Total	(\$9500.00)

Justification: The new training program will greatly enhance our training and testing procedures with the embedding of power points and video (DVD production) within the each test, allowing for greater flexibility and parity between the DVD production and modular testing. With this program we will have the ability to produce training on a web based training platform accessible to all stations. In the event a station with less than desirable internet access, will be able to produce the same results with a DVD and testing format that can be registered back to the learning management system. The new training program has all the capabilities and functionality to drastically modify our training for the end user.

The new system will reduce the need for MIS to create an extensive revision to our current web based program that has been estimated at over 600 man hours and does not include the management and training functionalities of the new system.



Atrixware

141 South Black Horse Pike Suite #9
 Blackwood, NJ 08012
 Phone: 866-696-8709
 Fax: 866-829-5087

Quote #:
q2009121101f

John Colson

St. Johns County Fire Rescue
 FL.

Phone: 904-209-1704

Fax:

Email: Jcolson@sjcfl.us

Date: 12/11/2009

Rep.: Frank Dunleavy

This quote is good thru 12/31/09 only. Thank you for your interest!

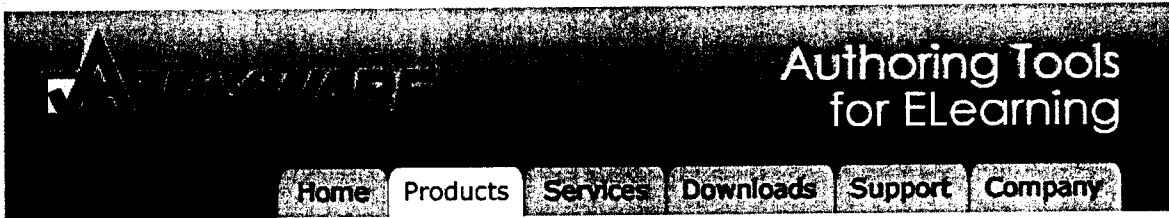
Qty	Item #	Name	Price	Total
1	9015	WL-4-09-Weblearning _ENTERPRISE-Onsite (1 Admin)	\$8,500.00	\$8,500.00
1	8902	X-DISCOUNT-Special Offer # UP210PCNT	-\$850.00	-\$850.00
Sub Total				\$7,650.00
Shipping & Handling				
Taxes 0.000%				\$.00
TOTAL				\$7,650.00

Comments:

Above price includes 1 year maintenance (upgrades, updates, tech support, and setup on your server)

Office Use Only:





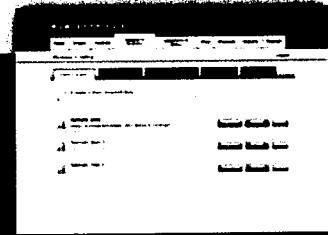
Professional Solutions | Personal Solutions | Other Solutions | All Solutions

Atrixware Weblearning



Easily track online quizzes and e-learning - within budget.

TRY IT FREE FREE 15-day trial!



[Overview](#) | [Features](#) | [Compare Plans](#) | [Add-Ons](#) | [Support](#) | [Free Trial](#)

Weblearning System Overview

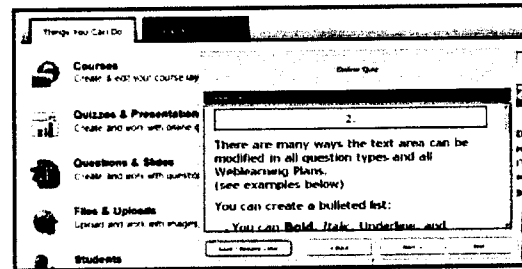
The Weblearning System includes components to **create, deliver, and track** online quizzes and e-learning. For detailed information on each of these components ..

- ✓ Learn about **creating quizzes and e-learning**
- ✓ Learn about **delivery of online quizzes and e-learning**
- ✓ Learn about **tracking and reporting features**
- ✓ **Compare features** across the various plans

What is it?

