

Application for USFA / FEMA / DHS Smoke Alarm Installation Project Kentucky Injury Prevention and Research Center

Organization and Contact Information:

Organizat	ion: Mod	el Cit	y Fire Depa	rtment						
Mailing A	ddress (street	/ P.O I	Box): 214 F	River Street						
City:	Model City			State:	Kentu	cky	ZIP Code:	49999		
County:	Model			Date of Application:			02/20/2020			
Telephone: 606		606	6-123-4567		Fax:	Nor	ne			
Alternate Telephone: 606		606	5-123-9999		E-mai	l: mod	nodelcityfd@modelcityky.gov			
Primary P	roject Contact	t: _	Janet John	son		Title:	Fire Ch	ief		
Secondary Project Contact:		act:	Thomas Wayne			Title:	Captain / Fire Prevention Office		Officer	
Agency Head / Director:		Janet Johnson			Title:	Fire Chief				
Organization Type: [X] Fire Department [] Public Health Department [] Emergency Medical Services Agency [] Other (Describe):										
	L	Jour	er (Describe).							
Number o	f Personnel:	Fu	ıll-time Paid:	20	Part-T	ime Paid:	0	V	olunteer:	14

Describe your organization: What do you do? What type of community do you serve? What services do you provide? How is your organization structured? Is your organization a government agency, affiliated with government, or entirely private?

We are a combination fire department serving Model City, KY. Model City is a rural town with a population of 16,700. Most of the population works in local factories or in agriculture-related jobs. Our population includes a high percentage of elderly, retired individuals. In addition to homes and general commercial property, we protect two elementary schools, one middle school, one high school, a 46-bed hospital, three large factories and a distribution center for Congo.com.

MCFD operates from two stations and provides fire prevention, fire suppression, rescue and first response EMS. Station 1 is staffed 24/7 by paid firefighters working a 24 on / 48 off schedule. They man our first-due pumper and a rescue/EMS first response truck. In addition to 4 paid firefighters per shift, we have a paid Chief, Assistant Chief, and two paid personnel assigned to our fire prevention and inspection unit. Several of our paid and volunteer firefighters also assist with fire prevention education.

Station 2 is operated by our volunteer firefighters. Our second-due pumper, water tanker, and brush truck operate from Station 2.

MCFD is a public fire department operated by the Model City government. Our funding comes from a mix of local tax dollars and some state and federal grants.

1



Community and Population Served / Projected Need / Project Plan:

Community Name: Model City		(A county, city, district, etc. may be considered as a community. List data only for the area actual being served by this project.) Note: You can often find the data requested below at Census.gov			
Community Population:	16,700	Households in Community:	6,420 22 percent		
Median Household Income:	\$22,900	Percent of Individuals in Poverty:			
Total annual fires in your community:	136	Year for which fire data is given:	2019		
Total annual residential fires:	11	Total annual fire-related injuries / deaths:	1 injury		
Source for fire data: fire department	nt run reports				

Note: If the project community is part of a larger census area (e.g., a city or county) the community data may be estimated from the data for the larger, surrounding community. Fire data may be local (fire department call records), state (KFIRS) or national (NFIRS) data for the community.

Provide any additional information about your community that you believe is necessary to properly describe or understand it.

There are two sections of Model City that are very low income. Almost all of the homes in these areas are older homes, many of which are occupied by several people. Many of these homes do not have central heating systems so residents use wood stoves, kerosene and propane heaters and electric space heaters for heat. A high percentage of these homes also do not have working smoke alarms.

Needs Description:

What need for smoke alarms exists in your community? How do you know that this need exists?

More than a third of the homes in the low income areas of Model City do not have smoke alarms. We know this because our personnel check for smoke alarms when we respond to fire or EMS calls.

Number of lithium battery powered, ionization type smoke alarms requested:	800
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Describe your project plan. How do you plan to use the alarms and other resources requested? Who will receive alarms, and how will receipients be identified or located? How will alarms be installed? Who will install them? Will the installers provide fire safety information and education and a home safety check to the residents of homes where they install alarms?

Our volunteer firefighters are taking primary responsibility for this project along with our Fire Prevention Officer. They will go door to door in the low income sections of the city on evenings and weekends and offer smoke alarms to any home that does not have working smoke alarms. If a resident accepts smoke alarms, firefighters will install smoke alarms in the home and also provide basic fire safety education to the resident(s) who are present. A firefighter will also conduct a short home safety inspection using the form provided by KIPRC and share the results with the residents.

We will also work with our local community services organizations such as our food bank, school family resource center, churches and religious groups, health department, and other groups. They will make a list of their clients who are interested in receiving smoke alarms and our firefighters will visit those individuals at home to install smoke alarms and provide education.



USFA / FEMA / DHS Smoke Alarm Installation Project Local Partner Agency Certification

On behalf of the organization applying for this grant of smoke alarms, I certify that:

- I am authorized to sign this application and agreement on behalf of the organization, and to obligate the organization to make a good faith effort to perform all activities specified herein;
- The organization, including its personnel and agents, agrees to follow the rules and guidelines for this project as listed in this application and in the application instructions;
- That the smoke alarms provided under this agreement will be installed by trained personnel in occupied private homes that do not have working smoke alarms, or that have working smoke alarms that are more than five (5) years old;
- The organization will receive the smoke alarms provided under this agreement at a mutually agreed-upon location and transport and/or store them with due care until they are installed;
- The organization will provide those alarms without charge, including the waiver of any service charges or fees for installation that might otherwise apply, to those who qualify;
- At least one adult member of any household that receives an alarm through this project will receive fire safety education, including information about how to properly maintain the smoke alarm and how to exit the home if an alarm sounds;
- A brief safety inspection of each home where one or more alarms are installed will be conducted by the installer(s), to help identify hazards and make the residents aware of any hazards identified;
- A record of all alarms installed by this project will be kept, and that a copy of the completed installation forms will be provided to KIPRC within thirty (30) days following an installation; and
- That the smoke alarms provided by KIPRC for this project will be acknowledged as having been provided by KIPRC using funds from the Federal Emergency Management Agency's US Fire Administration, which is an agency of the US Department of Homeland Security, and that no alarm provided by this project shall be used in any way as an incentive, inducement, prize, advertisement or fund-raising activity, or for the purpose of providing financial benefit or consideration to any person, business or organization, except for the benefit to qualified recipients of receiving working smoke alarms.

Mod	el City Fire Department					
Applicant Organization						
Janet L. Johnson	Janet Johnson	02/20/2020				
Signature of Authorized Agent	Name (Printed or Typed)	Date				
	Fire Chief					
	Title (Printed or Typed)	_				