# Department of Fire Programs

| | **ATTACHMENT A** |
|---|---|
| Commonwealth of Virginia<br>Department *of* Fire Programs | **Burn Building Grant Application**<br>**Construction, Renovation, or Repair** |

## A. Applicant Information

| | | | | |
|---|---|---|---|---|
| 1. | Title of Jurisdiction<br>Making Application<br>(Check ☑ only one, then make entry ) | X | County of | **Shenandoah** |
| | | | City of | |
| | | | Incorporated Town of | |
| 2. | Employer Identification Number (EIN) | ███████████████████████ | | |
| 3. | Principal Point of Contact | (Include salutation, name & title.)<br>**W.J. "Bill" Streett Jr. - Deputy Chief** | | |
| 4. | Mailing Address (Include zip code+4)<br><br>Identify **COUNTY** if appropriate → | **600 N. Main St. - Suite 109**<br>**Woodstock, VA 22664**<br>**Shenandoah** | | |
| 5. | Telephone Number | ( 540) 459-6167 | | |
| 6. | FAX Number | ( 540) 459-6192 | | |
| 7. | Internet e-mail address | bstreett@shenandoahcountyva.us | | |
| 8. | Application Scope<br>(Check ☑ only one) | X | **Sole** Jurisdiction as identified in [A] | |
| | | | **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)<br>**County of Shenandoah** |
| 2. | In-Service Date or Age of Structure | (Leave blank if NOT an existing structure as reported in [C1] below.)<br>Date **06/01/94**    X Unknown<br>If unknown, enter approximate age in years    **20** |
| 3. | Address of Structure<br>(If appropriate, identify COUNTY where located.) | **44 Backdraft Ln**<br>**Edinburg, VA 22824**<br>**Shenandoah 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?<br>If no, explain in **6. Comments.** | X Yes    No    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?<br>If no, explain in **6. Comments.** | X Yes    No    N/A |
| 6. | Comments (pertaining to Facility)    None<br>**These repairs are to address those deficiencies noted in the 2013 VDFP Burn Building survey and report generated by The Structures Group.** | |

## C. Facility Usage

| | | | |
|---|---|---|---|
| **1.** | Number of annual burns<br>(must be documented)<br><br>(for New construction, this figure is projected) | VDFP FFI burns **Administration**<br>(in compliance with NFPA 1403 standards)<br><br>VDFP FFII burns<br>(in compliance with NFPA 1403 standards)<br><br>Other Burns<br>(specify types of burns) | 6<br><br>4<br><br>12 |
| **2.** | Travel to another facility | Distance traveled to closest alternate facility<br>(in miles)<br><br>Time traveled to closest alternate facility<br>(rounded to whole hours) | 30 miles<br><br>1 hour |
| **3.** | Other localities served<br>(list number of stations and number of firefighters served for each locality)<br><br>(for New construction, this figure is projected)<br><br>(if more than 5 localities are served, additional localities must be included on Additional Localities Served tab) | Name of Locality **Frederick County**<br>    Number of stations 11<br>    Number of Firefighters 300<br><br>Name of Locality **Warren County**<br>    Number of stations 9<br>    Number of Firefighters 165<br><br>Name of Locality **City of Winchester**<br>    Number of stations 4<br>    Number of Firefighters 90<br><br>Name of Locality **Page County**<br>    Number of stations 3<br>    Number of Firefighters 200<br><br>Name of Locality<br>    Number of stations<br>    Number of Firefighters<br><br>**TOTAL NUMBER OF STATIONS SERVED** (from above and add') 27<br>**TOTAL NUMBER OF FIREFIGHTERS SERVED** (from above and add') 755 | |
| **4.** | Maintenance of facility<br><br>**(for New construction, skip Section C.4. Section E.2. MUST be completed)** | Annual Maintenance Inspections [x] Yes [ ] No<br>(documentation of annual inspections MUST be provided with application for inspections conducted after 12/2007)<br><br>Previous Repair Projects [x] Yes [ ] No<br>(documentation MUST be provided with application for most recent repairs) | |

## D. Project **Description**

### 1. Level of work proposed
(Check ☑ only one)

| | |
|---|---|
| | NEW Construction where no such structure previously existed |
| X | RENOVATION of an existing burn building or substantially similar structure |
| | REPAIR of an existing burn building (up to $10,000) |

### 2. Type of Building (proposed or existing)

| | | | |
|---|---|---|---|
| X | Class A fuel | | Prototype I plans (brick, block, concrete) |
| | Class B fuel | | Prototype II plans (steel frame) |
| | | | Other* |

**4,230** Square Footage of Building (proposed or existing)

**2** Number of Burn Rooms on 1st floor
**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 ☑ only one for each)

Has an A/E study already been completed?

| | Yes | | No | X | Not Applicable |
|---|---|---|---|---|---|

If so, is a copy attached to this application?

| | Yes | | No | X | Not Applicable |
|---|---|---|---|---|---|

### 4. Condemnation and/or fitness for use

(Leave [C4] blank if this application is for totally **new** construction; otherwise Check ☑ only one for each statement.)

