



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: 12/12/2016	City Council Date: 1/9/2017	Application Deadline: 2/1/2017
Name of Grant: 2017 FDOH EMS Matching Grant		
Sponsor: Florida Department of Health		
Short description of the project or program that will be pursued with grant funding: If awarded, the 2017 Florida Department of Health EMS Matching Grant funds will be used to purchase an EMS patient simulator. The simulator can be used for training and assessments of EMTs and paramedics. The patient simulator uses training scenarios to simulate the clinical environment.		
Short description of the problem or need for the project or program: Funding will be used to purchase the patient simulator to assist with training in the EMS division. Both EMTs and paramedics will benefit from the training tool.		
Anticipated timeline of project or program: Period of performance is until 12/30/2017		
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?		This project can help to improve public safety through enhanced training for OFD personnel.
2. Does the proposed project provide or expand essential services to address critical needs?		This project expands the capabilities and resources of 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 \$50,000
2. How much does the Department anticipate receiving from the grantor? If not receiving cash, include the value of property, equipment, or services.		Approximately \$37,500
3. What are the match requirements and funding source(s)?		25% match, match to come from EMS funding – OFR0006_C
4. If applicable, identify the amount and funding source(s) that support the remainder of the project or program cost.		25% match, match to come from EMS funding – OFR0006_C

Grants & Financial Assistance Approval Form

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.	
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:	
CFDA or CSFA #:	64.003
CFDA/CSFA Name:	
Start Date:	Estimated 6/1/2017
End Date:	Estimated 12/30/2017
Grant Type (Cost Reimbursable, Fixed Amount, Prepaid):	Cost reimbursable
Award Amount:	\$50,000

Grants & Financial Assistance Approval Form

Match %:	25%
Match Amount:	\$12,500