

VIRGINIA FIRE SERVICES BOARD

Live Structure Committee

Friday, May 31, 2019

The Virginia Fire Services Board Live Structure Committee meeting was held at VDFP HQ in Glen Allen on Friday, May 31.

COMMITTEE MEMBERS PRESENT

H. Lee Day – Chair - Virginia Fire Services Council
Stephanie Koren – Association of Counties
David C. Hankley – Virginia Municipal League
James, Stokely, Insurance Industry
Bettie Reeves-Nobles, General Public

COMMITTEE MEMBERS ABSENT

Andrew Friedman (substitute) Virginia Board of Housing & Community Development

BOARD MEMBERS PRESENT

Ernie Little – Fire Prevention Association
James D. Poindexter – Virginia Professional Firefighters Association
James A. Calvert – Industry (SARA Title III & OSHA) Representative
David C. Hankley – Virginia Municipal League
Jeff Bailey - VA Chapter of the International Society of Fire Service Instructors
James Stokely – Insurance Industry
Brian McGraw – Stat Fire Marshal

AGENCY MEMBERS PRESENT

Brook Pittinger	Tracey Frame
Theresa Hunter	John Fugman
	Heather Smolka

GUESTS PRESENT

Brad Owens	Jeff Brickey	Larry Gwaltney
John Miller	Jerome I. Williams	

CHANGES IN THE AGENDA

UNFINISHED BUSINESS

- A. Live Fire Structure Policy (Comprehensive Audit)
- B. Fluvanna County
- C. Prince George County – Container Discussion

NEW BUSINESS

- A. Burn Building Applications
- B. Roanoke County

PUBLIC COMMENTS

COMMENTS FROM THE COMMITTEE CHAIR

UNFINISHED BUSINESS

Topic: Live Fire Structure Policy (Comprehensive Audit)

Motion: N/A

Topic Discussion: Board decided they did not want to pursue any changes to this topic. Staff will revert the policy back to its original version.

Vote: N/A

Motion Action: N/A

Topic: Fluvanna County Letter

Motion: To approve Fluvanna's request.

Topic Discussion: Fluvanna County grant application for a fire training building indicated a Prototype II, Class B fueled building. The locality provided a letter requesting to change to a Prototype II, Class A fueled building.

Vote: Motion Carries

Motion Action: Will be presented at the next full board meeting on Friday, May 31, 2019.

Enclosure 1

Topic: Prince George Container Discussion / Letter

Motion: To allow Prince George County to use Burn Building Grant to purchase and develop a metal container type and provide board support for this type of structure.

Topic Discussion: Locality requests to use burn building funds to purchase and develop a metal container type structure. The Board is approving this initiative as a test (pilot).

Vote: Unanimous

Motion Action: Will be presented at the next full board meeting on Friday, May 31, 2019.

NEW BUSINESS

Topic: Burn Building Applications

Motion 1: To approve grant funding for Scott County for a new burn building in the amount of \$450,000 plus \$30,000 for engineering.

Motion 2: To approve grant funding of \$450,000 to Hanover County for a new burn building.

Topic Discussion: Discussion consisted of new burn building application.

Vote: Unanimous

Motion Action: Will be presented at the next full board meeting on Friday, May 31, 2019.

Enclosure 2

Topic: Roanoke County Request Letter

Motion: To grant approval for Roanoke County to convert their building from Class B to A based on TSG's approval.

Topic Discussion: See below communication from Roanoke County;

"On behalf of the Fire Chief's from Roanoke County Fire and Rescue, Roanoke Fire-EMS, and Salem Fire-EMS, I would like to request for the Burn Building

Committee to review a request to convert our current Class B burn Building to a Class A. Our current Burn Building was placed in service 2009 and was inspected by The Structures Group, Inc. in 2013. We would like to request the permission to move forward on converting from Class B to Class A after several months of discussion. One of the main issues for us is the ongoing cost of repairs. We would like to ask to be added to the agenda for any questions for the upcoming Burn Building Committee meeting prior to the Fire Board meeting on Friday May 31, 2019..."

Vote: Unanimous

Motion Action: Will be presented at the next full board meeting on Friday, May 31, 2019.

Enclosure 3

ADJOURNMENT

The committee adjourned at 10am
Clerk of the Committee
Heather Smolka (substitute for Mohamed Abbamin)

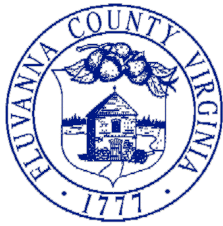
REVIEWED BY:



Brook Pittinger
Deputy Executive Director

Friday, May 31, 2019
Date

Enclosure 1 – Fluvanna County Letter
Enclosure 2 – Applications
Enclosure 3 – Roanoke County Letter



COUNTY OF FLUVANNA

"Responsive & Responsible Government"

132 Main Street
P.O. Box 540
Palmyra, VA 22963
(434) 591-1910
Fax (434) 591-1911
www.fluvannacounty.org

November 2, 2018

Virginia Department of Fire Programs

Attn: Burn Building Grant Administration

Dear Ms. Theresa Hunter;

This letter is to request a change to our grant application for a fire training burn building.

The Fluvanna County grant application for the construction of a fire training burn building indicated a Prototype II, Class B fueled building. This letter is to request a change to a Prototype II, Class A fueled building.

