



<b>A. Applicant Information</b>										
1. Title of Jurisdiction Making Application <small>(Check <input checked="" type="checkbox"/> only one, then make entry)</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 35%;">County of</td> <td style="width: 60%;">Chesterfield County, VA</td> </tr> <tr> <td></td> <td>City of</td> <td></td> </tr> <tr> <td></td> <td>Incorporated Town of</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/>	County of	Chesterfield County, VA		City of			Incorporated Town of	
<input checked="" type="checkbox"/>	County of	Chesterfield County, VA								
	City of									
	Incorporated Town of									
2. Employer Identification Number (EIN)	[REDACTED]									
3. Principal Point of Contact	(Include salutation, name & title.) Captain Gerald E. Pruden									
4. Mailing Address (Include zip code+4)  Identify <b>COUNTY</b> if appropriate →	P. O. Box 40 6610 Public Safety Way Chesterfield, VA 23832									
5. Telephone Number	( 804 717-6091									
6. FAX Number	( 804 796-5738									
7. Internet e-mail address	prudeng@chesterfield.gov									
8. Application Scope <small>(Check <input checked="" type="checkbox"/> only one)</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 35%;">Sole Jurisdiction as identified in [A]</td> <td style="width: 60%;"></td> </tr> <tr> <td></td> <td>Multiple Jurisdictions - Complete [F]</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/>	Sole Jurisdiction as identified in [A]			Multiple Jurisdictions - Complete [F]				
<input checked="" type="checkbox"/>	Sole Jurisdiction as identified in [A]									
	Multiple Jurisdictions - Complete [F]									

<b>B. Facility Information</b> (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 <b>Owner</b> of Facility	(Party holding /to hold title to the property) Chesterfield County
2. In-Service Date or Age of Structure	(Leave blank if NOT an existing structure as reported in [C1] below.) Date _____ <input type="checkbox"/> Unknown If unknown, enter approximate age in years
3. Address of Structure <small>(If appropriate, identify COUNTY where located.)</small>	13900 Allied Road Chester, VA 23836 Chesterfield 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 The proposed facility will be a six story fire training tower with two Class B fire props to provide live fire training on floors four and five. The building will be a permanent concrete structure with approx 2000 sq ft per floor for a total of 14,000 sq. ft. counting roof deck.

**C. Facility Usage**

<p><b>1. Number of annual burns</b> (must be documented)</p> <p>(for New construction, this figure is projected)</p>	<p>VDFP FFI burns <input type="text" value="2-3 days"/> (in compliance with NFPA 1403 standards)</p> <p>VDFP FFII burns <input type="text" value="2-3 days"/> (in compliance with NFPA 1403 standards)</p> <p>Other Burns <input type="text" value="5-72 days"/> (specify types of burns)</p>
<p><b>2. Travel to another facility</b></p>	<p>Distance traveled to closest alternate facility <input type="text" value="&gt;100"/> (in miles)</p> <p>Time traveled to closest alternate facility <input type="text" value="2"/> (rounded to whole hours)</p>
<p><b>3. Other localities served</b> (list number of stations and number of firefighters served for each locality)</p> <p>(for New construction, this figure is projected)</p> <p>(if more than 5 localities are served, additional localities must be included on Additional Localities Served tab)</p>	<p>Name of Locality <input type="text" value="Richmond Fire and Emergen"/>                  Number of stations <input type="text" value="20"/>                  Number of Firefighters <input type="text" value="416"/></p> <p>Name of Locality <input type="text" value="Colonial Heights Fire and EM"/>                  Number of stations <input type="text" value="2"/>                  Number of Firefighters <input type="text" value="45"/></p> <p>Name of Locality <input type="text" value="Henrico Division of Fire"/>                  Number of stations <input type="text" value="20"/>                  Number of Firefighters <input type="text" value="540"/></p> <p>Name of Locality <input type="text" value="Defense Logistics Agency"/>                  Number of stations <input type="text" value="1"/>                  Number of Firefighters <input type="text" value="29"/></p> <p>Name of Locality <input type="text" value="Ft. Lee Fire and Emergency"/>                  Number of stations <input type="text" value="3"/>                  Number of Firefighters <input type="text" value="45"/></p> <p><b>TOTAL NUMBER OF STATIONS SERVED</b> (from above and add') <input type="text" value="46"/></p> <p><b>TOTAL NUMBER OF FIREFIGHTERS SERVED</b> (from above and add') <input type="text" value="1075"/></p>
<p><b>4. Maintenance of facility</b></p> <p>(for New construction, skip Section C.4. Section E.2. MUST be completed)</p>	<p>Annual Maintenance Inspections <input type="checkbox"/> Yes <input type="checkbox"/> No (documentation of annual inspections MUST be provided with application for inspections conducted after 12/2007)</p> <p>Previous Repair Projects <input type="checkbox"/> Yes <input type="checkbox"/> No (documentation MUST be provided with application for most recent repairs)</p>

