



Department of Homeland Security  
Federal Emergency Management Agency

**U.S. Fire Administration**  
Working for a Fire Safe America

**FIRE/ARSON INVESTIGATION  
UNIT TECHNICAL ASSISTANCE  
PROJECT  
DEADLINE DATE: FEB. 27, 2004**

## APPLICATION INSTRUCTIONS

Any jurisdiction wishing to apply for the technical assistance should complete the application form in as much detail as possible. Applicants may submit any additional material they think will be helpful.

Each application should also include a copy of the fire department's organizational chart, a staffing profile for the Fire Marshal's Office, and a description of the Unit's operational responsibility and authority.

Applications should be submitted and signed **ONLY** by individuals with supervisory authority over the Fire Investigation Unit to be reviewed. Please note, fire investigation units without police powers will require the concurrence of the participating law enforcement authority (as noted on Page 3) of the application form).

In order to be considered for the 2004 program year a complete application must be received by **February 27, 2004**. The application should be mailed or faxed to the following address:

USFA-Arson/Fire Investigation Unit Technical Assistance Project  
*Joseph Ockershausen, Project Manager*  
TriData Corporation  
1000 Wilson Boulevard, 30th Floor  
Arlington, VA 22209  
Phone: (703) 351-8300  
Fax: (703) 351-8383

For additional information, interested officials may contact either the Project Manager (identified above) or the USFA Program Manager Ken Kuntz, Fire Studies Specialist, at (301) 447-1271 or email: [Ken.Kuntz@dhs.gov](mailto:Ken.Kuntz@dhs.gov)



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**1. REQUESTING ORGANIZATION**

ADDRESS	Street:	City:	State:	Zip Code:
	Unit Phone:	Unit Fax:	Email Address:	

<b>2. ARSON/FIRE INVESTIGATION COMMANDER (Name/Title/Department):</b>	<b>WORK PHONE:</b>
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<b>3. TYPE OF JURISDICTION (Please check one):</b> <input type="checkbox"/> STATE <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> OTHER _____	<b>ESTIMATED POPULATION:</b>
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<b>4. AGENCY CONDUCTING <u>FIRE ORIGIN &amp; CAUSE</u>:</b>	<b>5. AGENCY CONDUCTING <u>CRIMINAL INVESTIGATIONS</u>:</b>
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<b>A. NUMBER OF INVESTIGATORS ASSIGNED:</b> _____ FULL-TIME    _____ PART-TIME	<b>A. NUMBER OF INVESTIGATORS ASSIGNED:</b> _____ FULL-TIME    _____ PART-TIME
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<b>B. ARE THEY CROSS-TRAINED IN LAW ENFORCEMENT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>B. ARE THEY CROSS-TRAINED IN FIRE INVESTIGATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>C. POWER OF ARREST?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>C. POWER OF ARREST?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>6. IS THERE A SPECIFIC PROSECUTOR ASSIGNED TO OVERSEE ARSON CASES?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>7. DOES YOUR JURISDICTION HAVE AN ACCELERANT DETECTION CANINE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", DO YOU BORROW ONE WHEN NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO    FROM? _____
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**8. PLEASE CHECK ANY OF THE FOLLOWING WHICH APPLY TO YOUR INVESTIGATION AGENCY:**

<input type="checkbox"/> National Fire Incident Reporting System (NFIRS) participant <input type="checkbox"/> Investigators prepare draft reports using computers <input type="checkbox"/> Active juvenile firesetter program <input type="checkbox"/> Routinely utilize ATF support, as appropriate <input type="checkbox"/> Use a case management system (AIMS) or equivalent	<input type="checkbox"/> Participate in UCR/NIBRS <input type="checkbox"/> Investigators can access National Crime Information Center (NCIC) <input type="checkbox"/> Investigation personnel also have EOD or Code Enforcement responsibilities. <input type="checkbox"/> Formal inter-agency fire investigation team (Please list agencies bellow) _____ _____
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**9. WHAT ARE THE MOST PREVALENT MOTIVES FOR INCENDIARY FIRES IN YOUR JURISDICTION?**

