

First Aid	_____	_____	_____
Inspection Practices	_____	_____	_____
Water Supplies	_____	_____	_____
Fire Protection Systems	_____	_____	_____
Transportation Emergencies	_____	_____	_____
Fire Behavior (Fire Science)	_____	_____	_____
Fire Alarms and Communications	_____	_____	_____
Public Relations	_____	_____	_____
Records and Reports	_____	_____	_____
Emergency Vehicle Operations	_____	_____	_____
Emergency Management	_____	_____	_____
Fire Cause and Origin	_____	_____	_____
Live Fire Training	_____	_____	_____
Firefighter Safety/PPE	_____	_____	_____
Pump Operations/Hydraulics	_____	_____	_____
Ground Cover Firefighting	_____	_____	_____
Hazardous Materials	_____	_____	_____
SCBA	_____	_____	_____
Ropes	_____	_____	_____
Portable Extinguishers	_____	_____	_____
Building Construction	_____	_____	_____
Public Fire Education	_____	_____	_____

IC: Minimum Number of Drills

I hereby certify that my department conducted a minimum of two drills per month for a minimum of two hours each in calendar year 2007.

Signature of the Fire Chief

____/____/____
Date

PART II Liability Insurance

IIA: Automobile Insurance

Provide the Association with a current copy of your department’s insurance policy or a certificate of insurance as proof of coverage on vehicles owned and/or operated by your department. (Label the document “Exhibit IIA”.)

IIB: Personal Injury Insurance

Provide the Association with a current copy of your department’s insurance policy or a certificate of insurance as proof of coverage of personnel against personal injury. The typical insurance policy would be for major medical; workmen’s compensation, etc. (Label the document “Exhibit IIB”.)

PART III Annual Report

IIIA: Emergency Responses (Complete the following information on responses to incorporated and unincorporated areas of Galveston County for calendar year 2007.) Do not include responses outside Galveston County even if the protected area lies within your response district. The “total” column is the sum of the “incorporated” and “unincorporated” responses; do not include mutual aid responses in the total column. Some departments do not have incorporated boundaries within their response district, i.e. Bolivar Peninsula. In this case enter “0” in the column for incorporated responses. Do not include ambulance services, only non-transport first responder calls)

<u>Incident Type</u>	<u>Incorporated</u>	<u>Unincorporated</u>	<u>Mutual Aid</u>	<u>Total</u>
Structure Fire	_____	_____	_____	_____
Vehicle Fire	_____	_____	_____	_____
Grass Fire	_____	_____	_____	_____
Trash Fire	_____	_____	_____	_____
Other Fires	_____	_____	_____	_____
Total Fires	_____	_____	_____	_____
Rescue	_____	_____	_____	_____
Gas Leak	_____	_____	_____	_____
First Responder	_____	_____	_____	_____
Hazardous Material	_____	_____	_____	_____
Down Power Lines	_____	_____	_____	_____
Service Calls	_____	_____	_____	_____
Smoke Scare	_____	_____	_____	_____
Spill or Washdown	_____	_____	_____	_____
False Alarms	_____	_____	_____	_____

EMS Transport _____

Total Non-Fire Responses _____

Grand Total for All Responses _____

IIIB: Annual Survey (Enclosed is a copy of the annual survey provided by the Association. Please complete the survey. (label as "Exhibit IIIB")

IIIC: Annual Financial Report (Please complete the information requested below relating to the cost of services provided during calendar year 2007 or fiscal year 2006-07. The information may not be in a familiar format, however, we still need the information requested. You may include a more detailed financial report if you wish, but you still must complete the information requested below. **Do Not** include the cost associated with providing an ambulance service. Include **only** the cost of services related to fire responses and first responder programs.)

