

# Emergency Services Provider Fund (ESPF)

Fields marked with an \* are mandatory.

## APPLICANT INFORMATION

Applicant Name (First Responder Organization)

Street Number \*      Street Address \*      Apartment/Suite

PO Box      Municipality \*      Province \*      Postal Code \*

**Provide a detailed description of the organization including location, services provided, and the municipalities or communities served (Please attach a map outlining the service location if available).**

**Provide proof of incorporation (check appropriate):**

Registry of Joint Stocks (Provide Number) #

Through Legislation

An entity of Town of Municipality

## CONTACT INFORMATION

First Name, Initials \*      Last Name \*

Title

Telephone (Primary) \*      Ext.      Telephone (Alt)      Ext.

Fax      Email \*

Your Municipal Finance Contact: \*      Name of Municipality \*

Telephone (Primary) \*      Ext.      Email \*

**PROJECT INFORMATION**

**Provide a description of proposed equipment purchased and the benefits to your organization and community?**

**If your proposed equipment purchase will replace old or deficient equipment, what is the age and condition of the equipment to be replaced or upgraded?**

**Describe the impact to your organization or community if funding is not forthcoming this year.**

**Select the appropriate general project category for the proposed equipment purchased.**

Check off a maximum of 3 categories:

- Personal Protective Equipment (PPE) and Self Contained Breathing Apparatus (SCBA) Communications
- Miscellaneous Fire Fighting Equipment
- HAZMAT
- Rescue Equipment
- Emergency Power for Building
- Water Supply/Suppression Equipment

**Select the appropriate sub-category of equipment (check all applicable):**

Personal Protective Equipment (PPE) and Self-Contained Breathing Apparatus (SCBA)

- |             |   |
|-------------|---|
| Bunker Gear | Hard Hats   |
| Helmets     | Helmet/personal lights                                  |
| Boots       | Self-Contained Breathing Apparatus (SCBA) & Accessories |
| Gloves      | Rapid Intervention Packs (RIT)                          |
| Flashhoods  | Miscellaneous Safety                                    |
| Coveralls   | Equipment/Instruments Industrial Washer and/or Dryer    |

Communications

Pagers  
Portable Radios  
Radio Equipment, Dispatch  
Radio Towers  
Digital Communications Equipment  
SCBA Interface Equipment

Miscellaneous Fire Fighting Equipment

Thermal Imager & Accessories  
Gas Detection  
Compressors / Cascade Systems Utility  
Ladders  
Scene Lighting  
Rotary Saws  
Ventilation Saws  
Positive Pressure Fans / Smoke Ejector  
Portable generators/power packs

HAZMAT

Hazmat Suits  
Decon Shelters  
Decon Showers  
Leak Control Systems  
Gas/Substance  
Detectors

Rescue Equipment

- Hydraulic Rescue Tools
- Stabilization Equipment
- Air Bag Systems
- Ice / Water Rescue Equipment
- High Angle Rescue Equipment
- Confined Space Rescue Equipment
- Medical
  - Defibrillators
  - Backboards / Baskets
  - Trauma Bags
- GPS Units
- Mapping/Tracking Software

Emergency Power for Building

Back-up Generator  
Electrical Room Upgrades  
Wiring/Installation Fixed  
Fuel Supply Tank Slab/  
Bollard Installation

Water Supply/Suppression Equipment

Hoses	Dry Hydrants
Nozzles	Pump / Tank Skid Units
Monitors	Hose Testers
Wyes & Siamese	Hose Dryers
Adapters	Suction Hose
Foam Eductors	Porta-Tanks
Strainers	Portable Pumps

Provide a breakdown of the costs for the proposed total equipment and indicate if you have provided a quote.

List Total Equipment Costs	Total Cost	Quote Provided (Yes or No)
<b>Total cost (all proposed equipment)</b>		

Provide a list of quotes for proposed equipment purchase (also attach the actual quotes to the application).

At least one formal quote is required for each piece of equipment. The following allows you to provide up to 3 quotes for up to 3 different types of equipment (if applicable).

If the invoice total for the piece of equipment is over \$2,500, three quotes are required. An exception may be granted for the number of quotes required if proper justification is provided.

**Equipment #1 (Describe)**

	List Name of Supplier	Equipment Sub-Category	Total Cost	Identify Selected Quote
Quote #1				
Quote #2				
Quote #3				
Provide rationale for your selected quote				

**Equipment #2 (Describe)**

	List Name of Supplier	Equipment Sub-Category	Total Cost	Identify Selected Quote
Quote #1				
Quote #2				
Quote #3				
Provide rationale for your selected quote				

**Equipment #3 (Describe)**

	List Name of Supplier	Equipment Sub-Category	Total Cost	Identify Selected Quote
Quote #1				
Quote #2				
Quote #3				
Provide rationale for your selected quote				

**Provide the project total estimated costs and funding breakdown. Please note that cost overruns of projects are the responsibility of the applicant.**

**Project Total Estimated Project Costs**

Equipment Cost (net of HST)	
Other (Please specify)	
Subtotal (net of HST)	
HST	
Total Eligible Cost (incl. HST)	

**Projects Estimate Funding Breakdown**

<b>Emergency Services Provider Funds up to \$20,000 or 75% of total project cost</b>	\$
Applicant's Contribution to Total Project Cost	\$
Other Groups or Organizations (if applicable)	\$
<b>Total (should match Total Eligible Cost above)</b>	\$

Note: Specify expected amount of project funding by all source(s). Attach letters of funding commitments where appropriate.

**The following supplementary information must be attached to your application:**

Financial Statements

Equipment Quotes (for each type of equipment)

**If the application is incomplete or missing any supplementary information (i.e, required attachments) it may not be considered for funding consideration.**

**Please submit completed application, including all required attachments to the Program email: [ESPF@novascotia.ca](mailto:ESPF@novascotia.ca).**

**DECLARATION**

The information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I hereby give the DMAH authority to verify any and all information pertaining to this application. I understand that the DMAH will contact my municipality regarding any funding they provide the organization. I understand that any projects funded may be subject to audit by the Province of Nova Scotia. I understand that the Province reserves the right to review and inspect funded projects and related documentation during and following project completion. I understand that any municipal and/or provincial permits must be obtained and that work must conform to the Barrier Free Design standards of the Nova Scotia Building Code Regulations and the National Building Code of Canada 2015.

\_\_\_\_\_  
Fire Chief or signing authority for the organization

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name