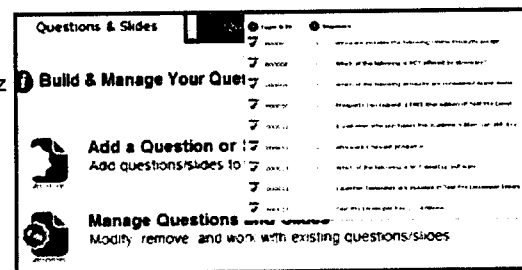
The Weblearning LMS System is a Web-based Learning Management System that lets you easily **create, deliver, and track** online courses, quizzes and presentations over the Internet or on your own internal Intranet.

(more)



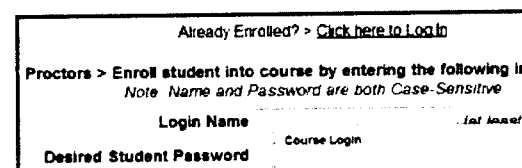
How Long Does it take to Setup?

Generally, in about an hour, you can create your first quiz module with a few questions, your first course, and your starting student pool of a few students. Completing an entire course of course will take longer.



How do Students Access Quiz/Course?

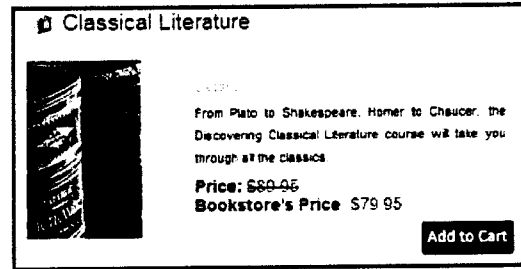
This can be done several ways, including proctored



enrollment, student self-enrollment, using an automated web service (with your ecommerce application for example), or, you can enroll them manually.

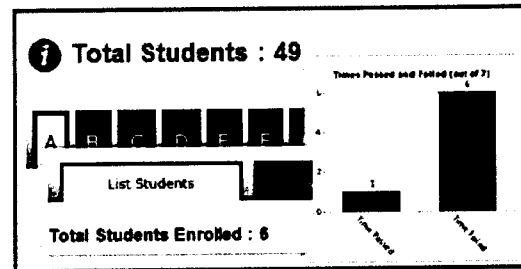
Can E-commerce be Integrated?

Yes. This feature is available on our 'professional' and 'enterprise' plans. A typical setup involves an enrollment of a student into a course automatically upon purchase. You can do the integration yourself, or, hire use to integrate it for you.



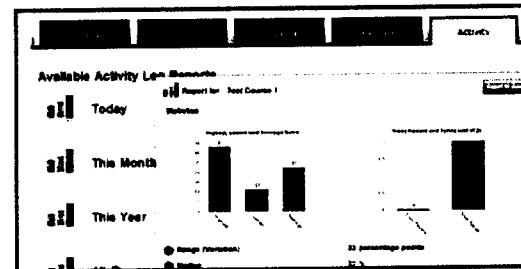
How many Students can take a Quiz?

As many as you want - every plan includes an unlimited number of students or 'named users' that can access your content!



What Score Information is Maintained?

There are various levels of reports, including per-quiz, per-course, per-student, per-question, per-choice, category breakdowns, and student question summary among others. More information on this is here.



Can I Export Scores to Excel?

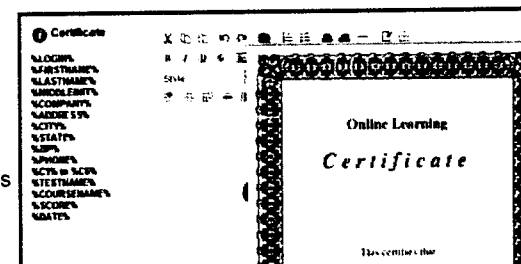
Yes. You can export almost all reports into Microsoft Excel spreadsheets. More information on this is here.

Export to Excel

	A	B	C	D	E	F
1	User ID	Completed Quiz	Average	Status		
2	chris	1	11	FAIL		
3	chris@atn	3	33	FAIL		
4						
5						
6						
7						
8						
9						

Can I have a Certificate for Students?

