



CITY OF ORLANDO

Grants & Financial Assistance Approval Form

	Department	Director Name	Date
Lead Department	Fire Department	Roderick Williams	9.25.17
Impacted Department			

Email form prior to application, to your Grants Analyst or Assistant Controller to begin the approval process in Workday.
*Department Directors will approve from their Workday inbox.

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

Today's Date: 9/25/2017		City Council Date: 10/9/2017		Application Deadline: 10/6/2017	
Name of Grant: FY2017-2018 Orange County EMS Grant					
Sponsor: Florida Department of Health via Orange County EMS					
Grant Mgr: April Taylor			Telephone # 5439		
Fiscal Mgr: Tysha Resnick			Telephone # 3131		
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. We are applying for four projects under the same grant.					
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 EMS equipment.					
Anticipated timeline of project or program: From time of award until 9/30/2018					
DUNS #: 070343640			FEIN: 59-6000396		
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.		
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. Is this a collaborative effort with an external organization?			No		
Financial Considerations			Indicate Response Here		
1. What is the total anticipated project cost?			Approx. \$66,395.60, however, this is a non-cash grant. OFD will only receive the equipment.		
2. How much does the Department anticipate receiving from the grantor? If not receiving cash, include the value of property, equipment, or services.			Non-cash – Value is estimated at \$66,395.60		
3. What are the match requirements and funding source(s)?			None		
4. If applicable, identify the amount and funding			N/A		

Grants & Financial Assistance Approval Form

source(s) that support the remainder of the project or program cost.	
5. Does the Grant allow for charging Indirect Costs? (Yes/No)?	No
6. The amount of Indirect Cost to be applied to the Grant?	N/A
7. Will the grant be used to fund salaries, wages or benefits and other associated personnel costs?	No
8. Will the receipt of this grant cause the City to incur additional or future operating costs?	No
9. What is the CIP number and/or financial project number associated with this project?	N/A
10. Will this program generate revenue?	No
11. Is supplanting allowed?	No
12. Does the grantor require any special ways to manage the receipt of grant funds?	No
13. 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
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.	None

Workday Required Data

Proposal



Award



Sponsor Name (Grantor):	Florida Department of Health
Flow Through Sponsor:	Orange County EMS
CFDA or CSFA #:	64.005
CFDA/CSFA Name:	County Grant Awards
Start Date:	Estimated 12/1/2017
End Date:	9/30/2018

Grants & Financial Assistance Approval Form

Grant Type (Cost Reimbursable, Fixed Amount, Prepaid):	Non-cash
Award Amount:	\$66,395.60
Match %:	0
Match Amount:	0

By submitting this form, the department acknowledges that:

1. It has the capacity to manage this grant.
2. It has the capacity to fulfill all of the financial and administrative requirements of the grant.
3. It will comply with the grant requirements and follow the guidance under City Policy # 2320.1.