



# Commonwealth of Pennsylvania Office of the State Fire Commissioner

---

## Instructions and Definitions

### Fire and Emergency Medical Services Loan Program (FEMSLP)



**Josh Shapiro, Governor**

**Austin Davis, Lieutenant Governor**

---

For your loan application to be processed the following documentation is required when you submit your loan application packet.

The processing of your application will be delayed if all the required documentation has not been received. To better assist you in the process, we are providing you a checklist with links to the documents on the webpage.

Please read the instructions carefully, complete the checklist to ensure that you have all the required documents for your loan application packet, and appropriate officers have signed in the designated area on all forms.

| Admin Use Only | Document Checklist – General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | <input type="checkbox"/> Charter or Certificate of Incorporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                | <input type="checkbox"/> Bylaws                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <input type="checkbox"/> IRS form 990 or 1099 showing EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <input type="checkbox"/> IRS form W-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                | <input type="checkbox"/> PA Dept. of Revenue State Tax Exemption Certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                | <input type="checkbox"/> Signed Contract/Agreement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <input type="checkbox"/> Copy of Specifications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <input type="checkbox"/> Financial Institute Form<br><a href="https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Financial-Information-Form.doc">https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Financial-Information-Form.doc</a>                                                                                                                                                                                                                                                                                                                                            |
|                | <input type="checkbox"/> Officers List<br><a href="https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Officers-List-Form.doc">https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Officers-List-Form.doc</a>                                                                                                                                                                                                                                                                                                                                                                       |
|                | <input type="checkbox"/> Loan Application and Letter of Intent (VL-1)<br><a href="https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Loan-Application.doc">https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Loan-Application.doc</a>                                                                                                                                                                                                                                                                                                                                            |
|                | <input type="checkbox"/> Resolution to Borrow (VL-2)<br><a href="https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Resolution-To-Borrow.doc">https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Resolution-To-Borrow.doc</a>                                                                                                                                                                                                                                                                                                                                                     |
|                | <input type="checkbox"/> Proof of Publication (VL-4)<br><a href="https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Proof-Of-Publication.doc">https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Proof-Of-Publication.doc</a>                                                                                                                                                                                                                                                                                                                                                     |
|                | <input type="checkbox"/> Financial Statement (VL-5)<br><a href="https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Financial-Statement.doc">https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Financial-Statement.doc</a>                                                                                                                                                                                                                                                                                                                                                        |
|                | <input type="checkbox"/> Suppliers/Contractor's List (VL8-9) <i>*Required for apparatus, ambulance or facility loan.</i><br><a href="https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Suppliers-Contractors-List.doc">https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Suppliers-Contractors-List.doc</a>                                                                                                                                                                                                                                                                     |
|                | <input type="checkbox"/> Letter of Responsibility (VL-10)<br><a href="https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Letter-Of-Responsibility.doc">https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Letter-Of-Responsibility.doc</a>                                                                                                                                                                                                                                                                                                                                        |
|                | <b>Refinancing Application:</b><br><ul style="list-style-type: none"> <li>• Loan Agreement<br/> <i>*The date of the loan agreement shall precede the date of delivery or completion of the project by at least one day.</i> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                   |
|                | <b>Reimbursement Applications:</b><br>The FEMSLP may reimburse funds used from a volunteer company's savings or investment account. These funds must be withdrawn or transferred and used to pay for the project no later than 1 day prior to taking delivery of an apparatus or completion of a facility. <b>The FEMSLP may NOT reimburse funds that are used from a Checking account alone.</b> The FEMSLP can reimburse funds that were transferred directly from a company savings/investment account into the company checking account. A confirmation of funds used must be provided to the office. |

| Admin Use Only | Apparatus Checklist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | The following items are required for purchase of all apparatus and ambulances in addition to the documents under the general section of this checklist.                                                                                                                                                                                                                                                                                                                                                                                                     |
|                | Please check the appropriate box: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Rehab <input type="checkbox"/> Ambulance<br><br><input type="checkbox"/> Priority Application <input type="checkbox"/> PA Bonus Application <input type="checkbox"/> Refiancne Application                                                                                                                                                                                                                                            |
|                | <input type="checkbox"/> <b>Vehicle Identification # (VIN).</b> This applies to new, used, rehab appartus and ambulances                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                | <input type="checkbox"/> <b>New Appartus or Ambulance:</b> Copy of Title/Certificate of Origin for new apparatus<br>Use/Rehab or Ambulance: Copy of Title                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <input type="checkbox"/> <b>Vehicle Certification:</b> Vehicle meets applicable NFPA standard. This applies to new, used and rehab apparatus.<br><b>Ambulance:</b> certification vehicle meets applicable Federal Standards.<br><i>*applicable: NFPA/Federal standard at the time of manufacturer for all vehicles.</i>                                                                                                                                                                                                                                     |
|                | <input type="checkbox"/> <b>Performance Test:</b> (Pumpers and Aerials).<br><i>*If more than a year transpires between the date of delivery and the date of your loan settlement, another pump or aerial test must be conducted by an independent testing organziaiton not mre than ninety (90) days prior ot date of settlement.</i>                                                                                                                                                                                                                       |
|                | <input type="checkbox"/> <b>Pictures of vehicle</b> (front, sides and rear) are required for used, rehab vehicles and ambulances                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <input type="checkbox"/> <b>Bids for rehabilitated apparatus</b><br><i>*State requirement. Estimates of the cost to rehabilitate an apparatus. Three (3) estimates from qualified manufacturers are required. If less than three estimates are submitted, a statement must be submitted by the company explaining why there are less than three estimate</i>                                                                                                                                                                                                |
|                | <input type="checkbox"/> <b>Ambulance:</b> Department of Health – EMS License                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <b>Priority 1 Application:</b> <ul style="list-style-type: none"> <li>• Outmoded Apparatus/Faciliteis/Equipment</li> <li>• Unsafe Apparatus/Facilities/Equipment</li> <li>• Increased Demand on Services</li> </ul> <i>*A letter of substantiating information is required if you check any of the above on your loan application. Sample Letters are provided in the instruction manual.</i>                                                                                                                                                               |
|                | <b>PA Bonus Application:</b> Certification from the manufacturer that at least 75% of the toal coast of the vehicle chassis, frame, and toerh component parts, includin permanently attached equipment or apparatus parts, has been either manufactured or assembled by a person doing business oley in Pennsyavlania or by a business or corporation which is located in Pennsylvania. The certificaion is needed in order to excee the applicable loan lmiit by an additional \$20,000.<br><i>*A sample letter is provided in the instruction manual.</i> |

| Admin Use Only | Facility Checklist                                                                                                                                                                                                                                              |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | <input type="checkbox"/> Contractors' Confirmation Form                                                                                                                                                                                                         |
|                | <input type="checkbox"/> Contractors' Materials & Cost Estimate                                                                                                                                                                                                 |
|                | <input type="checkbox"/> Picture of Facility                                                                                                                                                                                                                    |
|                | <input type="checkbox"/> Labor & Industry Certificate of Occupancy                                                                                                                                                                                              |
|                | <input type="checkbox"/> Project Status Report Contractors Form (VL-3)<br><a href="https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Contractors-Form.doc">https://www.osfc.pa.gov/GrantsandLoans/FEMSLP/Documents/FEMSLP-Contractors-Form.doc</a> |
|                | <input type="checkbox"/> Sprinkler System Statement                                                                                                                                                                                                             |
|                | <input type="checkbox"/> Legal Description (Deed) or Long-term Lease                                                                                                                                                                                            |
|                | <input type="checkbox"/> Copy of First Mortgage                                                                                                                                                                                                                 |
|                | <input type="checkbox"/> Title Insurance (Due at Settlement)                                                                                                                                                                                                    |

Please read and follow these instructions carefully. Additional information can be found in the Rules and Regulations which is a separate document located on our website at the link below.