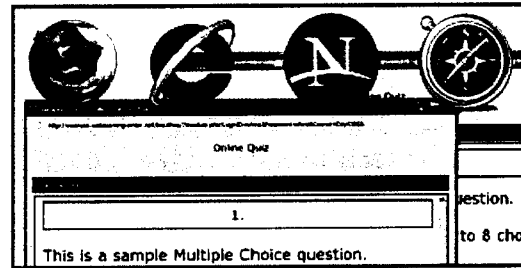
Yes. You can allow students to print a certificate when they pass a quiz, enable them to print it from the course, and, generate it manually from within the course admin area. Certificates are configurable per-quiz on most plans as well, so you have full control over what appears on a certificate.



Are Browser Plug-ins Required?

No. Your online quizzes are compatible with Firefox, Internet Explorer and Netscape, among others. No plugins like Flash or ActiveX components are required.

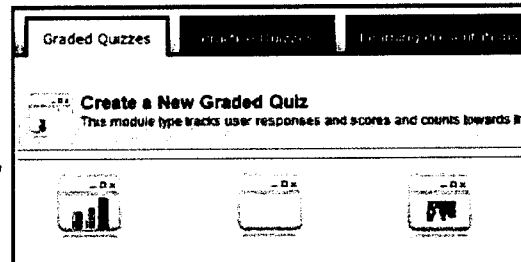
(more)



What Kind of Quizzes can I Create?

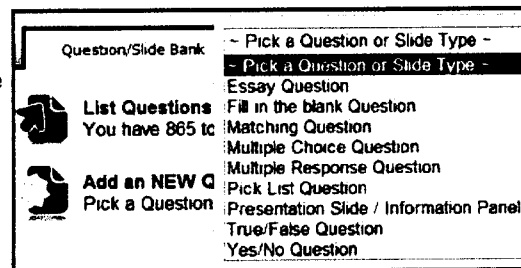
You can create **graded quizzes** (which are counted towards a student's course grade, and tracked in the system), **practice quizzes** (which are not counted or tracked), and **learning presentations** (think 'PowerPoint' but more basic).

(more)



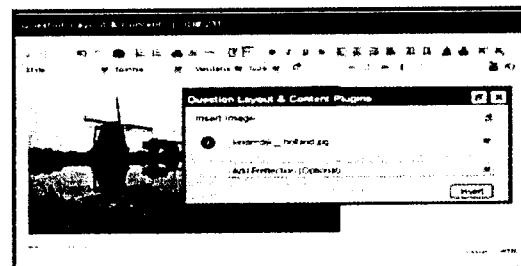
What Kind of Questions can I Create?

Weblearning Lite and **Weblearning Basic** plans include multiple-choice and multiple-answer question types. **Weblearning Professional** and **Enterprise** plans add Matching, Fill-in-the-blank, Pick List, True/False, Essay, and Yes/No question types, as well as presentation slides.



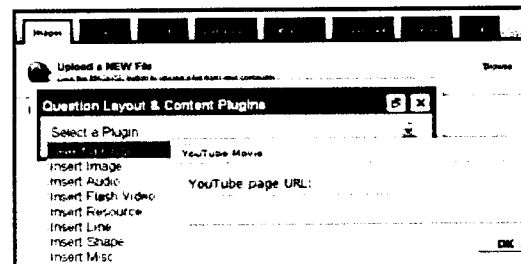
Can I use Images with my Questions?

Yes. You can include as many images per question as you choose. You can also include sounds, videos, presentations, office documents, and more.



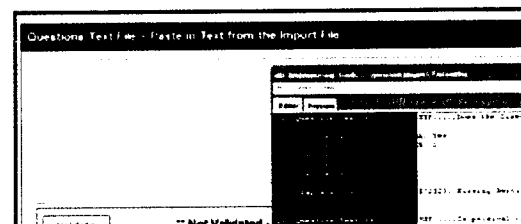
Can I use my PowerPoint/Flash Presentations?

Yes - you can include PowerPoint, Flash, PDF, Video/AVI, mp3 and .wav files, office documents, html, and numerous others inside your courses and questions/quizzes.



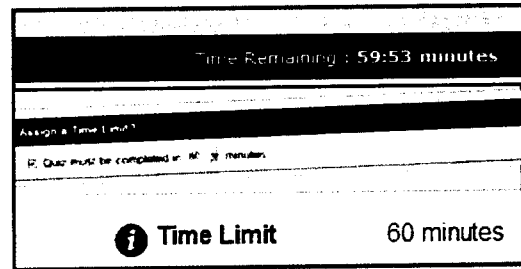
Where does the Content come from?