### D. Project Description

<b>1.</b> 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 \$10,000)												
<b>2.</b> Type of Building (proposed or existing)	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>Class A fuel</td> <td><input 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="14,000"/> Square Footage of Building (proposed or existing)  <input type="text"/> Number of Burn Rooms on 1st floor <input type="text"/> Number of Burn Rooms on 2nd floor  <b>For New Construction:</b> *If building plans deviate from Prototype I or II, applicant <b>MUST</b> define building concept and include proposed plans with application.  <b>For Renovations or Repairs:</b> *If building plans deviate from Prototype I or II, applicant <b>MUST</b> include copy of existing building plans with proposed renovations/repairs.	<input type="checkbox"/>	Class A fuel	<input 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 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*										
<b>3.</b> Architectural and/or Engineering (A/E) (Check <input checked="" type="checkbox"/> only one for each)	Has an A/E study already been completed? <input checked="" type="checkbox"/> Yes <input 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												
<b>4.</b> Condemnation and/or fitness for use  (Leave [C4] blank if this application is for totally <b>new</b> construction; otherwise Check <input checked="" type="checkbox"/> only one for each statement.)	Is this structure still in use for certification of FFI and FFII at the 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: _____												
	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												

<b>E. Financial Plan</b>		An estimated project budget must be attached to this application. For renovation/repair projects, contractor estimates must be attached.	
<b>1. Project Budget (Capital Expend)</b>			
<b>a. Expense</b>			
i. Estimated Cost of Construction (Enter or check <input checked="" type="checkbox"/> )	\$ 4,168,625.00	<input type="checkbox"/>	Unknown at time of application
ii. Estimated A/E Costs (Enter or check <input checked="" type="checkbox"/> )	\$ 633,312.00	<input type="checkbox"/>	Unknown at time of application
iii. Estimated Total Costs (Enter or check <input checked="" type="checkbox"/> )	\$ 4,801,937.00	<input type="checkbox"/>	Unknown at time of application
<b>b. Revenue</b>			
i. Grant Funding Being Requested New construction maximum \$430,000	\$ 480,000.00		
ii. Matching / Cost Share Funds	\$ 4,321,937.00		
iii. Source of Matching Funds (local contributions, donations, etc.)	Chesterfield County Capital Improvement Project Funds		
<b>2. Operating Budget (Maint. Expend)</b>			
a. Is there a financial agreement among partnering localities?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input 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	

<b>F. Additional Parties of Interest</b>  (Mark N/A and skip section [D] if not applicable - see [A.8])	Identify hereunder ALL <b>jurisdictions</b> (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	<p>Is there a formal agreement among parties with regard to the <b>proposed project</b>? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is a copy attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a formal agreement among parties with regard to the <b>shared use of the facility</b>? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is a copy attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

<b>2a.</b> 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.)
<b>2b.</b> Title of Jurisdiction  (Check <input checked="" type="checkbox"/> only one, then make entry )	<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"/>
<b>2c.</b> Employer Identification Number (EIN)	<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"/>
<b>2d.</b> Principal Point of Contact	(Include salutation, name & title.) <input type="text"/>
<b>2e.</b> Mailing Address  Identify <b>COUNTY</b> if appropriate →	(Include zip code+4) <input type="text"/>
<b>2f.</b> Telephone Number	( <input type="text"/> ) <input type="text"/>
<b>2g.</b> FAX Number	( <input type="text"/> ) <input type="text"/>
<b>2h.</b> Internet e-mail address	<input type="text"/>

**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

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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)

Checking

Savings

(9 digits)

ROUTING TRANSIT NUMBER

ACCOUNT NUMBER

ACCOUNT TITLE

FINANCIAL INSTITUTION



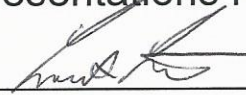
Note ☞ This section of the application MUST be properly executed for the application to be complete. Certification may be completed by:

- 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.

	<u>12-22-2014</u>
Signature	Date

<u>LOUISSASSITER, CPA</u>	<u>Assistant 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 Chesterfield }

On this 22 day of Dec. (month) in 2014 (year), before me, the undersigned a Notary Public for the Commonwealth of Virginia, personally appeared Louis Lassiter 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: 3-31-15 12-22-15  
 Date Notary Public Joy D. Galusha {Seal}