I appreciate your assistance with this request and if you require more information please get back in contact.

Respectfully,

Benjamin Powell
Project Manager

CC: Steve Nichols, Fluvanna County Administrator

John Lye, Fluvanna County Fire and Rescue President



Commonwealth of Virginia
Department of Fire Programs

ATTACHMENT A

**Live Fire Structure Grant Application
Construction, Renovation, or Repair**

A. Applicant Information	
1. Title of Jurisdiction Making Application (Check <input checked="" type="checkbox"/> only one, then make entry)	<input checked="" type="checkbox"/> County of Hanover <input type="checkbox"/> City of <input type="checkbox"/> Incorporated Town of
2. Employer Identification Number (EIN)	
3. Principal Point of Contact (Include salutation, name & title.)	Assistant Chief Eddie Buchanan
4. Mailing Address (Include zip code+4) Identify COUNTY if appropriate →	13326 Hanover Courthouse Road Hanover, Va 23069 Hanover
5. Telephone Number	(804) 365-6140
6. FAX Number	(804) 365-4884
7. Internet e-mail address	webuchanan@hanovercounty.gov
8. Application Scope (Check <input checked="" type="checkbox"/> only one)	<input checked="" type="checkbox"/> Sole Jurisdiction as identified in [A] <input type="checkbox"/> Multiple Jurisdictions - Complete [F]

B. Facility Information (Burn Building)	The term "burn building" refers to an unoccupied structure. The purpose of the Burn Building is to provide live fire training to fire service personnel in support of Fire Fighter I and Fire Fighter II Training throughout the Commonwealth of Virginia.	
1. Current / Proposed Owner of Facility	(Party holding /to hold title to the property) Hanover County	
2. In-Service Date or Age of Structure	(Leave blank if NOT an existing structure as reported in [C1] below.) Date 09/30/93 <input type="checkbox"/> Unknown If unknown, enter approximate age in years 26	
3. Address of Structure (If appropriate, identify COUNTY where located.)	Hanover Fire-EMS Training Center 13038 Winston Road Ashland, Va 23005	
4. Will the renovation or repair bring the the burn building into compliance with the current standard of NFPA 1403, including appropriate NFPA 1403 signage? If no, explain in 6. Comments .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Will the construction of the burn building be in compliance with the current edition of Sections I through IV of the Summary of Burn Building Prop Grant Program as included in the VDFP Project Manual for Burn Building Props and the current standard of NFPA 1403? If no, explain in 6. Comments .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Comments (pertaining to Facility)	<input checked="" type="checkbox"/> None	

C. Facility Usage																																																				
1. Number of annual burns (must be documented) (for New construction, this figure is projected)	VDFP FFI Burns <input type="text" value="6"/> (in compliance with NFPA 1403 standards) VDFP FFII Burns <input type="text" value="6"/> (in compliance with NFPA 1403 standards) In-Service Burns <input type="text" value="42"/> Other Burns <input type="text" value="agencies - 4"/> (specify types of burns) Other Burns <input type="text" value="Labs - 6"/> (specify types of burns)																																																			
2. Travel to another facility	Distance traveled to closest alternate facility <input type="text" value="24"/> (in miles) Time traveled to closest alternate facility <input type="text" value="1"/> (rounded to whole hours)																																																			
3. Other localities served (list number of stations and number of firefighters served for each locality) (for New construction, this figure is projected) (if more than 5 localities are served, additional localities must be included on Additional Localities Served tab)	<table border="0"> <tr> <td>Name of Locality</td> <td colspan="2"><input type="text" value="Stafford County"/></td> </tr> <tr> <td>Number of stations</td> <td><input type="text" value="13"/></td> <td></td> </tr> <tr> <td>Number of Firefighters</td> <td><input type="text" value="338"/></td> <td></td> </tr> <tr> <td>Name of Locality</td> <td colspan="2"><input type="text" value="Caroline County"/></td> </tr> <tr> <td>Number of stations</td> <td><input type="text" value="6"/></td> <td></td> </tr> <tr> <td>Number of Firefighters</td> <td><input type="text" value="140"/></td> <td></td> </tr> <tr> <td>Name of Locality</td> <td colspan="2"><input type="text" value="King William County"/></td> </tr> <tr> <td>Number of stations</td> <td><input type="text" value="4"/></td> <td></td> </tr> <tr> <td>Number of Firefighters</td> <td><input type="text" value="80"/></td> <td></td> </tr> <tr> <td>Name of Locality</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Number of stations</td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>Number of Firefighters</td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>Name of Locality</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Number of stations</td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>Number of Firefighters</td> <td><input type="text"/></td> <td></td> </tr> <tr> <td colspan="2">TOTAL NUMBER OF STATIONS SERVED (from above and add')</td> <td><input type="text" value="23"/></td> </tr> <tr> <td colspan="2">TOTAL NUMBER OF FIREFIGHTERS SERVED (from above and add')</td> <td><input type="text" value="558"/></td> </tr> </table>	Name of Locality	<input type="text" value="Stafford County"/>		Number of stations	<input type="text" value="13"/>		Number of Firefighters	<input type="text" value="338"/>		Name of Locality	<input type="text" value="Caroline County"/>		Number of stations	<input type="text" value="6"/>		Number of Firefighters	<input type="text" value="140"/>		Name of Locality	<input type="text" value="King William County"/>		Number of stations	<input type="text" value="4"/>		Number of Firefighters	<input type="text" value="80"/>		Name of Locality	<input type="text"/>		Number of stations	<input type="text"/>		Number of Firefighters	<input type="text"/>		Name of Locality	<input type="text"/>		Number of stations	<input type="text"/>		Number of Firefighters	<input type="text"/>		TOTAL NUMBER OF STATIONS SERVED (from above and add')		<input type="text" value="23"/>	TOTAL NUMBER OF FIREFIGHTERS SERVED (from above and add')		<input type="text" value="558"/>
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4. Maintenance of facility (for New construction, skip Section C.4. Section E.2. MUST be completed)	Annual Maintenance Inspections <input type="text"/> Yes <input type="text"/> No (documentation of annual inspections MUST be provided with application for inspections conducted after 12/2007) Previous Repair Projects <input type="text"/> Yes <input type="text"/> No (documentation MUST be provided with application for most recent repairs)																																																			

