

Covid19 Application Submission Instructions

Before beginning an application, you will need to have a username and password registered within the Keystone Login Portal. **Note:** The Keystone ID is your personal ID – you do not need to create a new Keystone ID for the Department.

You may register for a Keystone ID here: <https://keystonelogin.pa.gov/Account/Register>

Once you've registered for your Keystone ID, log out of the Keystone ID website, then click the following link to log into ESA grant application: <https://dced.pa.gov/singleapp>

Program Requirements

To be eligible to apply for the Covid19 Fire Crisis Fire Company and Emergency Medical Services Grant, **your company must be a fire/rescue company, OR an EMS company designated as the primary EMS provider for a township/municipality/borough.**

If the answer is NO to this question, your company isn't eligible to apply.

Note: Fire and Rescue Companies ARE NOT permitted to submit a Fire **AND a Rescue grant application, even if your company provides both types services.**

Note: EMS companies which did not receive a Fire Company Emergency Medical Service Grant for the 19-20 grant cycle, will be required to upload a letter from the Secretary of the township/municipality/borough to be approved for a Covid19 grant.

If your company was awarded a Fire Company Emergency Medical Service Grant (FCEMSG) for the 19-20 grant cycle, **YOU MUST** register for the COVID 19 Fire, Rescue and EMS Grant. **If you do not register by 4:00pm on August 7, 2020, your company will not be awarded a Covid19 grant.**

Applicant Information

Applicant Name: Enter the name of your fire, rescue or ems company.

NAICS Code: Enter 9221 **or** you can select **“Justice, Public Order, and Safety Activities”** from the drop down.

DUNS Number: This information isn't required during the registration phase, but it will be needed during the grant agreement/grant deposit phase.

FEIN/SSN Number: Enter your company's Federal Employee Identification Number.

CEO: Enter the name of the Chief Executive Officer of your company.

CEO Title: Enter the title of the Chief Executive Officer of your company.

SAP Vendor #: This information isn't required during the registration phase, but it will be needed during the grant agreement/grant deposit phase.

Contact Name: Enter the name of the company officer who will be your contact person designated to receive information about the grant application.

Contact Title: Enter the title of the company officer who will be your contact person designated to receive information about the grant application.

Phone: Enter the phone number of the company officer who will be your contact person designated to receive information about the grant application.

Email: Enter the email address of the company officer who will be your contact person designated to receive information about the grant application.

Mailing Address: Enter your fire, rescue or ems company mailing address.

Enterprise Type

Select the type of service that describes your company, then select continue.

Project Site Location(s)

Enter your company's physical location address, county and municipality.

PA House: Select the correct House member name.

PA Senate: Select the correct Senator name.

Project Narrative

Select continue

Program Addenda

1. What type of organization is your company? Select your company type.

- a. **Please Upload FFATA form:** You must download the form, save a copy of the form to your computer, complete the form, save the changes, then upload it to your application.

Note: If you try to complete the form online then upload it, the information you entered will not save and your form will be blank.

- b. **IF** your EMS company **DID NOT** receive a 19-20 FCEMS grant, please submit a letter signed by the township/municipality/borough Secretary stating the company is the primary EMS provider.

Note: If the required letter isn't uploaded or is insufficient, your grant application cannot be approved.

2. Did your company receive 19-20 Fire Company Emergency Medical Service (FCEMS) grant?

You must select YES or NO

Note: If your company **was** awarded a 19-20 FCEMS grant, select YES. The 3 fields requesting project information are not required.

If your company **was not** awarded a 19-20 FCEMS grant, select NO then complete the 3 fields describing your project.

3. Please enter your anticipated expenses for the following categories.

Enter the amount of anticipated expenses from **3/1/2020** through **12/30/2020**. Please estimate the amount of expenses for each of the categories. You can enter 0.

- a. Utilities
- b. Insurance
- c. Apparatus Repairs/Fuel
- d. COVID-19 related items
- e. Personal Protective Equipment

4. We have implemented an electronic contracting procedure for awarded funds using an e-signature process. Please provide the name, title, and email address of two authorized individuals who will execute a contract, if awarded.

Enter the name, title, and email address of the **President/Chairman of the board or council**.
Enter the name, title, and email address of a 2nd officer of your company.

Application Certification

Electronic Signature Agreement: Check the box agreeing to the terms, then select whichever applies below.

I am the applicant

I am an authorized representative of the company, organization or local government.

I am a "Certified" Partner representative.

Type Name Here: Enter the name of the person submitting the application.

Electronic Attachment Agreement: Check the box agreeing to the terms, then submit your application.

Note: If any required fields are incomplete, you will not be able to submit your application until those sections are complete.