

RESOLUTION NO. 2023 255

**RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING APPLICATION SUBMITTAL FOR A FLORIDA DEPARTMENT OF FINANCIAL SERVICES – FIREFIGHTER CANCER DECONTAMINATION GRANT PROGRAM FOR THE PURCHASE OF AN EXTRACTOR BUNKER GEAR WASHING MACHINE**

WHEREAS, the County has an opportunity to apply for a grant from the Florida Department of Financial Services – Firefighter Cancer Decontamination program in the amount of \$22,500 and

WHEREAS, the County did not anticipate this grant funding opportunity during the Fiscal Year 2023 budget process; and

WHEREAS, the County must approve submission of the grant application as well as the potential funding contribution of \$7,500 equal to 25% of the project within the fiscal year 2023 budget; and

WHEREAS, the Board of County Commissioners approves the terms, provisions, conditions, and requirements of the attached grant application between the Department of Financial Services and St. Johns County and authorizes the County Administrator, or designee, to execute the agreement substantially in the same form as attached on behalf of the County; and

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

1. The above recitals are hereby adopted as legislative findings of fact and incorporated herein.
2. The Board of County Commissioners approves the grant application submittal to State of Florida Department of Financial Services related to the Fiscal Year 2023 Budget.
3. To the extent there are typographical errors that do not substantively change the tone, tenor, or concept of this resolution, this resolution may be revised without subsequent Approval by the Board of County Commissioners.

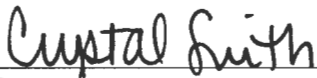
PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida this 18th day of July, 2023.

Rendition Date JUL 19 2023

ST. JOHNS COUNTY, FLORIDA

  
\_\_\_\_\_  
Christian Whitehurst, Chair

ATTEST: Brandon J. Patty, Clerk of the Circuit Court & Comptroller

  
\_\_\_\_\_  
Deputy

Department of Financial Services  
Division of State Fire Marshal  
Notice of Funding Opportunity

FY2023-24 Florida Firefighter Cancer Decontamination Equipment Grant Program

**A. Program Description**

**Catalog of State Financial Assistance (CSFA) Project Number**  
43.013

**CSFA Title**  
Fire Decontamination Equipment Grant Project

**Notice of Funding Opportunity Title**  
FY2023-24 Florida Firefighter Cancer Decontamination Equipment Grant Program

**Program Overview and Priorities**

***Project Overview***

The Florida Firefighter Cancer Decontamination Equipment Grant Program (FFCDEGP) was established by Florida Statute 633.137 and F.A.C 69A-37.503 to help protect the health and safety of firefighters and provide financial assistance to help fire departments, including volunteer fire departments, procure equipment, supplies, and educational training designed to mitigate exposure to hazardous, cancer-causing chemicals.

***Project Priorities***

Grant funding is only available for PPE extractor units (110 volt) and other units not designed to operate not using 110 volt however additional costs such as wiring and installation will not be covered, second sets of hoods, gloves, and earflaps, vehicle exhaust capture systems, other equipment used to mitigate exposure to hazardous, cancer-causing chemicals, supplies used to mitigate exposure to cancer, causing chemicals, educational training designed to mitigate exposure to hazardous, cancer-causing chemicals.

For specific information on program priorities and objectives for the FY2023-2024 FFCDEGP, refer to Florida Administrative Code 69A-37.503.

**B. Award Information**

**Award Amount and Important Dates**

**Total Available Funding for FY 22-23:** \$500,000  
**Period of Performance Start Date:** July 1, 2023  
**Period of Performance End Date:** June 30, 2024

**C. Eligibility Information**

**Eligible Applicants and Criteria**

Department of Financial Services  
Division of State Fire Marshal  
Notice of Funding Opportunity

**FY2023-24 Florida Firefighter Cancer Decontamination Equipment Grant Program**

Eligible applicants are fire service providers organized and operating in the state of Florida that meets all the following requirements:

1. A fire service provider,
2. Recorded as a fire department in the Division's online electronic database,
3. Has a Florida fire department identification (FDID) number?
4. Submitted the Florida Fire Service Needs Assessment, Form DFS-K4-2191,
5. Is compliant with the Florida Firefighters Occupational Health and Safety Act or has a plan for correction.
6. Must submit fire incident data as required in FAC 69A-66.004.

Ineligible organizations are those that meet any of the following:

1. Federal government entities or contracted by federal government,
2. Fire service providers on federal or state military bases,
3. Federal or state tribal nations,
4. Fire brigades or private fire departments that operate independent of a municipality or county, the state of Florida, the Division, or any political subdivision of the state of Florida, including authorities and special districts.

**Cost Share or Match**

A minimum of 25 percent nonstate matching funds is required by the eligible applicant for the Florida Firefighter Cancer Decontamination Equipment Grant Program. Applicant must submit proof of its nonstate matching funds.