MAR 28 2019

Administration

Department of Fire Programs

D. Project Description													
1. Level of work proposed (Check <input checked="" type="checkbox"/> only one)	<input checked="" type="checkbox"/> NEW Construction where no such structure previously existed <input type="checkbox"/> RENOVATION of an existing burn building or substantially similar structure <input type="checkbox"/> REPAIR of an existing burn building (up to \$50,000)												
2. Type of Building (proposed or existing)	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>Class A fuel</td> <td><input checked="" type="checkbox"/></td> <td>Prototype I plans (brick, block, concrete)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Class B fuel</td> <td><input type="checkbox"/></td> <td>Prototype II plans (steel frame)</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td>Other*</td> </tr> </table> <input type="text" value="7,200"/> Square Footage of Building (proposed or existing) <input type="text" value="1"/> Number of Burn Rooms on 1st floor <input type="text" value="1"/> Number of Burn Rooms on 2nd floor <p>For New Construction: *If building plans deviate from Prototype I or II, applicant MUST define building concept and include proposed plans with application.</p> <p>For Renovations or Repairs: *If building plans deviate from Prototype I or II, applicant MUST include copy of existing building plans with proposed renovations/repairs.</p>	<input type="checkbox"/>	Class A fuel	<input checked="" type="checkbox"/>	Prototype I plans (brick, block, concrete)	<input checked="" type="checkbox"/>	Class B fuel	<input type="checkbox"/>	Prototype II plans (steel frame)			<input checked="" type="checkbox"/>	Other*
<input type="checkbox"/>	Class A fuel	<input checked="" type="checkbox"/>	Prototype I plans (brick, block, concrete)										
<input checked="" type="checkbox"/>	Class B fuel	<input type="checkbox"/>	Prototype II plans (steel frame)										
		<input checked="" type="checkbox"/>	Other*										
3. Architectural and/or Engineering (A/E) (Check <input checked="" type="checkbox"/> only one for each)	Has an A/E study already been completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable If so, is a copy attached to this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable												
4. Condemnation and/or fitness for use (Leave [C4] blank if this application is for totally new construction; otherwise Check <input checked="" type="checkbox"/> only one for each statement.)	time of application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there currently a scheduled date to remove the structure from service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the month & year: <input type="text" value=""/> If not presently in service, has this structure been <u>condemned</u> by a building official or other such entity legally empowered to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If yes, is a copy of such order attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable												

Department of Fire Programs

MAR 28 2019

Administration

E. Financial Plan	An estimated project budget must be attached to this application. For renovation/repair projects, contractor estimates must be attached.	
1. Project Budget (Capital Expend)		
a. Expense		
i. Estimated Cost of Construction (Enter or check <input checked="" type="checkbox"/>)	\$ 2,318,187.00	<input type="checkbox"/> Unknown at time of application
ii. Estimated A/E Costs (Enter or check <input checked="" type="checkbox"/>)	\$ 345,000.00	<input type="checkbox"/> Unknown at time of application
iii. Estimated Total Costs (Enter or check <input checked="" type="checkbox"/>)	\$ 2,663,187.00	<input type="checkbox"/> Unknown at time of application
b. Revenue		
i. Grant Funding Being Requested New construction maximum \$450,000	\$ 450,000.00	
ii. Matching / Cost Share Funds	\$ 2,663,187.00	
iii. Source of Matching Funds (local contributions, donations, etc.)	County allocated funding.	
2. Operating Budget (Maint. Expend)		
a. Is there a financial agreement among partnering localities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
b. Is there a local budget for annual maintenance costs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Is there a local budget for annual inspection costs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. Is there a local budget for 5-year inspection costs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Department of Fire Programs
MAR 28 2019
Administration

F. Additional Parties of Interest (Mark N/A and skip section [D] if not applicable - see [A.8])	Identify hereunder ALL jurisdictions (Not their Departments) otherwise participating in the proposed project. Attach additional sheets as may be required.
1. NON-Applicability	<input checked="" type="checkbox"/> No parties other than the jurisdiction identified in [A] above.
2. Formal Agreement Among Parties	Is there a formal agreement among parties with regard to the proposed project ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a formal agreement among parties with regard to the shared use of the facility ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No

{ Reproduce and complete as many additional blocs as may be necessary for complete disclosure. }