Is this structure still in use for certification of FFI and FFII at the time of application?

| X | Yes | | No |
|---|---|---|---|

If yes, is there currently a scheduled date to remove the structure from service?

| X | Yes | | No |
|---|---|---|---|

If yes, enter the month & year:    **Jun-15**

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?

| | Yes | X | No | | Not Applicable |
|---|---|---|---|---|---|

If yes, is a copy of such order attached to this application?

| | Yes | | No | X | Not Applicable |
|---|---|---|---|---|---|

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| E. Financial Plan | An estimated project budget must be attached to this application. |
|---|---|
| **1. Project Budget** (Capital Expend) | For renovation/repair projects, contractor estimates must be attached. |

| | |
|---|---|
| **a. Expense** | |
| **i. Estimated Cost of Construction** (Enter or check ☑) | **$ 140,182.56** ☐ Unknown at time of application |
| **ii. Estimated A/E Costs** (Enter or check ☑) | X Unknown at time of application |
| **iii. Estimated Total Costs** (Enter or check ☑) | **$ 140,182.56** ☐ Unknown at time of application |
| **b. Revenue** | |
| **i. Grant Funding Being Requested** New construction maximum $430,000 | **$ 121,716.75** |
| **ii. Matching / Cost Share Funds** | **$ 18,465.81** |
| **iii. Source of Matching Funds** (local contributions, donations, etc.) | Budgeted from locality Capital Improvement Project fund |
| **2. Operating Budget** (Maint. Expend) | |
| **a.** Is there a financial agreement among partnering localities? | ☐ Yes X No ☐ Not Applicable |
| **b.** Is there a local budget for annual maintenance costs? | X Yes ☐ No |
| **c.** Is there a local budget for annual inspection costs? | X Yes ☐ No |
| **d.** Is there a local budget for 5-year inspection costs? | X Yes ☐ No |

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| F. **Additional Parties** of Interest<br><br>(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 | **X**    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?** ☐ Yes ☐ No<br>       If yes, is a copy attached to this application? ☐ Yes ☐ No<br>Is there a formal agreement among parties with regard to the **shared use of the facility?** ☐ Yes ☐ No<br>       If yes, is a copy attached to this application? ☐ Yes ☐ 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 ☐ of a total of ☐ parties to proposed project<br>(Count the LEAD Locality as #1, thereby start with #2.) |
| 2b. | Title of Jurisdiction<br><br>(Check ☑ only one, then make entry ) | ☐ County of _____<br>☐ City of _____<br>☐ Incorporated Town of _____ |
| 2c. | Employer Identification Number (EIN) | ☐ ☐ --- ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| 2d. | Principal Point of Contact | (Include salutation, name & title.) |
| 2e. | Mailing Address<br><br><br>Identify **COUNTY** if appropriate → | (Include zip code+4) |
| 2f. | Telephone Number | ( ) |
| 2g. | FAX Number | ( ) |
| 2h. | Internet e-mail address | |

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## 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

~~SSN may **NOT** be substituted.~~

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

(Last, First, Initials)
**NAME**

(Telephone Number)
**MAIN**

(Telephone Number)
**ALTERNATE**

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

[X] Checking    [ ] Savings

(9 digits)
**ROUTING TRANSIT NUMBER**

**ACCOUNT NUMBER**

**ACCOUNT TITLE**  Shenandoah County General Fund

**FINANCIAL INSTITUTION**  Bank of America

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> Note ☞ This section of the application MUST be properly executed for the application to be complete. Certification may be completed by:
> - City Manager /or/ Deputy
> - County Administrator /or/ Deputy
> - Town Manager /or/ Mayor
> - Or other duly authorized official but only when the application is accompanied by a copy of an 'Ordinance' or other formal instrument clearly granting that party such authority.
>
> *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.

| *Signature* | 12·30·2014 |
| Signature | Date |

| Mary Beth Price | County Administrator |
| Printed Name | Title |

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

State of Virginia                    }
                                     }
City / County of  Shenandoah         }

On this 30 day of December (month) in 2014 (year), before me, the undersigned a Notary Public for the Commonwealth of Virginia, personally appeared Mary T. Price 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:  3/31/2018                _Lori E.N. Clinedinst_
                        Date              Notary Public                    {Seal}

OFFICIAL SEAL
NOTARY PUBLIC-COMMONWEALTH OF VIRGINIA
LORI E.N. CLINEDINST
Reg. #153745
My Commission Expires
3/31/2018