

CERTIFICATE OF NEED APPLICATION

Fire Department

Name: Alexis Volunteer Fire Department

Address: PO Box 37 Alexis NC 28006
Street City State Zip

Chief: Brad Presswood Contact Phone #: (704) 719-6400

Board President: Ron Sadler Contact Phone #: (704) 363-6836

Fire Department Board Approval / Notification: ☒ Yes ☐ No

General Description of Purchase:
26 Scott Airpacks

Time Line of Purchase:
December 1, 2015

List Specifics of Purchase:
To replace current 1998 Scott Airpacks

Estimated Cost: \$ 181,217

Financing Information

Lender: Local Government Federal Credit Union

Amount Financed : \$ 170,000.00 Rate: 2.75%

Estimated Amount : \$ 19,679.00 # of Payments: 10

Down Payment Amount: \$ 11,217.00

Debt Ratio-Current / Post Purchase: 43% / 46%

Any Re-Financing or Bundling ☐ Yes ☒ No (If Yes, Then Describe):

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How Will Purchase Benefit the Department (Safety/ISO/Cost Savings, etc.):

Replacing airpacks that are 17 years old and having all airpacks with the same features. Currently inventory includes three different models of Scott airpacks.

How Will Purchase be Funded (Long Term - **NOT Just Current Year**):

Financing through the LGFCU. Primary funding will come through the two annual fundraisers with the balance from grant matching funds. We will reduce the amount of money we request on the two state grants to allow for the balance that doesn't come through the fundraisers. Once the current apparatus loans are paid in full (2022), we will pay off the airpacks, reducing the ten year loan for the airpacks to a seven year loan

If Purchase is NOT Approved for Funding, Describe Department Alternatives:

None

Is this a Replacement?

☒ Yes

☐ No

If Yes, List Details (make, model, years of service, remaining balance, etc.).

1998 Scott 4.5 SCBA's

What Will Become of Old Apparatus / Equipment?

We plan to sell the old SCBA's if possible.

Has 5 Year Plan Been Submitted? ☐ Yes

☐ No

Received By _____ Date: _____
FMO Staff

Fire Advisory Board Meeting Date: _____ Approved / Not Approved

Gaston County BOC Meeting Date: _____ Approved / Not Approved