[GENERAL STANDARDS \(pa.gov\)](https://www.pa.gov)

## General Information

### 1. CHARTER, CERTIFICATE OF INCORPORATION, or ORDINANCE (career):

This is the document under which your organization was originally founded which establishes your volunteer and/or non-profit status and gives the legal name of your entity. Make a clear copy of your Charter, Certificate of Incorporation, or Ordinance even if there was a prior loan, each application must stand on its own.

**Note:**

- a. If there have been any name changes made, submit a copy of the Department of State approved amendments to the original document.
- b. If your fire company charter currently includes the phrase “and Relief Association” in the name, you must also submit a copy of the Relief Association Bylaws and documentation from the U. S. Internal Revenue Service which includes the Relief Association Federal ID Number. The local branch of the IRS can provide this information if you cannot locate this documentation.

### 2. BYLAWS:

Make a readable copy of your BYLAWS, even if there may have been a prior loan. To qualify for a loan, the bylaws may not discriminate against any individual based on race, religion, sex, age, national origin, or disability. The bylaws should avoid single gender references (he/him) and age limits. Also, references to any type of secret ballot, including blackball systems, must be avoided. Votes for membership must be conducted by “written ballot.”

If such discriminatory references are mentioned in your current bylaws, the bylaws will need to be changed before your application can be presented to the Application Review Committee for approval. Since it may not be possible to immediately reprint your entire set of bylaws, you may certify that you have made the necessary changes by providing us with a copy of those changes. On your company letterhead, print the changes and indicate the date on which they were approved by the membership and have the document signed by the president and secretary and notarized.

**Note:** If your fire company bylaws currently include the phrase “and Relief Association” in the name, formal steps must be taken to separate the two entities.

The Fire and Emergency Medical Service Loan Program (FEMSLP) does not retain prior applications. Each new application must be completed including the submission of current documentation of the Charter, Certificate of Incorporation or Ordinance, and the Bylaws must be submitted with all new loans. whether or not you have ever had prior loans.

### **3. LOAN APPLICATION AND LETTER OF INTENT (VL-1):**

Complete the Loan Application and Letter of Intent that is included in your packet. Follow the enclosed instructions that will assist you in completing this part of your application. Please answer all the questions on the application that are applicable to your loan.

Notarize and sign the application, make a copy for your records, and send the original to this office.

The form must be signed by the requested company officers (the President and the Secretary). We cannot accept any other officer's signature.

An ambulance division of a fire company cannot apply on their own. The application must be completed by the company listed on the non-profit Charter or Articles of Incorporation. The fire company officers must complete the application. If the ambulance division wishes, they may co-sign the application.

[PEMA-VL-2 \(Revised 10/91\) \(pa.gov\)](#)

### **4. RESOLUTION TO BORROW (VL-2):**

Prepare the Resolution to Borrow that is included in your packet. This resolution must be formally approved by your organization and signed by the appropriate officer.

Be sure that the form is notarized and signed by the Secretary. We cannot accept any other officer's signature.

An ambulance division of a fire company cannot apply on their own. The application must be completed by the company listed on the Charter or Articles of Incorporation. The fire company officers must complete the application. If the ambulance division wishes, they may co-sign the application. Either affix your company's seal to the document or have it notarized. Keep a copy of this document for your records.

[PEMA-VL-2 \(Revised 10/91\) \(pa.gov\)](#)

### **5. COMPANY OFFICERS LIST:**

Complete the Yearly List of Company Officers that is included in your packet. First list the names, addresses and telephone numbers of the President, Vice-President, Chairman, Chief, Secretary, Recording Secretary, Treasurer, and Financial Secretary.

Then list board members or trustees. Use the reverse side if additional space is required.

Prior to completing the form, make copies. For the duration of the loan, you will be required to submit an updated officer's list each year by January 31st.

## **6. RECOMMENDED PUBLICATIONS FORM (VL-4):**

**\*\*This step is TIME SENSITIVE\*\***

Complete the Publications Form that is included in this packet. Carefully follow the instructions in the enclosed box on the form.

Your loan application must be received by our office no later than 30-days after publication.

It is recommended the advertisement be done a week or two before the loan application is submitted to us. The FEMSLP staff will compare the actual Publication Date with the recorded Receipt Date of your company's forms to determine if the 30-day window has been met. The receipt date is the date the application is received in this office. Submit the Proof of Publication of Legal Notice, along with your completed application, to this office.

[PEMA-VL-4 \(pa.gov\)](#)

## **7. FINANCIAL STATEMENT AND PLAN CERTIFICATION (VL-5):**

Complete the Financial Statement and Plan Certification that is included in your packet. Follow the enclosed instructions that will assist you in completing this part of your application.

**The VL-5 must be completed for the last three (3) complete company fiscal years.**

Our form must be used, we cannot accept attachments. Be sure that the form is notarized and signed by the requested company officers (the President and the Secretary). We cannot accept the Treasurer's or another officer's signature.

An ambulance division of a fire company cannot apply on their own. The application must be completed by the company listed on the Charter or Articles of Incorporation. The fire company officers must complete the application. If the ambulance division wishes, they may co-sign the application.

[PEMA VL-5 \(pa.gov\)](#)

## **8. LETTER OF RESPONSIBILITY (VL-10):**

Complete the Letter of Responsibility that is included in your packet. The volunteer company completes the form showing the name, title, home address, home telephone number, and work telephone number of the person appointed and authorized by the President and the Secretary of the volunteer company to be responsible for submitting the required loan repayment checks on a timely basis to the OSFC Comptroller.

The designated person must be an active member of the volunteer company. The form will be dated and signed by the responsible party, the President, and the Secretary of the volunteer company. We cannot accept the Treasurer's or another officer's signature.

An ambulance division of a fire company cannot apply on their own. The application must be completed by the company listed on the Charter or Articles of Incorporation. The fire company officers must complete the application. If the ambulance division wishes, they may co-sign the application.

[PEMA VL-10 \(pa.gov\)](#)

## **9. FINANCIAL INSTITUTE FORM:**

Complete the Financial Institute Form that is included in your packet. It must be completed by the volunteer company and returned to the FEMSLP showing the volunteer company's financial information.

On the front list whether the FEMSLP will refinance a current loan or if the FEMSLP loan will be used to pay a vehicle manufacturer, vendor, building contractor or other party. The back side of this form requests current information concerning the volunteer company's active checking accounts, savings accounts, other investment accounts, and outstanding loans.

**CO- PAYEE:** The entity to which the volunteer company owes money for the project, and which will be listed on the loan proceeds check.

## **10.SUPPLIERS/CONTRACTORS LIST (VL-9):**

This form is provided by the Volunteer Loan Assistance Program. The volunteer company will list the names of organizations, retailers and wholesalers that will be involved in the purchase or rehabilitation of your apparatus; facility; or accessory, communications, or protective equipment. List the name(s), the item(s) of equipment purchased or to be purchased, and the cost of the item(s).

