

Emergency Services Provider Fund (ESPF) Spring 2026-27

Fields marked with an * are mandatory.

APPLICANT INFORMATION

Applicant Name (First Responder Organization)

Street Number * Street Address * Apartment/Suite

PO Box Municipality * Province * Postal Code *

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

Select type of organization

Provide proof of incorporation (check appropriate):

Registry of Joint Stocks (Provide Number) #

Through Legislation

An entity of Town of Municipality

CONTACT INFORMATION

First Name, Initials *

Last Name *

Title

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

Fax Email *

Your Municipal Finance Contact: * Name of Municipality *

Telephone (Primary) * Ext. Email *

PROJECT INFORMATION

Provide a description of proposed equipment to be purchased and the benefits to your organization and community? *Emergency Service Individual Organization Fund (max \$30,000)*

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

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

**Select the appropriate general project category for the proposed equipment to be purchased.
Check off a maximum of 3 categories:**

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

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

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

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

Communications

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

Miscellaneous Fire Fighting Equipment

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

HAZMAT

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

Rescue Equipment

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

Emergency Power for Building

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

Water Supply/Suppression Equipment

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

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

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

Provide a quote for proposed equipment purchase (attach the actual quote to the application).

Applicants must provide at least one (1) recent quote for each type of equipment. Referenced quotes must be attached to this application.

Equipment #1 (Describe)

Name of Supplier:

Equipment Sub-Category:

Total Cost:

Equipment #2 (Describe):

Name of Supplier:

Equipment Sub-Category:

Total Cost:

Equipment # 3 (Describe):

Name of Supplier:

Equipment Sub-Category:

Total Cost:

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

Project Total Estimated Project Costs

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

Projects Estimate Funding Breakdown

Emergency Services Provider Funds up to \$30,000 or 90% of total project cost	\$
Applicant's Contribution to Total Project Cost	\$
Other Groups or Organizations (if applicable)	\$
Total (should match Total Eligible Cost above)	\$

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

The following supplementary information must be attached to your application:

Financial Statements

Equipment Quote (for each type of equipment)

Please ensure your application is complete and includes all supplementary information. Incomplete applications and/or late submissions may result in your project not being considered for funding.

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

DECLARATION

The information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I hereby give the Department of Emergency Management (DEM) authority to verify any and all information pertaining to this application. I understand that the DEM will contact my municipality regarding any funding they provide the organization. I understand that any projects funded may be subject to audit by the Province of Nova Scotia. I understand that the Province reserves the right to review and inspect funded projects and related documentation during and following project completion. I understand that any municipal and/or provincial permits must be obtained and that work must conform to the Barrier Free Design standards of the Nova Scotia Building Code Regulations and the National Building Code of Canada 2020.

Title

Date

Printed name