1.) Insurance Costs _____

2.) Building Services _____

3.) Debt Service

Vehicle _____

Buildings _____

Equipment _____

Communications _____

3.) Lease Agreements

Vehicle _____

Buildings _____

Equipment _____

Communications _____

4.) Vehicle Cost _____

5.) Training Cost _____

6.) Administrative Cost _____

7.) Capital Purchases (Include cost of capital purchases during the 2007 calendar year)

Vehicles _____

Firefighting or Rescue Equipment _____

Communications Equipment _____

Building Construction or
Renovations _____

List below equipment purchases made with 2007 county contract moneys		
<u>Description of Equipment</u>	<u>Quantity</u>	<u>Total Cost</u>

8.) Revenue/Income (do not include debt services)

Donations	_____	
Grants	_____	
Fund Raising	_____	
Tax Assessments	_____	
Water Bill Assessments	_____	
Interest Income	_____	
Compensation for Services Rendered	_____	
Contract Services	_____	
Other Income (Identify Source)	_____	Total Revenue _____

IID: Projected Budget

Provide the Association with a copy of your department's projected budget for Calendar year 2008 or FY 2007-08. If your department does not have a budget, you must prepare a budget and submit a copy to the association. While the budget does not have to be a line item budget it must be indicate major expense and income amounts for categories above.

III: Tax Exemption

Is your department a 501(c)(3) not for profit organization. ___ Yes ___ No **OR** Exempt from payment of income taxes (other than non-profit) ___ Yes ___ No? Provide the Association with your department's IRS employer identification number. ___ - _____

PART IV Active in the County Association (to be completed by Association)

IVA: Attendance

Our department attended _____ County Association meetings and was / was not absent more than three (3) consecutive meetings during the 2007 contract period.

IVB: Field Day

Your department was represented at the Association field day or approved area school by _____ firefighters who actively participated as a student or instructor.

PART V Firefighter Safety Guidelines (update versions only)

Our department has attached an updated copy our Standard Operating Guidelines (SOG) or Standard Operating Procedures for following:

_____ Incident Command

_____ Two-In-Two Out

_____ Accountability

_____ Safety Officer

I hereby certify that our department has implemented and apply all firefighter safety guidelines or procedures stated above at emergency scenes.

Signature of the Fire Chief

____/____/_____
Date

GALVESTON COUNTY FIREFIGHTER'S ASSOCIATION FY 2008 ANNUAL DEPARTMENT SURVEY

<hr style="width: 50%; margin: 0 auto;"/> DEPARTMENT NAME		
Mailing Address: _____	City: _____	Zip: _____
Phone No: (____)____-_____	FAX No.: (____)____-_____	
<hr style="width: 50%; margin: 0 auto;"/> Fire Chief's Name		
Phone No: (____)____-_____	FAX No: (____)____-_____	E-Mail: _____
<hr style="width: 50%; margin: 0 auto;"/> President's Name		
Phone No: (____)____-_____	FAX No: (____)____-_____	E-Mail: _____
<hr style="width: 50%; margin: 0 auto;"/> Secretary's Name		
Phone No: (____)____-_____	FAX No: (____)____-_____	E-Mail: _____

ABOUT YOUR DEPARTMENT			
Number of Members: Volunteer: _____	Career: _____	Total Members: _____	Primary Radio Frequency: _____
Meeting Nights: (Circle One) Mo Tu Wd Th Fr Drill Nights: 1 2 3 4 Business Meeting: 1 2 3 4 Time: _____			
Which County Commissioner Precinct(s) is your department located: Pct 1 Pct 2 Pct 3 Pct 4 Est. Pop: _____			
INDICATE THE NUMBER OF APPARATUS IN YOUR DEPARTMENT			
_____ Class A Pumpers	_____ Rescue Vehicles	_____ Aerial Apparatus	_____ Booster Trucks _____ Water Rescue _____ Haz-Mat Vehicle _____ Tankers _____ Mobile Cascade Other, Please specify: _____

YOUR COMMENTS

Please include below your comments about what you feel the County Association can do to improve service to your department:
