



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 <u>OR</u> wait to approve from Workday inbox.			

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

Today's Date: 9/12/2016	City Council Date: 9/26/2016	Application Deadline: 9/30/2016
Name of Grant: FY16-17 Orange County EMS Grant		
Sponsor: Florida Department of Health via Orange County EMS		
Short description of the project or program that will be pursued with grant funding: If awarded, the Orange County EMS Council Awards Program funds will be used for the current Take Heart Orlando CPR initiative and for EMS equipment.		
Short description of the problem or need for the project or program: Funding will be used to assist in the purchase of training equipment for CPR program and equipment to provide a video laryngoscope on all rescues.		
Anticipated timeline of project or program: Period of performance is until 9/30/2017		
Name of Initiating Department/Division/Office: Fire		
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 Take Heart Orlando Initiative aligns with Mayor Dyer's Public Safety Initiative and OFD's mission statement, Save Lives and Protect Property. The Take Heart Orlando program aims to train all businesses and residents in Hands Only CPR over the next 5 years.
2. Does the proposed project provide or expand essential services to address critical needs?		This program expands the capabilities and resources of the Take Heart Orlando Program and the OFD EMS Division.
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 \$30,000
2. How much does the Department anticipate receiving from the grantor? If not receiving cash, include the value of property, equipment, or services.		Approximately \$10,000 CPR equipment/material Approximately \$20,000 Video Laryngoscopes
3. What are the match requirements and funding source(s)?		None
4. If applicable, identify the amount and funding		N/A

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source(s) that support the remainder of the project or program cost.	
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
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.	Non-cash – Applying for equipment, Orange County will procure and transfer equipment to OFD Mayor will need to sign Assurances, page 14 of the applications (one for CPR and one for EMS equipment)
2. Does submitting the grant application obligate the City to accept the award? (Yes/No)	No
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

Workday Required Data

Proposal ☒ Award ☐

Sponsor (Grantor):	Florida Department of Health
Flow Through Sponsor:	Orange County EMS
CFDA or CSFA #:	64.005
CFDA/CSFA Name:	
Start Date:	Estimated 11/01/2016
End Date:	9/30/2017
Grant Type (Cost Reimbursable, Fixed Amount, Prepaid):	Non-cash
Award Amount:	\$30,000

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Match %:	0
Match Amount:	0