**D. Application and Submission Information**

**Key Dates and Times**

**Opening Date for Submitting Applications: July 3, 2023, 8 am EDT**  
**Closing Date for Submitting Applications: July 24, 2023, 8 am EDT**

**Application Submission**

In addition to meeting the eligibility requirements, applicants for the Florida Firefighter Cancer Decontamination Equipment Grant Program must complete the following items and submit:

- Grant Application (DFS-K4-2300)  
[DFS-K4-2300 Cancer Decontam grant app \(1\).docx](#)

Department of Financial Services  
Division of State Fire Marshal  
Notice of Funding Opportunity

FY2023-24 Florida Firefighter Cancer Decontamination Equipment Grant Program

Mail or e-mail application

- Mailing Address  
Division of State Fire Marshal  
Bureau of Fire Standards and Training  
11655 NW Gainesville Road  
Ocala, FL 34482  
ATTN: Cancer Decon Grant
- E-Mail address:  
[Susan.Schell@myfloridacfo.com](mailto:Susan.Schell@myfloridacfo.com)
- Application can be submitted through: <https://dfs-k4-2300.questionpro.com>

- Florida Fire Service Needs Assessment (DFS-K4-2191)  
[CLICK FOR LINK TO ELECTRONIC SURVEY](#)
- Fire Department Safety Compliance Inspection from the Bureau of Fire Standards and Training, Safety Section (if one has not been completed in the past three years). Request by sending an email to:  
[FireFighterSafety@MyFloridaCFO.com](mailto:FireFighterSafety@MyFloridaCFO.com)

**E. Application Review Information**

The Bureau of Fire Standards and Training (BFST) will rank all complete and submitted applications based on how well they match the Priority Sequence for Award. Answers to the application's activity specific questions and Florida Fire Service Needs Assessment Survey provided information will be used to determine each application's ranking relative to the stated program priorities.

**Review and Selection Process**

Applications are scored competitively by (no less than three) peer reviewers. These peer reviewers will assess each application's merits with respect to the detail provided in the Narrative Statement on the activity, including the evaluation elements listed in the Narrative Evaluation Criteria below. The panel will independently score each project within the application, discuss the merits and/or shortcomings of the application, and document the findings. A consensus is not required.

Department of Financial Services  
Division of State Fire Marshal  
Notice of Funding Opportunity

FY2023-24 Florida Firefighter Cancer Decontamination Equipment Grant Program

**Narrative Evaluation Criteria**

**Financial Need**

Applicants should describe their financial need and how consistent it is with the intent of the Program. This statement should include details describing the applicant's financial distress, summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of their control.

**2. Project Description and Budget**

This statement should clearly explain the applicant's project objectives and its relationship to the applicant's budget and risk analysis. The applicant should describe the various activities applied for with respect to any program priority or facility modifications, making sure they are consistent with project objectives, the applicant's mission and national, state, and/or local requirements.

Applicants should link the proposed expenses to operations and safety, as well as the completion of the project goals.

**Turndown Notifications**

All applicants who do not receive an FY2023-24 Grant award will receive a notification letter by email from BFST within 60 days of grant application closing date.

**F. Award Administration Information**

**Award Notification**

All applicants who are awarded a FY2023-24 Grant award will receive a notification award letter by email from BFST within 60 days of grant application closing date. The recipient will have 30 days from notification to email BFST whether to accept or decline the award.

**Award Agreement Information**

If the recipient decides to accept the grant award, they will be required to sign a grant agreement between Department of Financial Services and the recipient. The Contract provides the requirements for services and performance as outlined in the Scope of Work including deliverables, Specific Grant Award, Audit Requirements, and Public Records Requirements



**APPLICATION FOR FIREFIGHTER CANCER  
DECONTAMINATION EQUIPMENT GRANT PROGRAM**

<b>APPLICANT INFORMATION</b>		
<b>Name of Fire Department:</b>		
<b>Name of Person Completing Form:</b>		
<b>Physical Address:</b>		
(Street)	(City)	(Zip)
<b>Mailing Address:</b>		
(Street)	(City)	(Zip)
<b>EMAIL Address:</b>		
<b>County:</b>		
<b>Fire Department Telephone Number:</b> ( ) -		
<b>Name and Telephone Number of the Safety Officer/Representative for follow-up:</b>		
( ) -		
<b>Fire Department Identification Number (FDID#):</b> _____		
<b>Federal Tax Identification Number:</b> _____		
<b>What Year was Fire Department Established:</b> _____		
<b>Indicate whether you are a municipality or county, the state, or any political subdivision of the state, including authorities and special districts:</b>		
_____		
<b>Indicate the size of the population served:</b> _____		
<b>Indicate the number of square miles in your area served:</b> _____		

Indicate the number of fire stations within your jurisdiction: \_\_\_\_\_

Indicate the number of certified firefighter personnel within your fire department listed on the Fire College Department of Insurance Continuing Education (FCDICE) roster:

\_\_\_\_\_

Would decontamination equipment help you achieve the objectives of the Employer Cancer Prevention Best Practices, Rule 69A-62.025, F.A.C.?

- No
- Yes

Does your agency have post fire on-scene decontamination equipment and related practices on your suppression apparatus?

- No
- Yes

Do you presently submit fire incident data to the National Fire Incident Reporting Service (NFIRS)? (Awarding of this grant is conditional on your department submitting fire incident data.)

- No
- Yes

Do you presently have decontamination equipment that is designed to mitigate exposure to hazardous cancer-causing chemicals? Use additional sheets if necessary.

- No
- Yes (List type and quantity of equipment and how many fire station and personnel this services)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FUNDING INFORMATION

**Directions:** List the total funding received from ANY taxing authority in your current FISCAL YEAR, or in your current CALENDER YEAR.

*Include any funds and grants received from any local governing authority, County, Town, City, Municipality, Independent Special District, Dependent Special District, Special District, Municipal Service Taxing Unit (MSTU), or Municipal Service Benefit Unit (MSBU).*

DO NOT INCLUDE DONATIONS OF ANY TYPE.

- a. Annual Operating Budget: \$ \_\_\_\_\_
- b. Total Grants Received \$ \_\_\_\_\_
- c. Total Funds Received (a.+ b.): \$ \_\_\_\_\_

Calendar Year \_\_\_\_\_

Fiscal Year \_\_\_\_\_

**Financial need must be documented in the Grant Narrative Section.**

### REQUESTING FUNDS FOR THE FOLLOWING EQUIPMENT, SUPPLIES, AND EDUCATIONAL TRAINING

For which of the following items are you requesting funds? (Please select ALL that apply.)

- VEHICLE EXHAUST CAPTURE SYSTEMS (compliant with the standards of NFPA 1500 (2018 edition) incorporated by reference in Rule 69A-62.025, F.A.C)**  
Please provide the following information in the Grant Narrative section:
- Description of the equipment
  - Explanation of how the equipment mitigates exposure to hazardous, cancer-causing chemicals
  - Please include any documentation on usage
- PERSONAL PROTECTIVE EQUIPMENT EXTRACTOR UNITS**  
Please provide the following information in the Grant Narrative section:
- Description of the equipment
  - Explanation of how the equipment mitigates exposure to hazardous, cancer-causing chemicals
  - Please include any documentation on usage
- HOODS, GLOVES, AND/OR HELMET EARFLAPS (compliant with the standards of NFPA 1971 (2018 edition) incorporated by reference in Rule 69A-37.060, F.A.C)**  
Please provide the following information in the Grant Narrative section:
- Description of the equipment
  - Explanation of how the equipment mitigates exposure to hazardous, cancer-causing chemicals
  - Please include any documentation on usage



**OTHER EQUIPMENT USED TO MITIGATE EXPOSURE TO HAZARDOUS, CANCER-CAUSING CHEMICALS**

Please provide the following information in the Grant Narrative section:

- Description of the equipment
- Explanation of how the equipment mitigates exposure to hazardous, cancer-causing chemicals
- Please include any documentation on usage

**SUPPLIES USED TO MITIGATE EXPOSURE TO HAZARDOUS, CANCER-CAUSING CHEMICALS**

Please provide the following information in the Grant Narrative section:

- Description of the supplies
- Explanation of how the supplies mitigate exposure to hazardous, cancer-causing chemicals
- Please include any documentation on usage

**EDUCATIONAL TRAINING**

Please provide the following information in the Grant Narrative section:

- Description of educational training
- Explanation of how training contributes to decreasing exposure to hazardous, cancer-causing chemicals

**If future grant funding is allocated to the Division of State Fire Marshal to mitigate exposure to hazardous, cancer-causing chemicals and to protect the health and safety of Florida Firefighters, what type of items would you be interested in obtaining? (Optional)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**MATCHING FUNDS: LEVEL OF NONSTATE MATCHING FUNDS, MINIMUM OF 25% OF NONSTATE FUNDING**

Percentage of matching funds: \_\_\_\_\_%

**Please attach documentation indicating the source of the matching funds.**

## GRANT NARRATIVE (use additional sheets if necessary)

**Directions:**

Please contact the State Fire Marshal if you have any questions: [firegrantquestion@myfloridacfo.com](mailto:firegrantquestion@myfloridacfo.com)

Provide the required information for your grant request here. Include any additional information you feel is important to your grant request. This narrative must demonstrate the financial need of the department.

Provide an itemized list and costs of requested items:

## AUTHORIZATION TO SUBMIT GRANT REQUEST

To be completed by the **Fire Chief or Fire Service Agency Head** of the municipality or county, the state, or any political subdivision of the state, including authorities and special districts, employing firefighters or utilizing firefighters to provide fire extinguishment or fire prevention services for the protection of life and property.

NOTE: Administration of resources awarded by the Department to the recipient may be subject to audits and/or monitoring by the Department.

**Person Submitting Request:**

(Last Name)

(First Name)

**Mailing Address:**

(Street)

(City)

(Zip)

**Email Address:**

**Telephone Number:**

Printed Name

(Last)

(First)

(Title)

Signature

(Date)