

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
Semi-Annual Performance Report
OMB No.: 1660-0054

Staffing for Adequate Fire and Emergency Response (SAFER) Hiring Performance Progress Report

Recipient Name:	
DUNS/UEI:	
City:	
State:	
Zip Code:	
Grant ID#:	
Name of Person Completing the Form:	
Number of SAFER-funded positions	

Question

(1) How many of the SAFER-funded positions awarded under this grant are being filled with full-time career firefighters at the end of this reporting period? (Note: Your answer to this question should not exceed the number of positions awarded under this SAFER grant. If a SAFER position is vacant as of the end of this reporting period, decrease your answer accordingly. This number should not include firefighters hired with other SAFER grants).

Question

(2) What was the TOTAL operational staffing level at the end of this reporting period? (Note: Your answer should include all operational personnel, including SAFER personnel. Add any operational personnel that were hired since the start of the grant. Job-shared positions count only as one regardless the number of personnel filling the position.)

Question

(3) Of the total operational staffing level indicated above how many paid, full-time operational/frontline personnel are assigned to field or response apparatus that directly support the department's NFPA 1710 or 1720 compliance as indicated in the grant application? (Note: When answering this question, refer back to the pre-SAFER roster submitted at the start of the grant. Your answer to this question will be compared to your established Staffing Maintenance Number. Your answer should include the SAFER personnel, even if they are still in a training academy).

Question

(4) Please describe any staffing level changes such as vacancies, military deployments, reductions in staffing levels, etc., in the SAFER-funded and non-SAFER (pre-SAFER) staffing levels during this reporting period. If the department has not filled all the SAFER-funded positions awarded under this grant, please provide details on the steps being taken and a timeline to fill the position(s). If the department is experiencing vacancies (both SAFER and non-SAFER) please provide details on the progress in filling any vacancies previously reported and the additional vacancies currently being reported.

Question

(5) I certify that no lay-offs have occurred during the period covered by this request
 Yes No

Explanation

Question
(6) Has the SAFER program improved the department's compliance with the assembly and deployment standards in NFPA 1710, Section 5.2.4.2 or 1720, Section 4.3? Yes No
Explanation
Question
(7) How are the SAFER firefighters are being utilized by your department to improve NFPA standard compliance?
Explanation
Question
(8) What improvements you have seen in your department's operational capabilities, e.g., what is your average response time now as compared to before SAFER; how many firefighters are you able to assemble on a structure fire now as compared to before SAFER? How does this compare to your goals for the SAFER grant? If applicable, please also discuss any obstacles you are facing in your attempts to improve NFPA compliance, including the steps you are taking to overcome them.
Explanation
Question
(9) Does the department need additional technical assistance from FEMA or foresee any obstacles in executing the grant within the period of performance? If yes, please provide details on the technical assistance needs and explain any obstacles being encountered. Examples of obstacles include, but are not limited to: Procurement delays Delays in delivery of items/equipment from vendor(s) Unable to find eligibility determination of certain items or equipment Lower than expected response to grant awarded activities Inability to hire awarded positions (SAFER awards). Yes No
Explanation
Question
(10) Are there other comments regarding your grant you would like us to know? Yes No
Explanation