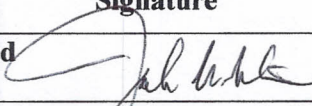




# CITY OF ORLANDO

## Grants & Financial Assistance Approval Form

|  | Authorized Approver                | Signature   | Date   |
|--|------------------------------------|---|--------|
| *1   | Department Director<br>John Miller | Approved By:  | 2/6/15 |
| Email form to Grants Development Supervisor to continue approval process in Workday (effective 3/19/2014). |                                    |   |        |
| *Department Directors may provide signature on paper above <u>OR</u> wait to approve from Workday inbox.   |                                    |   |        |

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

|   |  |                                 |
|---|--|---------------------------------|
| Today's Date: 2/6/2015  | City Council Date: 02/23/2015  | Application Deadline: 3/13/2015 |
| Name of Grant: 2015 Florida EMS Matching Grant - FDOH   |  |                                 |
| Short description of the project or program that will be pursued with grant funding: If awarded, the funds will be used to purchase 9 stretchers which include Power-PRO XT, Steer Lock ProCare, and Power Load. These stretchers will help to reduce lifting injuries to firefighters. |  |                                 |
| Short description of the problem or need for the project or program: This new equipment will provide for safer patient lifting conditions for firefighters and ultimately provide more protection for the patient.  |  |                                 |
| 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?   | Providing the new stretchers will align with the department's mission, "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?   | Approximately \$333,416.00   |
| 2. How much does the Department anticipate receiving from the grantor? If not receiving cash, include the value of property, equipment, or services. | Approximately \$250,062.00   |
| 3. What are the match requirements and funding source(s)?  | The EMS Matching Grant from FDOH provides 75% and the department will have to fund the remaining 25%. For this particular project the department would need to fund approximately \$83,354 from CIP. |
| 4. If applicable, identify the amount and funding source(s) that support the remainder of the project or program cost.                               | If awarded, OFD will fund the 25% not covered by the grant. This should be approximately \$83,354.   |



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|   |                               |
|---|-------------------------------|
| 5. Will the grant be used to fund salaries, wages or benefits and other associated personnel costs?   | No                            |
| 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                            |
| <b>Legal Considerations</b>   | <b>Indicate Response Here</b> |
| 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                          |
| <b>Procurement Considerations</b>   | <b>Indicate Response Here</b> |
| 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                            |