[PEMA-VL-9 \(Revised 07/97\) \(pa.gov\)](http://pa.gov)

## **11.SIGNED CONTRACT OR AGREEMENT:**

This document states that the seller (vendor/ manufacturer/contractor) agrees to sell, and that the buyer (volunteer company) agrees to buy a specified apparatus/facility/equipment. The price, terms, and conditions, all of which may be subject to changes approved by both parties.

This document must be signed by both the seller and the buyer. In addition, any changes to the original contract/agreement must also be submitted to the FEMSLP. **The name of the volunteer company must appear on this document.**

## **12. PLANS/SPECIFICATIONS:**

This document is submitted by the volunteer company. This is a technical document provided to the volunteer company by the vendor, manufacturer, or contractor.

Apparatus -- Details and explanation of the general construction of the apparatus and the test(s) and standard(s) to finish provided by the manufacturer.

Facility -- Approved plans/drawings provided by an architect or contractor for the construction or modernization project that comply with applicable federal, state, and local laws concerning the project. A blueprint of the floor plan to scale must be submitted to FEMSLP.

Equipment -- Plans and specifications are not required.

## **Apparatus**

### **VEHICLE IDENTIFICATION NUMBER (VIN):**

This item is submitted by the volunteer company. The 17-digit Vehicle Identification Number is determined by the chassis manufacturer and is available when the chassis has been completed. If the VIN is not yet available, the volunteer company should contact the distributor's sales representative or the chassis manufacturer and submit the VIN as soon as possible.

### **COPY OF VEHICLE TITLE:**

This item is submitted by the volunteer company. The Certificate of Title is issued by the PA Department of Transportation. If the Certificate of Title is currently being held by the co-payee, you must ask the co-payee to send a copy to the Volunteer Loan Assistance Program (FEMSLP) as soon as possible. If the title has not yet been issued, we require a copy of the partially completed Certificate of Origin showing the Vehicle Identification Number (VIN) and Office of the State Fire Commissioner as first lienholder. The Certificate of Origin is issued by the chassis manufacturer upon completion of the chassis. (NOTE: A Certificate of Origin is not a Certificate of Title.)

### **PERFORMANCE TEST:**

The factory certification document or written results of any pump or aerial test conducted by the manufacturer of the apparatus or by a recognized independent testing organization immediately prior to the time that the volunteer company accepts delivery. This applies to any vehicle with a 750-gpm pump or higher and or an aerial vehicle with an aerial ladder of at least 50 feet.

### **USED/REHAB VEHICLE PERFORMANCE TEST:**

If more than a year transpires between the date of acceptance and the date of your loan settlement, another pump or aerial test must be conducted by an independent testing organization not more than ninety (90) days prior to date of loan settlement. We cannot present your file to the Application Review Committee for approval without the test.

**Refer to the definition of Used Apparatus Equipment in the General Standard Section of the Rules and Regulations for FEMSLP. [GENERAL STANDARDS \(pa.gov\)](https://www.pa.gov/government/legislation/pa-general-standards)**

### **NFPA CERTIFICATION:**

The Rules & Regulations for the Volunteer Loan Assistance Program requires certification that any new vehicle shall comply with the applicable NFPA Standards in existence at the time of the application for fire apparatus.

The program was amended on June 25, 1999, establishing 1991 as a base standard for used apparatus and provides a twelve year (12) "window" beginning with the 1991 standard.

## **NFPA CERTIFICATION cont.,**

Currently, any used vehicles using NFPA 1901 that were manufactured in 2008 or prior must meet at least the **2003** standard.

Any used Apparatus using NFPA 1906 that were manufactured in 2008 or prior must meet at least the **2003** standard.

The vehicle manufacturer or authorized agent will be required to guaranty, certify, and warrant that your vehicle meets or exceeds the applicable standards. If your vehicle **does not or cannot** meet the applicable NFPA Standards we will not be able to fund your project.

Your application cannot be processed unless corrective work is performed and completed which brings the vehicle into compliance. We will also require pictures of used & rehabilitated projects.

### **SAMPLE NFPA APPARATUS CERTIFICATION LETTER**

ABC FIRE APPARATUS  
123 Apple Road  
Orchard, PA 12345

February 12, 2019

Loan Administrator  
Volunteer Loan Assistance Program  
Office of the State Fire Commissioner  
1310 Elmerton Avenue, Harrisburg, Pennsylvania 17110

Dear Loan Administrator:

This letter is to inform you that (name of volunteer company) has (purchased or rehabilitated) a (vehicle description). The apparatus has been evaluated by the above-referenced firm; I guaranty, certify and warrant that the vehicle meets or exceeds NFPA \_\_\_\_\_ Standard \_\_\_\_\_ edition.

I can be reached at (A/C) xxx-xxxx if you have any questions.

(Signature)

(Printed Name)

(Title)

### **BIDS:**

Estimates of the cost to rehabilitate an apparatus. Three (3) estimates from qualified manufacturers are required. If less than three estimates are submitted, a statement must be submitted by the volunteer company explaining why there are less than three estimates.

### **RELIEF ASSOCIATION PARTICIPATION:**

If the volunteer company purchases the vehicle and acquires funding from a Relief Association for portions of the vehicle, a written agreement between the fire company and relief association must be submitted with your application.

This agreement shall specify the proportional share of financing for the vehicle. The share is based upon the total purchase price of the vehicle.

The agreement must stipulate that the relief association shall receive its prorated share of proceeds upon sale of the vehicle. An apparatus cannot be funded if the registered owner is the Relief Association alone but can be funded with the Relief Association as a co-owner.

## Ambulance

### DEPARTMENT OF HEALTH LICENSE:

A document issued by the PA Department of Health Bureau of Emergency Medical Services (BEMS). If you are an ambulance service chartered under your own name or if you are purchasing an ambulance you are required to submit a copy of your current license.

### AMBULANCE CERTIFICATION:

The Rules & Regulations for the Fire and Emergency Medical Services Loan Program (FEMSLP) requires that any ambulance (new, used, or rehabilitated) shall comply with the requirements of the United States Department of Transportation/National Highways Traffic Safety Administration as described in "Federal Specifications - Ambulances; KKK-A-1822F and its amendments, in existence at the time of the application.

The vehicle manufacturer or authorized agent will be required to guaranty, certify, and warrant that your vehicle meets or exceeds standards. If your vehicle **does not or cannot meet** the applicable specifications, we will not be able to fund your project. We will also require pictures of the vehicle for used or rehabilitated projects.

### **SAMPLE AMBULANCE CERTIFICATION LETTER**

ABC FIRE APPARATUS  
123 Apple Road  
Orchard, PA 12345

Loan Administrator  
Volunteer Loan Assistance Program  
Office of the State Fire Commissioner  
1310 Elmerton Avenue, Harrisburg, Pennsylvania 17110

Dear Loan Administrator:

This letter is to inform you that (name of volunteer company) has (purchased or rehabilitated) a (vehicle description). The ambulance has been evaluated by the above-referenced firm; I guaranty, certify and warrant that the vehicle meets or exceeds the requirements of the U. S. Department of Transportation/National Highways Traffic Safety Administration as described in "Federal Specifications - Ambulances; KKK-A-1822F and its amendments.

I can be reached at (A/C) xxx-xxxx if you have any questions.

(Signature)

(Printed Name)

(Title)

## Facility

### **PROJECT STATUS REPORT (VL-3):**

A form provided by the FEMSLP. It must be completed by the volunteer company and returned to the FEMSLP. The completed form indicates whether the volunteer company's construction or modernization project has been approved by local and state agencies, and that the project meets any other applicable statutory requirements. The completed form must be signed by an officer of the volunteer company and dated.

[FEMSLP-Contractors-Form.pdf \(pa.gov\)](#)

### **CONTRACTOR'S CONFIRMATION FORM:**

A form provided by the FEMSLP. When the form is properly completed and is accompanied by substantiating invoices, the FEMSLP can utilize those figures in computing a final eligible amount that is more advantageous to the applicant than if they are not provided. Whether the form is completed in its entirety or not, a section relating to "Design Cost Deductions" must be filled out.

### **LEGAL DESCRIPTION:**

A copy of the deed with the real property description set forth in Exhibit "A" of the deed. If the property is not owned a copy of the lease that disclosed the terms and description of the property is required.

When the registered owner is the Political Subdivision, the Department of Community and Economic Development requires the municipality to complete the Local Government Unit Debt Act (Act 177) because the municipality will be required to sign the OSFC loan settlement documents. Please advise the borough or township of this immediately so that they can confer with their attorney

### **CERTIFICATE OF OCCUPANCY:**

A document issued by the PA Department of Labor and Industry or the local code authority after final inspection of the completed project. A copy of the Certificate of Occupancy must be submitted to the FEMSLP before the loan settlement can be scheduled.

### **CONTRACTOR'S MATERIAL AND COST ESTIMATE:**

A document prepared by the contractor itemizing materials required for the project and providing the cost estimates for each item.

### **TITLE INSURANCE:**

A mortgage title insurance policy in the amount of the FEMSLP loan insuring the interest of the FEMSLP as the mortgagee under the mortgage as a lien or charge upon the mortgage property. Mortgage title insurance may be obtained from an abstract company, or through an attorney.

## Equipment

### **INVOICE(S):**

An invoice is a document rendered by the seller (vendor/manufacturer/distributor) requesting payment from the buyer (volunteer company) for equipment delivered to the buyer (volunteer company). Signed copies of paid invoices may be submitted in place of a signed contract.

## "Priority 1" Applications

First Priority Status will be given whenever two of the three designated categories in section C on the loan application (OSFC-VL-1) are checked. **"Outmoded Apparatus/Facilities/Equipment"**, **"Unsafe Apparatus/Facilities/Equipment"**, or **"Increased Demand on Services"** To qualify as a Priority #1 application, you **must** attach substantiating information.

When the **"Outmoded"** box is marked, a letter from a vendor/contractor/testing agency must be attached which outlines the deficiencies that make the apparatus outmoded and references the current NFPA Standards not met. The letter must be on their company letterhead, the term **"outmoded"** must be used in the explanation, and the letter must be dated and signed by the entity's designated representative. A sample letter is enclosed for possible use.

When the **"Unsafe"** box is marked, a letter from a vendor/contractor/testing agency must be attached which outlines the deficiencies that make the apparatus unsafe and references the current NFPA Standards not met. The letter must be on their company letterhead, the term **"unsafe"** must be used in the explanation, and the letter must be dated and signed by the entity's designated representative. A sample letter is shown below.

When the **"Increased Demand"** box is marked, the number of service calls made during the last two full calendar years must show an increased demand on services. If there was not an increased demand on services in the last two years, a letter on response company letterhead signed and dated by the company's designated representative must be attached which outlines the verifiable increase or unusual demand on present service.

### **SAMPLE PRIORITY #1 LETTER -- "OUTMODED" and/or "UNSAFE"**

ABC FIRE APPARATUS  
123 Apple Road  
Orchard, PA 12345

February 12, 2019

Loan Administrator  
Volunteer Loan Assistance Program  
Office of the State Fire Commissioner  
1310 Elmerton Avenue, Harrisburg, Pennsylvania 17110

Dear Loan Administrator:

This letter is to inform you that the apparatus being (replaced/repared, etc.), for the (name of applicant company) has been evaluated by the above-referenced firm; is deemed to be ("Outmoded" and/or "Unsafe"), and does not meet current NFPA 19 Standard, for the following reasons: (Please indicate any other Standard which may apply)

**(Commentary must be supplied here)**

I trust that the company will be given the Priority #1 status for which they have applied, and I can be reached at (A/C) xxx-xxxx if you have any questions on this evaluation that will lead to your decision.

(Signature)

(Print Name)

(Title)

## "Pennsylvania Bonus " Applicants

If you mark the box on the Loan Application (VL-1) that your new apparatus has been manufactured or assembled in Pennsylvania, we require certification from the manufacturer that at least 75% of the total cost of the vehicle's chassis, frame, and other component parts, including permanently attached equipment or apparatus parts, in the aggregate, has been either manufactured or assembled by a person doing business solely in Pennsylvania or by a business or corporation that is located in Pennsylvania. This certification is needed to exceed the applicable loan limit by an additional \$20,000.

The "Pennsylvania Bonus" feature is not automatic and each manufacture or assembly project, together with contract specifications and cost invoices, will be reviewed by the Agency to determine whether the project is entitled to the additional \$20,000 loan amount.

A letter from the manufacturer must be on the company's letterhead, and must specifically state where the new vehicle's chassis, frame, and other component parts, including permanently attached equipment or apparatus parts, has been manufactured or assembled. The letter must also show a breakout of the cost of the chassis and the cost of the body of the vehicle. Also, it must show what percentage of the total cost of the vehicle is attributable to those two parts.

The manufacturer should use the following sample letter to provide the information that is described above. Remember, the letter must be on the manufacturer's letterhead, must be dated, and must be signed by the manufacturer's designated representative.

### **SAMPLE PA BONUS LETTER**

ABC FIRE APPARATUS  
123 Apple Road  
Orchard, PA 12345  
February 12, 2019

Loan Administrator  
Volunteer Loan Assistance Program  
Office of the State Fire Commissioner  
1310 ~~Elmerton~~ Avenue, Harrisburg, Pennsylvania 17110

Dear Loan Administrator:

This letter is to inform you that at least 75% of the total cost of the apparatus built for \_\_\_\_\_ Volunteer Fire Company was manufactured or assembled by this company in Pennsylvania. I have attached all necessary documents to substantiate the information listed below.

TOTAL COST OF THE APPARATUS \$ \_\_\_\_\_

COST OF THE CHASSIS \$ \_\_\_\_\_ % OF TOTAL COST \_\_\_\_\_

COST OF THE CAB \$ \_\_\_\_\_ % OF TOTAL COST \_\_\_\_\_

COST OF THE BODY \$ \_\_\_\_\_ % OF TOTAL COST \_\_\_\_\_

THE CHASSIS WAS MANUFACTURED IN \_\_\_\_\_

THE CAB WAS MANUFACTURED IN \_\_\_\_\_

THE BODY WAS MANUFACTURED IN \_\_\_\_\_

TOTAL AMOUNT (\$) OF THE VEHICLE COST  
MANUFACTURED/ASSEMBLED IN PENNSYLVANIA \_\_\_\_\_

TOTAL PERCENTAGE (%) OF THE VEHICLE COST  
MANUFACTURED/ASSEMBLED IN PENNSYLVANIA \_\_\_\_\_

I can be reached at (A/C) xxx-xxxx if you have any questions on this matter.

(Signature)

Joe Smith  
Business Manager

## Refinancing Applications

### **SIGNED LOAN AGREEMENT:**

This is a document executed between the volunteer company and a lender that states the amount borrowed; purpose; date; rate of interest; length of the loan, and terms of repayment.

**The loan agreement must be signed by both the volunteer company and the lender and must be dated prior to the date of delivery or project completion by at least one day.**

The volunteer company must be able to show a continuous debt. This document is required when refinancing is involved.

**Note:** A Letter of Commitment is not a loan agreement. We must have a copy of the actual lending instrument.)

### **LOAN STATEMENT:**

This is a bank-type statement from a lender that states the loan balance due to the lender as of a specified date. This document is required when refinancing is involved.

If the principal balance of your loan drops below the amount of our pending loan prior to the OSFC loan settlement, we *may not* refinance more than the amount of the current balance.

## Reimbursement Applications

The FEMSLP may reimburse funds used from a volunteer company's savings or investment account. These funds must be withdrawn or transferred and used to pay for the project no later than 1 day prior to taking delivery of an apparatus or completion of a facility.

**The FEMSLP may NOT reimburse funds that are used from a Checking account alone.** The FEMSLP can reimburse funds that were transferred directly from a company savings/investment account into the company checking account. A confirmation of funds used must be provided to the office.

**The following pages provide detailed instructions for the Loan Application, Letter of Intent (VL-1), Financial Statement, and Plan Certification (VL-5)**

# LOAN APPLICATION AND LETTER OF INTENT

## (OSFC VL-1)

### INSTRUCTIONS

The following numbered items contain specific instructions for completing the corresponding numbered items on the Loan Application and Letter of Intent (VL-1). Where you need extra space, attach a separate page, and refer to the numbered item to which the data applies.

#### A. APPLICANT INFORMATION

1. List the **Charter** name of the volunteer company and the complete mailing address. If the site location address is different, list separately. Do not use a personal home address.  
  
If your company has ever existed under a different name or merged with another company list the previous name(s).
2. Indicate the Federal Identification Number for the volunteer company. This number is a unique 9- digit number given to you by the Internal Revenue Service. Place the number alongside the correct prefix. If your company does not have a Federal Identification Number, contact your local branch of the IRS. (You cannot use your municipality number)
3. Identify the name of the local government unit in which the company is located. Circle whether the municipality is a city, township, or borough.
4. Give the volunteer company's business or general telephone number. Do **not** list an emergency number.
5. Name the county where the volunteer company is located.
6. List the name and title of the person that we should contact about this application. **Please make sure the individual is a member of the volunteer company. The contact must be able to answer any questions that we might ask about this project.** List the telephone number(s) where we can contact the designated person(s) weekdays between 8:00 a.m., and 4:00 p.m. It is important that we have a number for the contact person for any questions that might arise and for the formal telephone interview.
7. If your company received help in preparing this application from someone who is not a member of your company, indicate the Preparer's name, organization, and telephone number.

#### B. GENERAL PROJECT INFORMATION

Select and complete all items within one category. Each project must have a separate loan application.

#### APPARATUS

8. Check whether the vehicle being purchased is new, used, or whether you are rehabilitating a vehicle that you own and currently exists in your fleet. You may have only one loan per vehicle. If you already have a FEMSLP loan on the vehicle in question, another loan may not be awarded for further work until you payoff the existing loan.

Any volunteer company that purchases and takes delivery of a used apparatus and then has it rehabilitated to bring it into compliance with NFPA standards is not eligible for a used vehicle loan. The company may apply for a loan only to rehabilitate the used apparatus.

9. Check if the vehicle is an addition to your fleet, or if it is a replacement for a vehicle already in your fleet.
10. Check the type of the vehicle being purchased or rehabilitated. Only one category will apply. For these purposes, a heavy-duty rescue vehicle is one that utilizes a chassis with a Gross Vehicle Weight Rating (GVWR) of **14,700** pounds or more and used **exclusively** for rescue services. (A complete set of specifications is required for all vehicles.)
11. Check whether you are or will be using funds from a loan from a manufacturer or lending institution that the FEMSLP will later refinance. **If refinancing is involved, the date of the loan agreement with the lender MUST precede the date of vehicle delivery by at least one day.** The volunteer company must have a continuous debt. (A copy of that fully signed agreement will be required.) **If the principal balance of that loan drops below the amount of the FEMSLP pending loan, we CAN NOT refinance more than the amount of that balance.**
12. Check if the vehicle was manufactured or assembled in Pennsylvania.
13. Indicate the total percentage of the cost that comes from the **vehicle** being manufactured or assembled in Pennsylvania. To receive the Pennsylvania Bonus, **at least 75% of the total cost** must come from the vehicle being either manufactured or assembled by a business or corporation that is located and doing business solely in Pennsylvania. The bonus feature is not automatic. (In order to receive the Pennsylvania Bonus documentation will be required. We will review the documents carefully to determine if you are eligible.)
14. Indicate the total cost of your apparatus project. (A copy of your fully signed contract(s) and any amendments is required.)
15. Indicate the delivery date of the vehicle. If the vehicle has been delivered, give the actual date; otherwise; give the expected date of delivery.

---



## FACILITY

---

16. Check the appropriate project the loan will finance. (Select One)
17. Check whether you are or will be using funds from a loan from a contractor or lending institution that the FEMSLP will later refinance. **If refinancing is involved, the date of the loan agreement with the lender MUST precede the date of facility project completion by at least one day.** The volunteer company must have a continuous debt. (A copy of the fully signed agreement will be required.) **If the principal balance of that loan drops below the amount of the FEMSLP pending loan, we CAN NOT refinance more than the amount of that balance.**
18. Indicate the total cost of your facility project. (A copy of your fully signed contract(s) and any amendments, and invoice(s) is required.) **We can fund ONLY HALF of the BAY, EQUIPMENT STORAGE AREA, AND COMMUNICATION AREA COSTS up to the limit established for facility loans.**
19. Indicate the total square feet involved in your overall project.
20. Indicate the total square feet of your bay and equipment storage areas. (Architectural drawings or blueprints are required. Keep the bay/storage/communication area costs separate from any
21. Indicate the completion date of the project.

## EQUIPMENT

22. Check the type of equipment being purchased. You can only receive one equipment loan in a five-year period.
23. Check if the purchase is for new or used equipment. Only one category will apply. Whether new or used, the equipment must meet the generally accepted standards for its type.
24. Check whether you are using funds from a loan from a vendor or lending institution that the FEMSLP will be refinancing. **If refinancing is involved, the date of the loan agreement with the lender MUST precede the date of equipment delivery by at least one day.** The volunteer company must have a continuous debt. (A copy of the fully signed agreement will be required.) **If the principal balance of that loan drops below the amount of the FEMSLP pending loan, we CAN NOT refinance more than the amount of that balance.**
25. Indicate the total cost of your equipment purchase. (A copy of your fully signed contract(s) or purchase order(s), plus any amendments, and invoice(s) is required.)
26. Indicate the delivery date of the equipment. If the equipment has been delivered list the actual date; otherwise, give the expected date of delivery.