2a. Complete <u>one each</u> for ALL other Parties of Interest	Number <input type="text"/> of a total of <input type="text"/> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)										
2b. Title of Jurisdiction (Check <input checked="" type="checkbox"/> only one, then make entry)	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>County of</td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>City of</td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Incorporated Town of</td> <td><input type="text"/></td> </tr> </table>	<input type="checkbox"/>	County of	<input type="text"/>	<input type="checkbox"/>	City of	<input type="text"/>	<input type="checkbox"/>	Incorporated Town of	<input type="text"/>	
<input type="checkbox"/>	County of	<input type="text"/>									
<input type="checkbox"/>	City of	<input type="text"/>									
<input type="checkbox"/>	Incorporated Town of	<input type="text"/>									
2c. Employer Identification Number (EIN)	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
2d. Principal Point of Contact	(Include salutation, name & title.) <input type="text"/>										
2e. Mailing Address Identify COUNTY if appropriate →	(Include zip code+4) <input type="text"/>										
2f. Telephone Number	(<input type="text"/>) <input type="text"/>										
2g. FAX Number	(<input type="text"/>) <input type="text"/>										
2h. Internet e-mail address	<input type="text"/>										

Department of Fire Programs
 MAR 28 2019
 Administration

**G. Electronic Transfer
of Funds Information**

Note ☞ The completion of this section is optional at the time of application and will not hinder determination of eligibility, etc. However, if not provided and since funds will only be transferred electronically, disbursement will be delayed until this information is properly provided.

1. Account Ownership Information
Employer Identification Number

[REDACTED]

SSN may NOT be substituted.

Complete next three (3) entries ONLY if Name is different than ACCOUNT TITLE as it appears in [E2].

NAME (Last, First, Initials)
Eddie Buchanan

MAIN (Telephone Number)
804-365-6195

ALTERNATE (Telephone Number)
804-310-3054

2. Direct Deposit Account Information
(Check ☒ one Type of Account)

☒ Checking

☐ Savings

ROUTING TRANSIT NUMBER (9 digits)
[REDACTED]

ACCOUNT NUMBER
[REDACTED]

ACCOUNT TITLE
[REDACTED]

FINANCIAL INSTITUTION
[REDACTED]

Department of Fire Programs
MAR 28 2019
Administration



Note ☞ This section of the application MUST be properly executed for the

- City Manager /or/ Deputy
- County Administrator /or/ Deputy
- Town Manager /or/ Mayor
- Or other duly authorized official but only when the application

Only completed applications can be acted upon.

CERTIFICATION

This application is made on behalf of the jurisdiction above described [A] with the full knowledge and belief that all representations herein made are true and correct.

	<u>3/22/19</u>
Signature	Date
<u>Cecil R. Harris, Jr.</u>	<u>County Administrator</u>
Printed Name	Title

(All applications must be notarized to be considered – incomplete forms shall be returned.)

State of Virginia }

City / County of Gloucester }

Department of Fire Programs


MAR 28 2019

Administration

On this 22 day of March (month) in 2019 (year), before me, the undersigned a Notary Public for the Commonwealth of Virginia, personally appeared Cecil R. Harris Jr. to me known (or to me proved) to be the identical person named herein and having in my presence executed the above, and acknowledged that he executed same as his voluntary act and deed.

My Commission expires:

3/22/19
Date


Notary Public

{Seal}



BOARD OF SUPERVISORS

W. CANOVA PETERSON, CHAIRMAN
MECHANICSVILLE DISTRICT

SCOTT A. WYATT, VICE-CHAIRMAN
COLD HARBOR DISTRICT

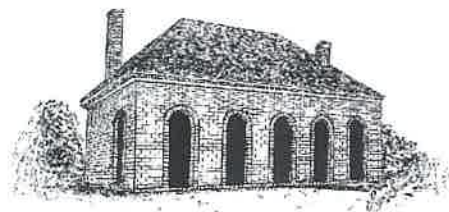
SEAN M. DAVIS
HENRY DISTRICT

WAYNE T. HAZZARD
SOUTH ANNA DISTRICT

ANGELA KELLY-WIECEK
CHICKAHOMINY DISTRICT

FAYE O. PRICHARD
ASHLAND DISTRICT

AUBREY M. STANLEY
BEAVERDAM DISTRICT



HANOVER COURTHOUSE

HANOVER COUNTY

ESTABLISHED IN 1720

CECIL R. HARRIS, JR.
COUNTY ADMINISTRATOR

FRANK W. HARKSEN, JR.
DEPUTY COUNTY ADMINISTRATOR

KATHLEEN T. SEAY
DEPUTY COUNTY ADMINISTRATOR

JAMES P. TAYLOR
DEPUTY COUNTY ADMINISTRATOR

WWW.HANOVERCOUNTY.GOV

P.O. BOX 470, HANOVER, VA 23069
7516 COUNTY COMPLEX ROAD, HANOVER, VA 23069

PHONE: 804-365-6005
FAX: 804-365-6234

March 20, 2019

Budget & Grants Manager
Virginia Department of Fire Programs
1005 Technology Park Drive
Glen Allen, VA 23059-4500

Dear Grants Manager and Virginia Fire Services Board Members:

Hanover Fire-EMS respectfully submits an application for funding through the Live Fire Training Structure Grant Program. The department is seeking \$450,000 in grant funding to work in conjunction with \$2,663,187 from Hanover Fire-EMS to construct a new Class B-fired burn building to be located at the Hanover Fire-EMS Training Center in Ashland, VA.

