

COMMUNITY LIVABILITY APPLICATION ADDITIONAL QUESTIONS

Answer the appropriate questions for your type of application in a separate document included with the application. Include as much specific detail as possible including ISO rating and improvement, current state of building to be replaced, number of documented problems with the facility or equipment, size of the service area, other uses for the buildings, etc., as appropriate.

General (ALL Community Livability applicants must answer the following questions)

- A. Explain the reasons why this project is essential to the improved livability of your community. Describe in detail the problem to be solved, how long it has existed, and the impact it has had on the community. Provide documentation.
- B. Describe how you propose to solve the problem. Discuss alternative solutions and why your solution is the best. (Do not only refer to the engineering report.)
- C. Demonstrate that the project is a high priority in your community. Include copies of newspaper articles, citizen petitions, resolutions and letters from community groups.
- D. Provide a maintenance or operation budget.

Buildings (other than fire halls):

- A. Where is the closest public or private facility similar to the proposed project? Explain why it is not suitable to meet the needs of the project. Provide documentation.
- B. Provide the following information about the present usage of the facility over the past year: the type of activity or organizations and the number and percentage of total users that are low and moderate income.
- C. Does the proposed facility expect to serve more than one jurisdiction? If so, describe the jurisdictions (include unincorporated towns).
- D. How many hours per week will the facility be open and for what purpose? Include letters of commitment from organizations that will be using the facility.
- E. Provide the annual operation budget for the proposed facility and the source of revenue for each item.
The budget is to include:
 - 1. Salary/fringe benefits (include the number of full time and part time employees)
 - 2. Maintenance
 - 3. Utilities
 - 4. Supplies
 - 5. Furniture/equipment
 - 6. Insurance

Drainage:

- A. Explain the flooding/drainage problem in the last five years. Describe the flooding in terms of intensity, duration and frequency. How has the area been affected, what are the estimated costs of damages to the area? Provide documentation.
- B. Describe any efforts to correct the problem that the city has taken in the last five years. Describe why the existing drainage system is inadequate.
- C. Is the target area located in a flood plain? In a protected area? What other agencies are aware of the problem?
- D. Describe alternative measures that could be taken to correct the drainage problem and demonstrate that the proposed solution is the best.

Fire Protection:**A. General Information**

1. When was the department created?
2. Number of people serving in the department.
3. ISO rating(s).
4. Have you received a FEMA fire grant in the last two years?

If yes, what did the grant fund?

5. If this project is for a fire hall, then you must have a qualified professional registrant stamp the design and Davis-Bacon wage rates must be used to calculate cost of the building. Provide a cost estimate.

6. List by name the members of your fire department that have completed the "Intro to Pump" course taught by State Fire School. (If applying for a fire truck, at least one member of the department must complete this course.) Copies of certificates are not needed.

B. Existing Fire Protection System

1. Describe the existing fire protection system.
2. Provide map(s) showing the location of all existing fire stations and the actual area to which they provide fire coverage.
3. If you are requesting a truck for a new fire station that is being built locally, show where the new proposed fire station(s) will be located and the area to be served.

4. Indicate the location of static water sources (ponds, pools, dry hydrants) and positive pressure (fire hydrants).
5. For each existing fire station indicate what the longest response time (in minutes) to an area that is served by that fire station (use a chart if necessary).
6. List the water district that serves the project area. Have you had any trouble working with them?
7. Discuss present level of training and manpower. (Summarize this information. Do not include training certificates.)

C. Fire Protection Problem

1. Describe the existing fire protection problem and why this has not been addressed previously.
2. Describe on an annual basis the type and number of fires, and the amount of property loss. If possible, do this by individual departments. (Summarize this on one page in chart form.)

D. Organization

1. Describe how the existing fire department is organized and coordinates its fire protection efforts with surrounding fire departments.
2. Describe the communication system.

E. Insurance

1. If the project is funded, how will this improve the rating?
2. What is the estimated insurance savings for the area?
3. Provide documentation from ISO and insurance company to support your statements.
4. If your current ISO rating is Class 8 or better, request a "Classification Improvement Statement" from ISO and include with application.
5. Who will hold the title to the equipment purchased and provide the insurance?

F. Existing Equipment

1. Using a chart format like the one below, describe all of the existing fire apparatuses you presently have. Indicate with "*" the truck(s) you wish to replace. All of the fire trucks should be listed for each department.

Name of Volunteer Fire Department	Number of Houses in the Areas Served by the Department	Response Time to Farthest Point of Area	Year	Make of Truck	Pump Size (GPM)	Tank Size	Is it ISO Certified?	Conditions/ Comments About the Truck
Example: Spring Creek	500	15 minutes	1956	Ford	750	750	No	*pump broken
			1985	Chev.	1,000	1,000	Yes	ok

2. List the rest of the fire equipment you presently have by department.

G. Requested Equipment

1. Provide a detailed list of equipment and trucks and the estimated cost of each item.
2. Show what auxiliary equipment (i.e.: foam, master stream devices, etc.) is needed by your community.

Emergency Equipment:

- A. Describe your existing ambulance service. Who is the provider? What are the boundaries?
- B. How many calls have you had in the last 12 months? (Show by month)
- C. What is your longest and shortest response time?
- D. How many full-time and part-time employees are there?
- E. Describe the existing equipment and why it cannot handle the needs of the service area.
- F. How will this application solve your existing problem?

Street Projects

- A. Describe the existing problem with streets. How long has the problem existed? How severe is the problem? Provide documentation.
- B. Describe any actions taken by the city in the last two years to solve the problem.

MAP/SURVEY FORM INSTRUCTIONS

The Indirect Beneficiary Map/Survey Form should be completed for all system-wide projects. The 2015 forms are on the TNECD CDBG website; those are the only forms that will be accepted.

For all houses surveyed, a number must be placed in BOTH the "Total Persons" column and "LMI Persons" column. The number in the "LMI Persons" column must either match the "Total Persons" column or be "0". Double check each row to ensure this has been done correctly. It is not necessary to include houses that are not surveyed on the forms.

A new page should be used for the start of each target area.

A Target Area and Jurisdiction Map is required to show all target area and jurisdiction boundaries (not individual homes). The randomness methodology must be thoroughly described in the application to show that the surveys were random. Additional resources on how to complete a random survey are on the TNECD CDBG website.