<input type="checkbox"/> CRIME CONCEALMENT	<input type="checkbox"/> VANDALISM	<input type="checkbox"/> FRAUD	<input type="checkbox"/> SPITE/REVENGE	<input type="checkbox"/> DOMESTIC VIOLENCE	<input type="checkbox"/> OTHER
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**SECTION 2 - STATISTICAL OVERVIEW OF DEPARTMENT AND  
INVESTIGATIVE UNIT ACTIVITY**

**PLEASE PROVIDE THE DATA REQUESTED IN THE FOLLOWING CATEGORIES:**

<b>FIRES</b>	<b>2001</b>	<b>2002</b>	<b>INVESTIGATED FIRES</b>	<b>2001</b>	<b>2002</b>
Total fire calls			Total investigation		
Total structure fires			Investigated structure fires		
Total vehicle fires			Investigated vehicle fires		

<b>CAUSE DETERMINATION</b>	<b>Accidental</b>	<b>Incendiary</b>	<b>Undetermined</b>
2001			
2002			

<b>CASE OUTCOMES</b>	<b>2001</b>	<b>2002</b>	<b>JUVENILE DATA</b>	<b>2001</b>	<b>2002</b>
Cases cleared by arrest			# of fires involving juveniles		
Cases accepted for prosecution			# of <u>incendiary</u> fires involving juveniles		
Total Convictions			# of juveniles counseled for firesetting		
Adult					
Juvenile					

**SECTION 3 - ESTIMATED FISCAL AND HUMAN RESOURCE ALLOCATIONS**

**PLEASE IDENTIFY THE RESOURCES AVAILABLE TO YOUR UNIT**

<b>BUDGET ALLOCATED</b>	<b>2001</b>	<b>2002</b>	<b>NUMBER OF PERSONNEL</b>	<b>2001</b>	<b>2002</b>
Total Fire Department			Total Fire Department		
● Fire Marshal's Office			● Fire Marshal's Office		
● Investigations			● Investigations		
● Inspections			● Inspections		
● Public Educations			● Public Educations		
● Overtime			● Overtime		

**SECTION 4 - GENERAL INFORMATION**

**WHAT IS THE INVESTIGATORS' WORK SCHEDULE?**

**HOW ARSON IS IMPACTING YOUR JURISDICTION: *(please be as specific as possible)***

**DESCRIBE THE WORKING RELATIONSHIP AMONG LAW ENFORCEMENT, FIRE, AND THE PROSECUTOR'S OFFICE: *(please be as specific as possible)***

**WHAT SPECIFIC PROBLEMS ARE YOU FACING WITHIN YOUR UNIT? *(please be as specific as possible)***

**SECTION 5 - LOCAL POINTS OF CONTACT**

TITLE	NAME	PHONE	EMAIL
FIRE CHIEF			
FIRE MARSHAL			
POLICE CHIEF/SHERIFF			
PROSECUTOR/DISTRICT ATTORNEY			
ATF CONTACT			

**SECTION 6 - AUTHORIZATION TO APPLY**

**\*IF YOUR AGENCY RELIES ON ANOTHER AGENCY FOR CRIMINAL INVESTIGATION SERVICES, THAT AGENCY MUST AGREE TO PARTICIPATE IN THE PROJECT ALSO. *(Please indicate this below.)***

**REQUESTING ORGANIZATION:**

**NAME/TITLE: OF CHIEF OFFICIAL:**

**WORK PHONE:**

**EMAIL:**

**SIGNATURE**

**DATE:**

**\*COOPERATING ORGANIZATION:**

**NAME/TITLE: OF CHIEF OFFICIAL:**

**WORK PHONE:**

**EMAIL:**

**SIGNATURE**

**DATE:**