We stand ready to visit with the Virginia Fire Services Board members to discuss our grant application in detail. Please see the enclosed grant application for your consideration.

Respectfully,



Jethro H. Piland, III
Chief of Fire-EMS

Department of Fire Programs
MAR 28 2019
Administration

BOARD OF SUPERVISORS

DARREL W. JETER
MARSHALL TIPTON
GARLAND "JACK" COMPTON
JOE W. HERRON
DANNY P. MANN
CHAD E. HOOD
DAVID S. REDWINE, DVM



COUNTY ADMINISTRATOR
FREDA R. STARNES

190 BEECH STREET, SUITE 201
GATE CITY, VIRGINIA 24251
PHONE (276) 386-6521
FAX (276) 386-9198

EMAIL: fstarnes@scottcountyva.com
www.scottcountyva.com

**SCOTT COUNTY
BOARD OF SUPERVISORS**

May 1, 2019

Ms. Theresa Hunter
Grants and Budget Manager
Virginia Department of Fire Programs
1005 Technology Park Drive
Glen Allen, VA 23059-4500

Ms. Hunter:

Enclosed is Scott County's Burn Building Grant Application for the construction of a burn building in our county. I have also enclosed letters of support from all seven county fire departments. If awarded, the funding would be used to construct a new burn facility that would replace our current non-compliant structure. A new burn facility would be a great asset to our county.

Please let me know if you need any further information.

Sincerely,

A handwritten signature in blue ink, which appears to read "Freda R. Starnes", is written over a horizontal line.

Freda R. Starnes
County Administrator



Note & This section of the application MUST be properly executed for the

- City Manager /or/ Deputy
- County Administrator /or/ Deputy
- Town Manager /or/ Mayor
- Or other duly authorized official but only when the application

Only completed applications can be acted upon.

CERTIFICATION

This application is made on behalf of the jurisdiction above described [A] with the full knowledge and belief that all representations herein made are true and correct.

Freda R. Starnes
Signature

5-1-19

Date

Freda R. Starnes
Printed Name

County Administrator
Title

(All applications must be notarized to be considered – incomplete forms shall be returned.)

State of Virginia }

City / County of: Scott }

On this 1st day of May (month) in 2019 (year), before me, the undersigned a Notary Public for the Commonwealth of Virginia, personally appeared Freda R. Starnes to me known (or to me proved) to be the identical person named herein and having in my presence executed the above, and acknowledged that he executed same as his voluntary act and deed.

My Commission expires: 11/30/2020
Date

Crystal Hale
Notary Public

Commonwealth of Virginia
Crystal Hale
Notary Public At Large
Registration Number: 285235
Commission Expires (Date): 11/30/2020



Commonwealth of Virginia
Department of Fire Programs

ATTACHMENT A

Live Fire Structure Grant Application
Construction, Renovation, or Repair

A. Applicant Information			
1.	Title of Jurisdiction Making Application (Check <input checked="" type="checkbox"/> only one, then make entry)	<input checked="" type="checkbox"/> County of	Scott
		<input type="checkbox"/> City of	
		<input type="checkbox"/> Incorporated Town of	
2.	Employer Identification Number (EIN)		
3.	Principal Point of Contact	(Include salutation, name & title.)	
4.	Mailing Address (Include zip code+4) Identify COUNTY if appropriate →	190 Beech Street Gate City, VA 24251 County of Scott	
5.	Telephone Number	(276)	386-6521
6.	FAX Number	(276)	386-9198
7.	Internet e-mail address		
8.	Application Scope (Check <input checked="" type="checkbox"/> only one)	<input checked="" type="checkbox"/> Sole Jurisdiction as identified in [A]	
		<input type="checkbox"/> Multiple Jurisdictions - Complete [F]	

B. Facility Information (Burn Building)		The term "burn building" refers to an unoccupied structure. The purpose of the Burn Building is to provide live fire training to fire service personnel in support of Fire Fighter I and Fire Fighter II Training throughout the Commonwealth of Virginia.	
1.	Current / Proposed Owner of Facility	(Party holding /to hold title to the property) County of Scott	
2.	In-Service Date or Age of Structure	(Leave blank if NOT an existing structure as reported in [C1] below.) Date <input type="text"/> <input type="text"/> <input type="text"/> Unknown If unknown, enter approximate age in years <input type="text"/>	
3.	Address of Structure (If appropriate, identify COUNTY where located.)	186 Single Tree Road, Gate City, VA 24251 Scott County	
4.	Will the renovation or repair bring the the burn building into compliance with the current standard of NFPA 1403, including appropriate NFPA 1403 signage? If no, explain in 6. Comments.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
5.	Will the construction of the burn building be in compliance with the current edition of Sections I through IV of the Summary of Burn Building Prop Grant Program as included in the VDFP Project Manual for Burn Building Props and the current standard of NFPA 1403? If no, explain in 6. Comments.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6.	Comments (pertaining to Facility)	<input type="checkbox"/> None This is a request for funding to construct a new burn facility to replace current non-compliance structure.	

C. Facility Usage		
1. Number of annual burns (must be documented) (for New construction, this figure is projected)	VDFP FFI Burns 2 (in compliance with NFPA 1403 standards)	
	VDFP FFII Burns 2 (in compliance with NFPA 1403 standards)	
	In-Service Burns 11	
	Other Burns 4 (specify types of burns)	
	Other Burns (specify types of burns)	
2. Travel to another facility	Distance traveled to closest alternate facility 50 (in miles)	
	Time traveled to closest alternate facility 1.5 (rounded to whole hours)	
3. Other localities served (list number of stations and number of firefighters served for each locality) (for New construction, this figure is projected) (if more than 5 localities are served, additional localities must be included on Additional Localities Served tab)	Name of Locality Duffield Vol. Fire & Rescue Number of stations 3 Number of Firefighters 30	
	Name of Locality Dungannon Vol. Fire Dept. Number of stations 1 Number of Firefighters 20	
	Name of Locality Gate City Vol. Fire Dept. Number of stations 1 Number of Firefighters 25	
	Name of Locality Hiltons Vol. Fire Dept. Number of stations 1 Number of Firefighters 20	
	Name of Locality Nickelsville Vol. Fire Dept. Number of stations 1 Number of Firefighters 20	
	TOTAL NUMBER OF STATIONS SERVED (from above and add') 10	
	TOTAL NUMBER OF FIREFIGHTERS SERVED (from above and add') 165	
	4. Maintenance of facility (for New construction, skip Section C.4. Section E.2. MUST be completed)	Annual Maintenance Inspections Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (documentation of annual inspections MUST be provided with application for inspections conducted after 12/2007)
	Previous Repair Projects Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (documentation MUST be provided with application for most recent repairs)	

C. Facility Usage

Section 3. Other localities served

Weber City Vol. Fire Dept.

Number of Stations: 2

Number of Firefighters: 30

Fort Blackmore Fire Dept.

Number of Stations: 1

Number of Firefighters: 20

D. Project Description			
1.	Level of work proposed (Check <input checked="" type="checkbox"/> only one)	<input checked="" type="checkbox"/> NEW Construction where no such structure previously existed <input type="checkbox"/> RENOVATION of an existing burn building or substantially similar structure <input type="checkbox"/> REPAIR of an existing burn building (up to \$50,000)	
2.	Type of Building (proposed or existing)	<input checked="" type="checkbox"/> Class A fuel <input type="checkbox"/> Class B fuel	<input type="checkbox"/> Prototype I plans (brick, block, concrete) <input checked="" type="checkbox"/> Prototype II plans (steel frame) <input type="checkbox"/> Other* <input type="text"/> Square Footage of Building (proposed or existing) <input type="text"/> 1 Number of Burn Rooms on 1st floor <input type="text"/> 1 Number of Burn Rooms on 2nd floor For New Construction: *If building plans deviate from Prototype I or II, applicant MUST define building concept and include proposed plans with application. For Renovations or Repairs: *If building plans deviate from Prototype I or II, applicant MUST include copy of existing building plans with proposed renovations/repairs.
3.	Architectural and/or Engineering (A/E) (Check <input checked="" type="checkbox"/> only one for each)	Has an A/E study already been completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable If so, is a copy attached to this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
4.	Condemnation and/or fitness for use (Leave [C4] blank if this application is for totally new construction; otherwise Check <input checked="" type="checkbox"/> only one for each statement.)	time of application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there currently a scheduled date to remove the structure from service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the month & year: <input type="text"/> If not presently in service, has this structure been <u>condemned</u> by a building official or other such entity legally empowered to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable If yes, is a copy of such order attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	

E. Financial Plan		An estimated project budget must be attached to this application. For renovation/repair projects, contractor estimates must be attached.	
1. Project Budget (Capital Expend)			
a. Expense			
i. Estimated Cost of Construction (Enter or check <input checked="" type="checkbox"/>)	\$ -	<input checked="" type="checkbox"/>	Unknown at time of application
ii. Estimated A/E Costs (Enter or check <input checked="" type="checkbox"/>)	\$ 30,000.00	<input type="checkbox"/>	Unknown at time of application
iii. Estimated Total Costs (Enter or check <input checked="" type="checkbox"/>)	\$ -	<input checked="" type="checkbox"/>	Unknown at time of application
b. Revenue			
i. Grant Funding Being Requested New construction maximum \$450,000	\$ 450,000.00		
ii. Matching / Cost Share Funds			
iii. Source of Matching Funds (local contributions, donations, etc.)	Local funding, in kind services, etc.		
2. Operating Budget (Maint. Expend)			
a. Is there a financial agreement among partnering localities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Applicable
b. Is there a local budget for annual maintenance costs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is there a local budget for annual inspection costs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is there a local budget for 5-year inspection costs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

F. Additional Parties of Interest (Mark N/A and skip section [D] if not applicable - see [A.8])	Identify hereunder ALL jurisdictions (Not their Departments) otherwise participating in the proposed project. Attach additional sheets as may be required.
1. NON-Applicability	<input checked="" type="checkbox"/> No parties other than the jurisdiction identified in [A] above.
2. Formal Agreement Among Parties	Is there a formal agreement among parties with regard to the proposed project ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a formal agreement among parties with regard to the shared use of the facility ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No

{ Reproduce and complete as many additional blocs as may be necessary for complete disclosure. }

2a. Complete one each for ALL other Parties of Interest	Number <input type="text"/> of a total of <input type="text"/> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)										
2b. Title of Jurisdiction (Check <input checked="" type="checkbox"/> only one, then make entry)	<table border="1"> <tr> <td><input type="text"/></td> <td>County of</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td>City of</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td>Incorporated Town of</td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	County of	<input type="text"/>	<input type="text"/>	City of	<input type="text"/>	<input type="text"/>	Incorporated Town of	<input type="text"/>	
<input type="text"/>	County of	<input type="text"/>									
<input type="text"/>	City of	<input type="text"/>									
<input type="text"/>	Incorporated Town of	<input type="text"/>									
2c. Employer Identification Number (EIN)	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>---</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
2d. Principal Point of Contact	(Include salutation, name & title.) <input type="text"/>										
2e. Mailing Address Identify COUNTY if appropriate →	(Include zip code+4) <input type="text"/>										
2f. Telephone Number	(<input type="text"/>) <input type="text"/>										
2g. FAX Number	(<input type="text"/>) <input type="text"/>										
2h. Internet e-mail address	<input type="text"/>										



COMMONWEALTH OF VIRGINIA

HOUSE OF DELEGATES

RICHMOND

TERRY G. KILGORE

FIRST DISTRICT

COMMITTEE ASSIGNMENTS:
COMMERCE AND LABOR (CHAIRMAN)
COURTS OF JUSTICE
RULES

August 1, 2018

Theresa Hunter
Virginia Department of Fire programs
1005 Technology Park Drive
Glen Allen, VA 23059-4500

Dear Theresa:

I write to express my support for a grant submission for a burn building.

As it stands now, Scott County has to go to Wise or Bristol to hold state trainings and have to schedule dates with them to use those facilities for training purposes. This would be a huge asset to the fire departments in Scott County and serve about 200 firefighters.

I fully realize that funding is tight this year (FY 2018) but that the board will meet this Friday, August 3rd and discuss the request and possibly consider it in the FY 2019 budget.

I am hoping that this request can be accommodated.

Thank you!

Sincerely,

A handwritten signature in black ink that reads "Terry G. Kilgore".

TERRY G. KILGORE, MEMBER
VIRGINIA HOUSE OF DELEGATES
FIRST DISTRICT

March 1, 2018

Scott County Firefighters Association

P. O. Box 877

Gate City, VA 24251-0877

Scott County Board of Supervisors

190 Beech Street, Suite 201

Gate City, VA 24251

The Scott County Firefighters Association, composed of the volunteer fire departments in Scott County, Virginia, consisting of:

- **Duffield Volunteer Fire And Rescue**
- **Dungannon Volunteer Fire Department**
- **Gate City Volunteer Fire Department**
- **Hiltons Volunteer Fire Department**
- **Nickelsville Volunteer Fire Department**
- **Weber City Volunteer Fire Department**
- **Fort Blackmore Volunteer Fire Department**

Duly support and request that the Scott County Board of Supervisors apply for grant funding from the Virginia Department of Fire Programs for the purpose of constructing a firefighter burn building on County owned property for the purpose of training firefighters.

Sincerely,

A handwritten signature in black ink, appearing to read "Roger Carter", with a horizontal line extending to the right.

Roger Carter, President

Scott County Firefighters Association

**DUFFIELD VOLUNTEER FIRE AND RESCUE
PO BOX 297
DUFFIELD, VIRGINIA 24244
PHONE: 276-431-2760
FAX: 276-431-1760**

This letter is being presented in reference to the grant being applied for on behalf of the Scott County Firefighter Association for a Burn Building, our department would like this letter to serve as support for applying for the grant through the Virginia Department of Fire Programs and any other steps necessary in getting this Burn Building approved. This Burn Building will be very significant to our department as well as all the fire departments with in Scott County. This will help our firefighters train to be more efficient in protecting our citizens, property and ISO ratings. This will also allow for state approved training classes to be held here in the county without having to take valuable resources out of the county (ie: trucks, equipment and man power) out of the county for training. The current building we use can not be upgraded to meet state standards and is in the 100 year flood plan. We ask that you support this grant application so that we can better serve and train for our citizens, businesses and property owners. If you should have any questions please let me know.

Thanks,

**Roger L. Carter, Chief
Duffield Vol Fire and Rescue
423-416-0025**

May 3, 2018

Dungannon Volunteer Fire Department

P O Box 247

Dungannon, VA 24245

Scott County Firefighters Association

P. O. Box 877

Gate City, VA 24251-0877

The Dungannon Volunteer Department is fully supporting the construction of a burn building through the grant program offered by the Virginia Department of Fire Programs.

We believe this will be a valuable asset in the training of our department and of firefighters throughout Scott County.

Sincerely,

Jana M. Scott SE/TRCS



GATE CITY FIRE DEPARTMENT
140 BISHOP STREET
P.O. BOX 874
GATE CITY, VA 24251-0874
Phone: 276-386-3611 Fax: 276-386-2333

March 1, 2018

Scott County Firefighters Association
P. O. Box 877
Gate City, VA 24251-0877

Fellow Firefighters:

The Gate City Volunteer Fire Department is in full support of the application for a grant to build a burn building on County property for the training of firefighters.

We believe this will be an invaluable tool in the recruiting, training and retention of firefighters that will be protecting our communities for years to come.