### C. PROJECT JUSTIFICATION AND DESCRIPTION

27. Check the reason(s) a loan is required. Mark all the items that apply and provide additional information as required. Priority status is received only if two of the three designated categories are checked, and the required documentation is attached.

#### OUTMODED APPARATUS/FACILITIES/EQUIPMENT

You **MUST** attach a letter from a vendor/contractor/testing agency that outlines the deficiencies that make the apparatus outmoded and reference the NFPA 1901-2009 (or its successor) standards not met. The letter on their company letterhead must use the term “**outmoded**” in the explanation. Their designated company representative must sign and date the letter.

#### UNSAFE APPARATUS/FACILITIES/EQUIPMENT

You **MUST** attach a letter from a vendor/contractor/testing agency that outlines the deficiencies that make the apparatus unsafe and references the NFPA 1901-2009 (or its successor) standards not met. The letter on their company letterhead must use the term “**unsafe**” in the explanation. Their designated company representative must sign and date the letter.

#### INCREASED DEMAND ON SERVICES

Indicate the number of service calls made during the last two full calendar years. At least one category must be completed. If there was not an increased demand on services in the last two years, a letter on company letterhead signed and dated by the company's designated representative must be attached which outlines the verifiable increase or unusual demand on present service.

## APPARATUS

28. Check the owner of the apparatus. **PLEASE NOTE: When the registered owner, or co-owner, is the Political Subdivision, the Department of Community and Economic Development requires that the municipality complete the Local Government Unit Debt Act (Act 177) because the municipality will have to sign the OSFC loan settlement documents. Please advise the borough or township of this immediately so that they can confer with their attorney. To obtain funding from OSFC, the vehicle title may not be issued solely to a Relief Assn. If the Relief Assn will be co-owner, they will be required to co-sign the OSFC loan settlement documents. Please advise the Relief Assn of this immediately.**
29. Complete the information requested to describe the new or used apparatus (to be) added to your fleet, or (to be) acquired as replacement for another vehicle.
30. Describe the vehicle being replaced. (If applicable)
31. List the applicable NFPA or other standard that the vehicle for this project now meets or will meet in the future. Standards to be met include:

| Type                            | Standard-Year (Or Successor) |
|---------------------------------|------------------------------|
| Pumpers, Rescue Vehicles        | NFPA 1901-2016               |
| Tankers                         | NFPA 1901-2016               |
| Initial attack apparatus        | NFPA 1901-2016               |
| Rescue Vehicles                 | NFPA 1901-2016               |
| Aerial apparatus, ladder trucks | NFPA 1901-2016               |
| Wildland Fire Apparatus         | NFPA 1906-2012               |

Ambulances must comply with the requirements of the US Dept. of Transportation/National Highways Traffic Safety Administration as described in "Federal Specifications -- Ambulances; KKK-A-1822F," issued August 2007, and amendments thereto, except when the specifications are contrary to 75 Pa. C.S. Section 101-9701 (relating to the Vehicle Code).

32. If the project is to rehabilitate your vehicle, describe the rehabilitation project in detail. This is work performed on a vehicle that is owned and that is currently a part of the company fleet.

---

## FACILITY

33. Check the owner of the property on which the facility project will take place. **When the registered owner is the Political Subdivision, the Department of Community and Economic Development requires the municipality to complete the Local Government Unit Debt Act (Act 177) because the municipality will be required to sign the OSFC loan settlement documents. Please advise the borough or township of this immediately so that they can confer with their attorney**
34. If the property is not owned, indicate if there is a lease in existence and the type of lease. (A copy of the lease is required so it may be reviewed by the FEMSLP's Chief Counsel.)
35. Describe your existing facilities; explain why they are inadequate and describe your project in detail. (A copy of your fully signed contract(s), and a copy of the invoice(s), is required.)
36. Check the type of inspection certificate required for your project. (A copy of the appropriate certificate will be required either with the loan application or **prior to** the time of settlement.)

## EQUIPMENT

37. List the general type of accessory, communications or protective equipment that is being purchased. (A copy of the signed purchase order or fully signed contract(s) that lists the equipment in detail, and a copy of the invoice(s), is required. Proof of insurance that names the FEMSLP as "Loss Payee" on those items will be required at settlement.)

### D. COMPANY AND SERVICE AREA DESCRIPTION

38. List any real estate owned by the company. We have provided space to list one parcel; if additional spaces are necessary, add separate sheets and identify them as supplements to the application.
39. Indicate the number of pieces of apparatus in your fleet. Then list the apparatus in your fleet, including the type of apparatus (pumper, tanker, etc.), the year and make, model, year purchased, cost, and estimated current value.
40. Indicate your primary response area.
41. Indicate other municipalities served.
42. List the companies with which you have a written mutual aid agreement.

### E. METHOD OF FINANCING

43. Indicate the percentage of the company's dollar participation in the project. The company must have at least 20% of its own funds, (based on total cost), invested in the project, or set aside in unobligated funds (except for accessory, communications, or protective equipment projects). AN APPLICATION CANNOT BE APPROVED UNLESS THE 20% REQUIREMENT HAS BEEN MET by the applicant company through trade-in/down-payment/debt reduction, or deposit, or through its local government unit under Act 177 of 2010.

**NOTE:** If you have checked that the 20% share is being provided by the local government unit (LGU), Section F on Page 4 must be completed, and submitted with the correct signature. The LGU must also provide the FEMSLP with a copy of an ordinance adopted by its governing body that guarantees the loan amount or authorizes the issuance of a general obligation note in the amount of the loan under the Local Government Unit Debt Act (53 P.S. Section 6780-1- 6780-609). A copy of the ordinance and a copy of the Certificate of Approval from the Department of Community and Economic Development (DCED), or its successor, must be provided to the FEMSLP.

Indicate the amount of your down payment or debt reduction and the name of the manufacturer or company to whom that payment was made. Give the name of the person to be contacted for verification and the telephone number for that person, including area code.

AND/OR

If the 20% requirement has not been met by the volunteer company through trade-in/down-payment/debt reduction, indicate the amount set aside in unobligated funds, and give the name of the institution where the money has been deposited or invested. Give the name of the person to be contacted for verification and the telephone number for that person, including area code.

44. Indicate the amount of the loan you are requesting from the Volunteer Loan Assistance Program.

45. Complete this section if financing is being provided by a bank or other lending institution for this project. If interim financing is being secured for the exact amount of the FEMSLP loan, we recommend that this loan be a "demand note" on which just the interest is paid until the FEMSLP can refinance it at our lower interest rate. **When refinancing is involved, the date of the loan agreement with the lender MUST precede the date of delivery or project completion by at least one day.** The volunteer company must have a continuous debt. (A copy of the fully signed agreement will be required.) **If the principal balance of that loan drops below the amount of the FEMSLP pending loan, we CAN NOT refinance more than the amount of that balance.**
46. Complete this section if your local municipality or another entity has participated in funding this project.
47. Complete this section if any other organization (such as a relief association), has participated in this project. You are reminded that relief associations cannot donate money. They may pay for safeguard items. ANY relief association participation must be substantiated by a written agreement between the fire company and relief association. This agreement shall specify the proportional share of financing for the vehicle. The share is based upon the total purchase price of the vehicle. The agreement must stipulate that the relief association shall receive its prorated share of proceeds upon sale of the vehicle.

## F. COSIGNATURE OF POLITICAL SUBDIVISION

This section must be completed by your Local Government Unit (LGU) if they are providing your 20% participation. Take the form to your local government unit for completion and signature. You will want to alert them that they will have to engage in the Act 177 of 2010 process and co-sign certain documents at settlement. The LGU must also provide the FEMSLP with a copy of an ordinance adopted by its governing body that guarantees the loan amount or authorizes the issuance of a general obligation note in the amount of the loan under the Local Government Unit Debt Act (53 P.S. Section 6780-1- 6780-609). A copy of the ordinance and a copy of the Certificate of Approval from the Department of Community and Economic Development (DCED), or its successor, must be provided. **Please Note: When the registered owner, or co-owner, is the Political Subdivision, the Department of Community & Economic Development requires the municipality to complete the Local Government Unit Debt Act (Act 177) because the municipality will be required to sign the OSFC loan settlement documents. Also, when the municipality will be making the payments on the OSFC loan the Act 177 process will be required.**

## G. CERTIFICATION AND NOTARIZATION OF APPLICATION

When every applicable/appropriate question has been answered and the necessary signatures have been obtained in Section F (if applicable), indicate the Charter name of the company, obtain the signatures of the company PRESIDENT and SECRETARY in the presence of a Notary Public. **NO OTHER SIGNATURES WILL BE ACCEPTED!** An ambulance division of a fire company cannot apply on their own. The application must be completed by the company listed on the Charter or Articles of Incorporation. The fire company officers must complete the application. If the ambulance division wishes, they may co-sign the application. **Send the FEMSLP the original application, (NOT A COPY) properly signed, notarized, sealed, and embossed.** Keep a copy for your files, along with all related materials for internal reference or external audit.

# **FINANCIAL STATEMENT AND PLAN CERTIFICATION**

## **(OSFC VL-5)**

### **INSTRUCTIONS**

The following numbered items contain specific instructions for completing the corresponding Lines on the Financial Statement (VL-5). You must complete the VL-5 for the last three (3) complete company fiscal years. We are not able to accept your own financial reports. The VL-5 must be completed in full, and we cannot accept attachments! Do not include cents! Round all figures to the nearest dollar!

### **ASSETS**

- Line 1 - List all cash in the bank and on hand (checking, saving, cash). Include all accounts listed under your charter. Even if the fire, ambulance, social, bingo, etc., accounts are separate, they all must be included. Do not include relief association or ladies' auxiliary accounts.
- Line 2 - List all investments (CD's stock, bonds). Include all investments listed under your charter. Even if the fire, ambulance, social, bingo, etc., accounts are separate, they all must be included. Do not include relief association or ladies' auxiliary accounts.
- Line 3 - List any other current liquid assets. Include all other current liquid assets listed under your charter. Even if the fire, ambulance, social, bingo, etc., accounts are separate, they all must be included. Do not include relief association or ladies' auxiliary accounts.
- Line 4 - List the current market value of land and buildings that your company owns. You do not need to get a formal appraisal; the most current information available to you will do. If you lease your building, or the building is provided by your local municipality, enter 0.
- Line 5 - List the current market value of your furnishings.
- Line 6 - List the current market value of your accessory equipment. See Page 1 of the Rules and Regulations for definitions.
- Line 7 - List the current market value of your apparatus equipment. See Pages 1 and 2 of the Rules and Regulations for definitions.
- Line 8 - List the current market value of your communications equipment. See Page 3 of the Rules and Regulations for definitions.
- Line 9 - List the current market value of your protective equipment. See Page 3 of the Rules and Regulations for definitions.
- Line 10 - List the current market value of other equipment.
- Line 11 - Total Assets, add lines 1 through 10.

## LIABILITIES

Include all liabilities listed under your charter. Even if the fire, ambulance, social, bingo, etc., accounts are separate, they all must be included. Do not include relief association or ladies' auxiliary accounts.

Line 12 - Accounts Payable. (The liability arising from the purchase of goods or services on credit).

Line 13 - Current portion of long-term debt due within 1 year. Enter the amount paid on your long-term liabilities during the fiscal year.

Line 14 - Other payables. List all other long-term obligations and contracts that are for a term of more than a year.

Line 15 - Mortgage Payable. Enter the balance due on your mortgage at the end of the fiscal year.

Line 16 - Loans or Notes Payable to Others. In the right-hand columns enter the balances of your loans or notes payable at the end of the fiscal year. In the left-hand columns enter the name of the bank or other lender to whom the debt is owed; the original amount borrowed; the current balance owed; and the year payment amount.

Line 17 - Other Liabilities. List all other long-term liabilities that are for a term of more than a year.

Line 18 - TOTAL LIABILITIES. Add Lines 12 through 17.

Line 19 - NET WORTH. Subtract Line 18 from Line 11.

## STATEMENT OF INCOME AND EXPENSES

Include all income and expenses listed under your charter. Even if the fire, ambulance, social, bingo, etc., accounts are separate, they all must be included. Do not include relief association or ladies' auxiliary accounts.

Line 20 - Memberships of Fees. Report all membership income or fees collected during the fiscal year.

Line 21 - Fund-Raising Events. Report all income collected from fund-raising events.

Line 22 - Donations. Report all donations received during the fiscal year.

Line 23 - Taxes or Grants. Report only monies received directly by the company from taxes or grants during the fiscal year. If your municipality pays some of your liabilities, do not include as income unless the funds are deposited into your bank accounts and your company then pays the liabilities.

Line 24 - Other income. Report all other income received by your company during the fiscal year. Make sure you specify the source! If the income comes from several different areas, provide a breakdown of the different categories. Do not include loans or money transferred from one account to another. Attach a completed breakdown.

Line 25 - TOTAL GROSS INCOME. Add Lines 20 through 24.

Line 26 - Fund-Raising. Report all expenses associated with fund-raising activities.

Line 27 - Insurance. Report all insurance expenses. If your municipality pays for your insurance, enter 0.

Line 28 - Utilities. Report all utility expenses for your building. This would include electric, telephone, gas, and oil. If your local municipality pays your utilities, enter 0.

Line 29 - Gas, Oil, Maintenance. Report all expenses for your vehicles. If your local municipality pays your vehicle expenses, enter 0.

Line 30 - "Miscellaneous Operating Expenses". Include only regular, ongoing operating expenses, and do not include loan repayments. (Loan repayments should be reported on Line 34.) Make sure you complete the breakdown on Page 3! The following are examples of items to be included as Operating Expenses:

|                       |                       |                         |               |
|-----------------------|-----------------------|-------------------------|---------------|
| Accounting fees       | Grounds Maintenance   | Payroll & payroll taxes | Supplies      |
| Advertising           | Kitchen Activities    | Postage                 | Taxes         |
| Bank fees             | Legal Fees            | Printing                | Training      |
| Bill collection       | Maintenance           | Professional services   | Trash removal |
| Building maintenance  | Membership Activities | Public relations        | Travel        |
| Collection activities | Office supplies       | Refunds                 | Uniforms      |
| Director fees         | Oxygen                | Salaries                |               |
| Donations             | Parade Activities     | Scholarships            |               |

Line 31 - TOTAL GROSS OPERATING EXPENSES. Add Lines 26 through 30.

Line 32 - INCOME LESS OPERATING EXPENSES. Subtract Line 31 from line 25.

Line 33 - "Major Purchases". Report one-time capital expenditures on this line. Major purchases are one-time expenditures. Make sure you complete the breakdown on Page 3! The following are examples of items to be included as Major Purchases:

|                      |                      |                      |               |
|----------------------|----------------------|----------------------|---------------|
| Accessory equipment  | Computers            | Protective Equipment | Vehicles      |
| Air conditioners     | Facility Additions   | Roof Repairs         | Vehicle rehab |
| Communication equip. | Facility renovations |                      |               |

Line 34 - "Other Expenses". Report other expenses here that would not fit into the "Operating Expenses" or "Major Purchases" categories. Make sure you complete the breakdown on Page 3! The following are examples of items to be included as Other Expenses:

|              |                        |                      |                   |
|--------------|------------------------|----------------------|-------------------|
| Depreciation | Interest/loan payments | Investment Purchases | Mortgage payments |
|--------------|------------------------|----------------------|-------------------|

Line 35 - TOTAL OTHER EXPENSES. Add Lines 33 through 34.

Line 36 - NET INCOME. Subtract Line 35 from Line 32.

Complete the top line of the block at the bottom of Page 2. List the name of the person preparing the VL-5, his or her title; day telephone number and date the form was completed.

Page 3 - Breakdowns for Lines 24, 30, 33 and 34. If additional space is required, make a copy and attach.

Page 4 - "Projected Financial Plan". You must project your future finances over the COMPLETE TERM of your Loan! When you have completed Page 2, you will be able to compare the figures for the last three years and estimate them for the next 5, 10, 15 or 20 years. For instance, if your income has increased by 3%, show that increase for future years if warranted. Whatever the percentage of increase (or decrease) is, you may use that percentage to project the figures over the entire term of your loan unless you foresee a condition or event significant enough to affect the standard percentage. **Page 5 must be completed if the term of your loan is 15 or 20 years.**

Page 6 - **Be sure that the form is notarized and signed by the requested company officers (the President and the Secretary). We cannot accept the Treasurer's or another officer's signature. An ambulance division of a fire company cannot apply on their own. The application must be completed by the company listed on the Charter or Articles of Incorporation. The fire company officers must complete the application. If the ambulance division wishes to they may co-sign the application. On all FEMSLP forms, the requested officer MUST SIGN!**

Please be advised that if the financial analysis provides information that your company does not have the financial ability to repay the OSFC loan, we will require that your local government unit act as guarantor of the OSFC loan.

This would require the local government unit to obtain a certificate from Department of Community and Economic Development (DCED) authorizing the debt under the Local Government Unit Debt Act 177.

Since this is a lengthy process, it would be advisable for your company to start working with your local government unit to obtain the DCED certificate as soon as possible. Also, when the local government unit will be making the payments on the OSFC loan the same process will be required.

## LENDING LIMITS AND REPAYMENT TERMS - VLAP LOANS

| <u>FACILITY</u>                                | <u>MAXIMUM LOAN</u>                      | <u>MAXIMUM TERM</u> | <u>PAYMENT</u>   |
|------------------------------------------------|------------------------------------------|---------------------|------------------|
| <u>FACILITY</u>                                | \$554,000,000 or 50% (Whichever is Less) | 20 years            | \$2,802.59/Month |
| <u>AERIAL APPARATUS</u>                        | \$430,900 or 50% (Whichever is Less)     | 20 years            | \$2,179.85/Month |
| <u>HEAVY DUTY RESCUE</u><br>(GVWR 14,700+ Lb.) | \$307,800 or 50% (Whichever is Less)     | 20 years            | \$1,557.11/Month |
| <u>APPARATUS (NEW)*</u>                        | \$307,800 or 50% (Whichever is Less)     | 20 years            | \$1,557.11/Month |
| <u>APPARATUS (USED)^</u>                       | \$ 246,200 or 80% (Whichever is Less)    | 15 years            | \$1,584.32/Month |
| <u>AMBULANCE~</u>                              | \$ 153,900 or 50% (Whichever is Less)    | 15 years            | \$ 990.36/Month  |
| <u>LIGHT DUTY RESCUE</u>                       | \$ 153,900 or 50% (Whichever is Less)    | 15 years            | \$ 990.36/Month  |
| <u>WATERCRAFT RESCUE~</u>                      | \$ 43,100 or 50% (Whichever is Less)     | 10 years            | \$ 396.58/Month  |
| <u>REHABILITATION</u>                          | \$ 98,500 or 80% (Whichever is Less)     | 15 years            | \$ 633.86/Month  |
| <u>PennFIRS</u>                                | \$5,000 or 50% (Whichever is Less)       | 10 years            | \$ 46.01/Month   |
| <u>EQUIPMENT</u>                               | \$ 30,800 (Once per 5-year Period)       | 10 years            | \$ 283.40/Month  |

\*Pumpers/Tankers/Utility/Special Service Vehicles

^Including Used Heavy Duty and Light Duty Rescue

~New and Used

New Apparatus/Ambulance/Rescue Vehicle Manufactured or Assembled in Pennsylvania: \$20,000 may be added to the above limits. Certification is required from the manufacturer that 75% of the total cost results from the vehicle being manufactured in Pennsylvania.

### SUMMARY BY AMOUNT

Up to \$50,000 - 10 Years

Above \$50,000 and up to \$ 300,000 - 15 Years

Above \$300,000 - 20 Years

(Minimum Loan is \$3,000)

**All loans are at 2% interest per annum**

(Effective 2/2024)

## TYPICAL LOAN REPAYMENT AMOUNTS

| LOAN<br>AMOUNT | MONTHLY<br>PAYMENT | YEARLY<br>PAYMENT |
|----------------|--------------------|-------------------|
|----------------|--------------------|-------------------|

| TEN YEARS |           |         |
|-----------|-----------|---------|
| \$10,000  | \$ 92.01  | \$1,104 |
| \$15,000  | \$ 138.02 | \$1,656 |
| \$20,000  | \$ 184.03 | \$2,208 |
| \$25,000  | \$ 230.03 | \$2,760 |
| \$30,000  | \$ 276.04 | \$3,312 |
| \$40,000  | \$ 368.05 | \$4,416 |
| \$50,000  | \$ 460.07 | \$5,521 |

| FIFTEEN YEARS |            |          |
|---------------|------------|----------|
| \$100,000     | \$ 643.51  | \$ 7,722 |
| \$150,000     | \$ 965.26  | \$11,583 |
| \$200,000     | \$1,287.02 | \$15,444 |
| \$225,000     | \$1,447.89 | \$17,375 |
| \$250,000     | \$1,608.77 | \$19,305 |
| \$275,000     | \$1,769.65 | \$21,236 |
| \$300,000     | \$1,930.53 | \$23,166 |

| TWENTY YEARS |            |          |
|--------------|------------|----------|
| \$350,000    | \$1,770.59 | \$21,247 |
| \$400,000    | \$2,023.53 | \$24,282 |
| \$450,000    | \$2,276.48 | \$27,318 |
| \$500,000    | \$2,529.42 | \$30,353 |
| \$550,000    | \$2,782.36 | \$33,388 |