



CITY OF ORLANDO

Grants & Financial Assistance Approval Form

	Authorized Approver	Signature	Date
*1	Department Director Roderick Williams	Approved By:	

Email form to Grants Development Supervisor to continue approval process in Workday (effective 3/19/2014).

*Department Directors may provide signature on paper above OR wait to approve from Workday inbox.

Following are the financial, programmatic, legal and procurement considerations for your review:

Today's Date: 12/1/15	City Council Date: 12/14/15	Application Deadline: 1/15/16
Name of Grant: FY2015 Assistance to Firefighters Grant (AFG) Program		
Short description of the project or program that will be pursued with grant funding: The projects that will be pursued with this grant include funds for the purchase of automatic chest compression devices for the rescues and community paramedicine/paramedic training for OFD personnel.		
Short description of the problem or need for the project or program: Having automated chest compression devices on OFD rescues would assist personnel when providing CPR. The community paramedic training would provide training for personnel that would assist with the community paramedicine program.		
Anticipated timeline of project or program: Period of performance is 1 year from award date		
Name of Initiating Department/Division/Office: Fire/FOB		
GOC Liaison Name: April Taylor		Telephone #: 407-246-2544
Programmatic Considerations		Indicate Response Here
1. How does the proposed project align with City's priorities and department's core services?	The project helps to increase public and responder safety. Also, aligning with the department's mission to "Protect lives and Property."	
2. Does the proposed project provide or expand essential services to address critical needs?	No	
3. Does the proposed project impact other City departments?	No	
4. Does the applying department have the capacity to manage this project?	OFD has the capacity to manage this award.	
5. Does the applying department have the capacity to fulfill the financial and administrative requirements of the grant?	Yes	
6. Is this a collaborative effort with an external organization?	No	

Financial Considerations	Indicate Response Here
1. What is the total anticipated project cost?	Approximate Total - \$205,000 <i>Chest Compression Devices - \$180,000</i> <i>Community Paramedic Training - \$25,000</i>
2. How much does the Department anticipate receiving from the grantor? If not receiving cash, include the value of property, equipment, or services.	Approximately \$184,500 (90%)
3. What are the match requirements and funding source(s)?	The AFG grant provides 90% and the department will have to fund the remaining 10%. If awarded both projects, the department would need to fund approximately \$20,500 from OFR006_C.

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4. If applicable, identify the amount and funding source(s) that support the remainder of the project or program cost.	If awarded, both projects OFD will fund the 10% not covered by the grant.
5. Will the grant be used to fund salaries, wages or benefits and other associated personnel costs?	Yes, a portion of the funds for training will be used to pay workback and overtime for those attending training or covering shifts while others attend training.
6. Will the receipt of this grant cause the City to incur additional or future operating costs?	No
7. What is the CIP number and/or financial project number associated with this project?	TBD
8. Will this program generate revenue?	No
9. Is supplanting allowed?	No
10. Does the grantor require any special ways to manage the receipt of grant funds?	No
11. Does the grant require continuation of the project or program beyond the grant period of performance?	No
Legal Considerations	Indicate Response Here
1. Provide a short description of unique contract requirements that the City Attorney needs to be made aware of, or needs to clarify for the Department before the Department applies for the grant.	None
Procurement Considerations	Indicate Response Here
1. Provide a short description of any special procurement requirements that need to be disclosed and evaluated at the time of application.	None
2. Does the receipt of the grant involve the lease or purchase of real estate? If so, please describe the real estate need and add the Real Estate Division Manager as an impacted department director, by adding a row under the first department director in the transmittal sequence on page one of this form.	No