Sincerely;

Gate City Fire Department

A handwritten signature in cursive script that reads "Jeff Brickey".

Jeff Brickey, Chief

May 3, 2018

Hiltons Volunteer Fire Department

P O Box 116

Hiltons, VA 24258

Scott County Firefighters Association

P. O. Box 877

Gate City, VA 24251-0877

The Hiltons Volunteer Department is fully supporting the construction of a burn building through the grant program offered by the Virginia Department of Fire Programs.

We believe this will be a valuable asset in the training of our department and of firefighters throughout Scott County.

Sincerely,

Dale Jondus / Fire Chief

May 3, 2018

Nickelsville Volunteer Fire Department

P O Box 169

Nickelsville, VA 24271

Scott County Firefighters Association

P. O. Box 877

Gate City, VA 24251-0877

The Nickelsville Volunteer Department is fully supporting the construction of a burn building through the grant program offered by the Virginia Department of Fire Programs.

We believe this will be a valuable asset in the training of our department and of firefighters throughout Scott County.

Sincerely,

A handwritten signature in cursive script, appearing to read "John Adle".

Lt. Nickelsville Vol Fire Dept.



WEBER CITY VOLUNTEER FIRE DEPARTMENT

149 ROLAND ST - 2706 U.S. HWY 23 NORTH

WEBER CITY, VIRGINIA 24290

(276) 386-3116 - FAX (276) 386-3605



To the Scott County Fire Fighters Association:

We at the Weber City Volunteer Fire Department wish to show our support for the construction for the Burn House to be built in Scott County. This facility will provide quality training opportunities for this department and will also give us the opportunity to train together with the other departments in the county. We strongly recommend and encourage the county to proceed with this project.

Thanks,

A handwritten signature in cursive script, appearing to read "Bruce Cross".

Bruce Cross

Chief, Weber City Volunteer Fire Department

May 3, 2018

Fort Blackmore Volunteer Fire Department, Inc.

11181 Veterans Memorial HWY

Fort Blackmore, VA 24250-0069

Scott County Firefighters Association


P. O. Box 877

Gate City, VA 24251-0877

The Fort Blackmore Volunteer Fire Department is fully supporting the construction of a burn building through the grant program offered by the Virginia Department of Fire Programs.

We believe this will be a valuable asset in the training of our department and of firefighters throughout Scott County.

Sincerely,


CHIEF



Roanoke Valley Regional Fire-EMS Training Center

TO: Theresa Hunter-VDFP

FROM: Brian Witt
Battalion Chief-Training Roanoke County Fire and Rescue

DATE: 5-23-2019

SUBJECT: Request to convert the Class B Burn Building to Class A

Ms. Hunter,

On behalf of the Fire Chief's from Roanoke County Fire and Rescue, Roanoke Fire-EMS, and Salem Fire-EMS, I would like to request for the Burn Building Committee to review a request to convert our current Class B burn Building to a Class A. Our current Burn Building was placed in service 2009 and was inspected by The Structures Group, Inc. in 2013. We would like to request the permission to move forward on converting from Class B to Class A after several months of discussion. One of the main issues for us is the ongoing cost of repairs. We would like to ask to be added to the agenda for any questions for the upcoming Burn Building Committee meeting prior to the Fire Board meeting on Friday May 31, 2019. If you have any questions please let me know.

Thank You

Brian Witt
Battalion Chief-Training Roanoke County Fire and Rescue
(540)-777-8739
bwitt@roanokecountyva.gov

Virginia Fire Services Board

MOTION

Committee (check one): ☐ Fire Education & Training ☐ Fire Prevention & Control
☐ Finance ☐ Administration & Policy ☐ Virginia Fire Services Board

Date: 5-31-19

Motion made by: ☒ Committee or name: Walt Bailey

Second (if required): Betty

Signature of presenter of motion: 

MOTION TO:

Grant Appeal to Remake Court to
convert this Building from Class B to A
Based on TSG's appeal

Amended: (y/n)

Motion Carried: _____

Vote: Unanimous: _____

Motion Failed: _____

Majority: _____

Abstentions: _____

Virginia Fire Services Board

MOTION

Committee (check one): ☐ Fire Education & Training ☐ Fire Prevention & Control
☐ Finance ☐ Administration & Policy ☐ Virginia Fire Services Board

Date: 5/31/19

Motion made by: ☒ Committee or name: Betty Renee Hobbs

Second (if required): Judith Shively

Signature of presenter of motion: _____

MOTION TO:

approve fivonne Request to change

app. - Prudence Change

Amended: (y/n)

Motion Carried: /

Vote: Unanimous: _____

Motion Failed: /

Majority: _____

Abstentions: _____

Virginia Fire Services Board

MOTION

Committee (check one): ☐ Fire Education & Training ☐ Fire Prevention & Control
☐ Finance ☐ Administration & Policy ☐ Virginia Fire Services Board

Date: May 31st, 2019

Motion made by: ☐ Committee or name: DAVID C. HANKLEY

Second (if required): Stephen Kavan

Signature of presenter of motion: [Signature]

MOTION TO:

Allow Prince George County to use Burn Building
Grant to purchase & develop a metal container type
Burn Building and ~~provide~~ provide BORNA support
for this type structure

Amended: (y/n)

Motion Carried: _____

Vote: Unanimous: _____

Motion Failed: _____

Majority: _____

Abstentions: _____