

 You have successfully submitted your application. x

Submitted to FEMA

EMW-2020-FG-03102: Assistance to Firefighters Grant - COVID-19 Supplemental (AFG-S)

OLMSTED FALLS, CITY OF

Period of performance

Federal resources awarded

Required non-federal resources

Federal resources disbursed to recipient **\$0**

Pending disbursements to recipient **\$0**

Balance of federal resources available **\$**

My to do list

Description	Status	Date of status	Due date	Action
EMW-2020-FG-03102	Submitted to FEMA	05/15/2020	05/15/2020	Reopen application ▼

\$3,086.00

(1)

5/15/2020

Assistance to Firefighters Grant - COVID-19 Supplemental (AFG-S)

Status: Pending submission

Application ID: EMW-2020-FG-03102

OMB number: 1660-0054, Expiration date: 11/30/2022 [View burden statement](#)

System for Award Management (SAM.gov) profile

Please identify your organization to be associated with this application.
All organization information in this section will come from the System for Award Management (SAM) profile for that organization.

OLMSTED FALLS, CITY OF

Information current from SAM.gov as of: 05/03/2020
 DUNS (includes DUNS+4): 076749886
 Employer Identification Number (EIN): 346002096
 Organization legal name: OLMSTED FALLS, CITY OF
 Organization (doing business as) name:
 Mailing address: 26100 BAGLEY RD OLMSTED FALLS, OH 44138-1812
 Physical address: 26100 BAGLEY RD OLMSTED FALLS, OH 44138-1812
 Is your organization delinquent on any federal debt? N
 SAM.gov registration status: Active as of 2019-10-11 00:00:00.000 GMT
 We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date

Applicant information

Please provide the following additional information about the applicant.

Applicant name

Olmsted Falls Fire Department

Main address of location impacted by this grant

Main address 1

9274 Columbia Rd.

Main address 2

Optional

City

Olmsted Falls

State/territory

Ohio



Zip code

44138

Zip extension

1812

In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?

Cuyahoga

Applicant characteristics

The Assistance to Firefighters Grants Program's objective is to provide funding directly to fire departments and nonaffiliated EMS organizations or a State Fire Training Academy for the purpose of protecting the health and safety of the public and first responder personnel against fire and fire-related hazards. Please review the Notice of Funding Opportunity Announcement (NOFO) for information on available program areas and for more information on the evaluation process and conditions of award.



5/15/2020

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Applicant type

Fire Department/Fire District

Is this grant application a regional request? A regional request provides a direct regional and/or local benefit beyond your organization. You may apply for a regional request on behalf of your organization and any number of other participating eligible organizations within your region.

- Yes
- No

What kind of organization do you represent?

All Paid/Career

How many active firefighters does your department have who perform firefighting duties?

28

Does your organization protect critical infrastructure of the state?

- Yes
- No

Do you currently report to the National Fire Incident Reporting System (NFIRS)? You will be required to report to NFIRS for the entire period of the grant.

- Yes
- No

Please enter your FDIN/FDID.

18077

Operating budget

What is your organization's operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) dedicated to expenditures for day-to-day activities for the current (at time of application) fiscal year, as well as the previous two fiscal years?

Current Fiscal Year

2020

Operating budget

2020	\$1,429,400
2019	\$1,393,530
2018	\$1,358,430

What percentage of the declared operating budget is dedicated to personnel costs (salary, benefits, overtime costs, etc.)?

85 %

Does your department have any rainy day reserves, emergency funds, or capital outlay?

- Yes
- No

What percentage of the declared operating budget is derived from the following

	2020	2019	2018
Taxes	84 %	84 %	78 %
Bond issues	0 %	0 %	0 %
EMS billing	16 %	16 %	16 %
Grants	0 %	0 %	6 %
Donations	0 %	0 %	0 %
Fund drives	0 %	0 %	0 %
Fee for service	0 %	0 %	0 %
Other	0 %	0 %	0 %
Totals	100 %	100 %	100 %

Applicants should describe their financial need and how consistent it is with the intent of the AFG-S Program. The Financial Need statement should include details describing the applicant's financial distress such as summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of their control.

The City of
Olmsted Falls
receives the

In cases of demonstrated economic hardship, and upon the request of the grant applicant, the FEMA Administrator may grant an Economic Hardship Waiver. Is it your organization's intent to apply for an Economic Hardship Waiver?

- Yes
- No

Other funding sources

This fiscal year, are you receiving Federal funding from any other grant program for the same purpose for which you are applying for this grant?

- Yes
- No

This fiscal year, are you receiving Federal funding from any other grant program regardless of purpose?

- Yes
- No

Community description

Please provide the following additional information about the community your organization serves.

Type of jurisdiction served

City



4

Applicants should describe their financial need and how consistent it is with the intent of the AFG-S Program. The Financial Need statement should include details describing the applicant's financial distress such as summarizing budget constraints, unsuccessful attempts to secure other funding, and proving the financial distress is out of their control.

The City of Olmsted Falls receives the majority of their revenue from municipal income tax. Due to COVID-19 a number of businesses were closed and many residents in the community have been laid off from their employment. In addition, the tax filing deadline was extended, so

In cases of demonstrated economic hardship, and upon the request of the grant applicant, the FEMA Administrator may grant an Economic Hardship Waiver. Is it your organization's intent to apply for an Economic Hardship Waiver?

- Yes
- No

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- Yes
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- No

Community description

Please provide the following additional information about the community your organization serves.

Type of jurisdiction served

City



What type of community does your organization serve?

Suburban



What is the square mileage of your first due response zone/jurisdiction served?

4

What percentage of your primary response area is protected by hydrants?

98

	Percentage (must sum to 100%)
Agriculture, wildland, open space, or undeveloped properties	5
Commercial and industrial purposes	10
Residential purposes	85
Total	100

What is the permanent resident population of your first due response zone/jurisdiction served?

8889

Do you have a seasonal increase in population?

- Yes
- No

Please describe your organization and/or community that you serve.

The City of Olmsted Falls is located in Cuyahoga County in the midwestern state of Ohio along the southern edge of Lake Erie. The estimated population of Olmsted Falls is 8,889 and the population density is 2,157.5 people per square miles. As of 2017, Olmsted Falls has 3,874 households with 2.29 individuals living within each household.

Call volume

Please provide the total number of incidents that your organization responded to for each year of the previous three year period (Jan - Dec). Include only those alarms which your organization was a primary responder and not second due or giving Mutual Aid.

Summary

Summary of responses per year by category. Enter whole numbers only. If you have no calls for any of the categories, enter 0.

Summary of responses per year per category	2019	2018	2017
NFIRS Series 100: Fire	26	25	36
NFIRS Series 200: Overpressure Rupture, Explosion, Overheat (No Fire)	2	0	2
NFIRS Series 300: Rescue & Emergency Medical Service Incident	910	883	883
NFIRS Series 400: Hazardous Condition (No Fire)	76	60	50
NFIRS Series 500: Service Call	88	85	84
NFIRS Series 600: Good Intent Call	63	64	65
NFIRS Series 700: False Alarm & False Call	46	53	61
NFIRS Series 800: Severe Weather & Natural Disaster	0	0	0
NFIRS Series 900: Special Incident Type	1	1	2
Total	1212	1171	1183

Fire

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

How many responses per year per category?	2019	2018	2017
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)?	13	13	26

How many responses per year per category?	2019	2018	2017
Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-123)?	13	13	26
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)?	5	5	3
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)?	8	7	7
Total	26	25	36

What is the total acreage of all vegetation fires? Enter whole numbers only. If you have no vegetation fires, enter 0.

Total acreage per year	2019	2018	2017
What is the total acreage of all vegetation fires?	0	0	0

Rescue and emergency medical service incidents

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

How many responses per year per category?	2019	2018	2017
Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)?	10	10	11
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)?	0	0	0
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)?	5	5	5
How many EMS-BLS Response Calls?	348	342	328
How many EMS-ALS Response Calls?	547	526	518
How many EMS-BLS Scheduled Transports?	0	0	0
How many EMS-ALS Scheduled Transports?	0	0	0
How many Community Paramedic Response Calls?	0	0	0
Total	910	883	862

Mutual and automatic aid

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories,

aid

How many responses per year by category? Enter whole numbers only. If you have no calls for any of the categories, enter 0.

How many responses per year per category?	2019	2018	2017
How many times did your organization receive Mutual Aid?	54	101	0
How many times did your organization receive Automatic Aid?	0	0	0
How many times did your organization provide Mutual Aid?	141	180	205
How many times did your organization provide Automatic Aid?	0	0	0
Of the Mutual and Automatic Aid responses, how many were structure fires?	0	0	0
Total	195	281	205

Grant request details

Are you requesting a Micro Grant? A Micro Grant is limited to \$3,000 in federal resources.

- Yes
- No

Instructions

If you intend to request funds for an activity, you must answer all of the activity specific questions and specify at least one budget item budget object class information. The cost figures you provide do not have to be firm quotes from your vendors, but they should be estimated based on research of current prices (i.e., check with at least two vendors for your estimates). If you do not have these estimates, you can come back and modify this area at any point before you submit your application to DHS. The Assistance to Firefighters Grant Program does not allow for any grant funds to be used for construction. Select grant writer fee when adding an activity if there is a grant-writing fee associated with the preparation of the request

Grand total: \$3,086.00

Program area: Operations and safety

Total requested for Personal Protective Equipment (PPE) activity: \$3,086.00

Remove activity

Add item to Personal Protective Equipment (PPE)

Below is a list of items included in your application for personal protective equipment (PPE). For each item you want funded, provide the requested information. Note the unit price amount should reflect any volume discounts, rebates, etc. The option to select additional funding is available when adding items to support your request.

Narrative

The narrative statements must provide all the information necessary for you to justify your needs and for FEMA to make an award decision. A panel of peer reviewers will perform the second phase of the applications' evaluations by using the narrative statements below to determine the worthiness of the request for an award. Please ensure that your narrative clearly addresses each of the following evaluation criteria elements to the best of your ability with detailed but concise information.

You may either type your narrative statements in the spaces provided below or create the text in your word processing system and then copy it into the appropriate spaces provided below. Please note the narrative block does not allow for formatting. Do not type your narrative using only capital letters. Additionally, do not include tables, special fonts (i.e., quote marks, bullets, etc.), or graphs.

Project description and budget: The Project Description and Budget statement should clearly explain the applicant's project objectives and its relationship to the applicant's budget and risk analysis. Applicants should link the proposed expenses to operations and safety, as well as to the completion of the project's goals. Applicants should describe how their current response capabilities are impacted by COVID-19 as well as the overall rate of COVID-19 in their community. Applicants can reference data supported by the Centers for Disease Control and Prevention (CDC) through referencing state level data from the following website <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>. This data will be taken into consideration when prioritizing funding.

9

5/15/2020

Project description and budget: The Project Description and Budget statement should clearly explain the applicant's project objectives and its relationship to the applicant's budget and risk analysis. Applicants should link the proposed expenses to operations and safety, as well as to the completion of the project's goals. Applicants should describe how their current response capabilities are impacted by COVID-19 as well as the overall rate of COVID-19 in their community. Applicants can reference data supported by the Centers for Disease Control and Prevention (CDC) through referencing state level data from the following website <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>. This data will be taken into consideration when prioritizing funding.

When the fire department personnel are able to properly sanitize all necessary equipment, vehicles and living quarters, we can lessen our exposure to COVID-19 and other contagious diseases. The Ambu-Stat System is an effective and efficient way to decontaminate the equipment in our department to allow the paramedics to respond to incidents without delay due to manual sterilization practices. This process will also ensure any patients are not exposed to harmful viruses as well.

Cost benefit: Applicants should describe how they plan to address the operations and personal safety needs of their organization, including cost effectiveness and sharing assets. The Operations and Safety/Cost Benefit statement should also include details about gaining the maximum benefits from grant funding by citing reasonable or required costs, such as specific overhead and administrative costs.

The use of this Ambu-Stat system saves resources by reducing the time an ambulance will be taken out of service for decontamination services. This system can also be used to decontaminate living quarters in the fire station, so an outside company would not need to be contracted to perform those duties. The System decontaminates a large area in a much quicker time and reaches areas that are not accessible with wipes or paper towels. By keeping the living quarters and equipment sanitized, we will protect the health of our personnel limiting the use of overtime and lost wages due to illnesses.

Statement of effect on operations: The Statement of Effect on Operations statement should explain how this funding request will enhance an organization's overall effectiveness. It should address how an award will impact the daily operations and reduce an organization's risk(s). Applicants should include how frequently the requested item(s) will be used and in what capacity. Applicants should detail whether award funding will seek reimbursement of pre-award expenses related to the acquisition of eligible PPE, acquire PPE for immediate use, or acquire PPE resources to strengthen future response capabilities. Applicants will be evaluated on the current inventory of supplies, response usage of requested supplies, and anticipated future needs (i.e. actual or anticipated burn rate percentage of PPE resources).