You create and manage your own content, or you can import questions from text files (*not available in the Lite plans*).



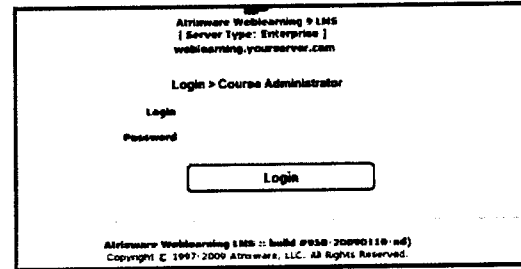
Can Quizzes be Timed?

Yes. You can set a time limit on an exam during the publishing phase. You can also limit the access dates to a quiz/course in the Pro and Enterprise plans.



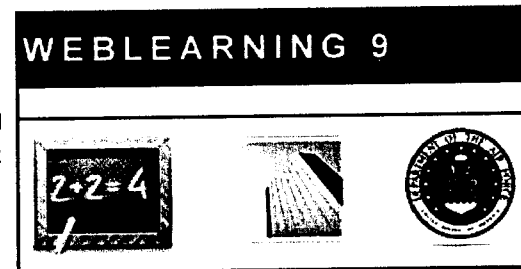
Can the System run on our company Intranet?

Yes. You can purchase the Enterprise License, which is a license that can operate on your internal Windows or Linux server.



Who uses the Atrixware Weblearning System?

Schools, companies large and small, and even individual teachers. This includes the Fortune 500 and government agencies, military, as well as national associations and firms with fewer than one hundred employees or students.



Next Step

- ✓ [Sign up for a Free Trial Account](#)
- ✓ [Get Pricing Information](#)



Budget Request Center 2.0
Expenditure Requests
Update Request

[Maintenance](#) | [Approvals](#) | [Reports](#) | [Home](#)

Request Number: 26120 - 0 **Budget Year:** 2010 **Status:** DENIED2 [Related Requests](#)

Entry Type: SOFT COMPUTER SOFTWARE
Requesting Department: 0048 SJC FIRE RESCUE-RESCUE DI **Priority:** 1
Funding Department: 0048 SJC FIRE RESCUE-RESCUE DI **Account:** 55200 OPERATING SUPPLIES
Short Description: LEARNING MANAGMENT SYSTEM
Requested By: STEVE
Proposed Transaction Date: 10/1/2009

Unit Cost: 7,000.00 **Quantity:** 1.00 **Total Cost:** 7,000.00

Description:

TRAINING DELIVERY PACKAGE FOR TRAINING, TESTING, AND MAINTAINING RECORDS

Justification:

WILL IMPROVE THE DELIVERY OF MEDICAL TRAINING TO THE 240 FIELD EMPLOYEES IN THE DEPARTMENT. WILL IMPROVE EFFICIENCIES

Alternatives:

WAIT ANOTHER 12-18 MONTHS FOR MIS TO PROVIDE THE IMPROVEMENTS TO THE CURRENT PROGRAM

[Return](#)



Budget Request
Center 2.0
Expenditure Requests
Related Request List

Maintenance | Approvals | Reports | Home

Expenditure Requests - Related Request List

Request #	Position	Status	Entry Type	Description	Requesting Department	Funding Department	Account	Quantity	Unit Cost	Total Cost
26120 - 0		DENIED2	SOFT	LEARNING MANAGEMENT SYSTEM	0048	0048	55200	1.00	7,000.00	7,000.00
26120 - 1		DENIED2	SOFT	TEST DEVELOPER	0048	0048	55200	1.00	2,000.00	2,000.00
26120 - 2		DENIED2	SOFT	ADMINISTRATOR LICENSES	0048	0048	55200	2.00	500.00	1,000.00
Total for these Related Requests										10,000.00
Active Related Requests Total at this Level										10,000.00

Note: The underlined items above (Request #, Position, Requesting Department, Funding Department, and Account) are links to relevant pages for those specific items.