The use of the Ambu-Stat System reduces the risk of contamination to firefighters and patients. The system can be used in the ambulance after every transport, and it can be used weekly in the firehouse to purify living quarters. The Ambu-Stat System is a portable device which will be used to assist the other first responders of the police department and neighboring community departments if necessary. In the near future our City Hall and Senior Center will be open to visitors and residents, we intend to use this system to ensure the facility is sterile and safe for everyday business.



Close ▾

Item

Supplies



Remove item

QUANTITY	UNIT PRICE	TOTAL	Budget class
1	\$2,795.00	\$2,795.00	

10

Close



Item

Supplies



Remove item

QUANTITY

UNIT PRICE

TOTAL

Budget class

1

\$2,795.00

\$2,795.00

Equipment



Description

Ambu-Stat System- an aerosolizer for decontaminating equipment and ambulance.

What is the purpose of this request?

Future response capabilities



Are you requesting for members that currently do not have above-mentioned item?

Yes

No

Is your department trained in the proper use of the PPE being requested?

Yes

No

Grant request summary

The table below summarizes the number of items and total cost within each activity you have requested funding for. This table will update as you change the items within your grant request details.

Grant request summary

	UNIT PRICE	TOTAL	Budget class
1	\$2,795.00	\$2,795.00	Equipment <input checked="" type="checkbox"/>

Description
 Ambu-Stat System- an aerosolizer for decontaminating equipment and ambulance.

What is the purpose of this request?
 Future response capabilities

Are you requesting for members that currently do not have above-mentioned item?

- Yes
- No

Is your department trained in the proper use of the PPE being requested?

- Yes
- No

Close ▾

Item
 Supplies
 Remove item

QUANTITY	UNIT PRICE	TOTAL	Budget class
1	\$249.00	\$249.00	Supplies <input checked="" type="checkbox"/>

Description
 Actril Solution- The product used with the Ambu-Stat System to sanitize equipment and ambulance.

What is the purpose of this request?
 Future response capabilities

Are you requesting for members that currently do not have above-mentioned item?

- Yes
- No

Is your department trained in the proper use of the PPE being requested?

- Yes
- No

Activity	Number of items	Total cost
Personal Protective Equipment (PPE)	3	\$3,086.00
Total	3	\$3,086.00

Budget summary

Budget summary

Object class categories	Total
Personnel	\$0.00
Fringe benefits	\$0.00
Travel	\$0.00
Equipment	\$2,795.00
Supplies	\$291.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00
Total direct charges	\$3,086.00
Indirect charges	\$0.00
TOTAL	\$3,086.00
Non-federal resources	
Applicant	\$146.95
State	\$0

Other sources	\$0
Remarks	
Total Federal and Non-federal resources	
Federal resources	\$2,939.05
Non-federal resources	\$146.95
TOTAL	\$3,086.00
Program income	\$0

Contact information

Did any individual or organization assist with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application?

- Yes
- No



Grant writer fee

In order to request a grant writer fee, the answer to this question must be "Yes"

Secondary point of contact

Please provide a secondary point of contact for this grant.

The Authorized Organization Representative (AOR) who submits the application will be identified as the primary point of contact for the grant. Please provide one secondary point of contact for this grant below. The secondary contact can be members of the fire department or organizations applying for the grant that will see the grant through completion, are familiar with the grant application, and have the authority to make decisions on and to act upon this grant application. The secondary point of contact can also be an individual who assisted with the development, preparation, or review of the application.

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Matthew Sheehan
Chief

Primary phone
4402353238
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Mobile

 **Edit**

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4402353267
msheehan@olmstedfalls.org

Assurances and certifications

SF-LLL: Disclosure of Lobbying Activities

OMB number: 4040-0013, Expiration date: 02/28/2022 [View burden statement](#)

Complete only if the applicant is required to do so by 44 C.F.R. part 18. Generally disclosure is required when applying for a grant of more than \$100,000 and if any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Further, the recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event described in 44 C.F.R. Â§ 18.110(c) that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by the applicant.

The applicant is not currently required to submit the SF-LLL

Review application

Submit for signature

Please select any of the following links to view or edit a particular section of your application. You may submit your application for signature once your application is complete and without any errors.

This application is ready to submit for signature

15

5/15/2020