

Overview

* Did you attend one of the workshops conducted by an AFG regional fire program specialist?

No, I have not attended workshop

* Did you participate in a webinar that was conducted by AFG?

No

* Are you a member, or are you currently involved in the management, of the fire department or nonaffiliated EMS organization or a State Fire Training Academy applying for this grant with this application?

Yes, I am a member/officer of this applicant

If you answered "No", please **complete** the information below. If you answered "Yes", please skip the Preparer Information section.

Fields marked with an * are required.

Preparer Information

Preparer's Name

Address 1

Address 2

City

State

Zip

-

[Need help for ZIP+4?](#)

In the space below please list the person your organization has selected to be the primary point of contact for this grant. This should be a department officer or member of the organization who will see this grant through completion, including closeout. Reminder: if this person changes at any time during the period of performance please update this information. Please list only phone numbers where we can get in direct contact with the POC.

Primary Point of Contact

* Title

Division Chief - EMS

Prefix (select one)

N/A

* First Name

Edward

Middle Initial

* Last Name

Perez

* Primary Phone

305-809-3796 Ext. Type work

* Secondary Phone

305-809-3736 Ext. Type cell

Optional Phone

Type

Fax

* Email

eperez@cityofkeywest-fl.gov

Contact Information

Alternate Contact Information Number 1

* Title Grant Coordinator
Prefix (select one) Ms.
* First Name Carolyn
Middle Initial
* Last Name Sheldon
* Primary Phone 305-809-3741 Ext. Type work
* Secondary Phone 305-809-3700 Ext. Type cell
Optional Phone Type
Fax
* Email csheldon@cityofkeywest-fl.gov

Alternate Contact Information Number 2

* Title City Manager
Prefix (select one) Mr.
* First Name James
Middle Initial
* Last Name Scholl
* Primary Phone 305-809-3888 Ext. Type work
* Secondary Phone 305-809-3700 Ext. Type cell
Optional Phone Type
Fax
* Email jscholl@cityofkeywest-fl.gov

Applicant Information

* Organization Name

City of Key West Fire Department

Fire Department/Fire District

* Type of Applicant

* **Fire Department/District, Non-Affiliated EMS, and Regional applicants**, select type of Jurisdiction Served City :

If "Other", please enter the type of Jurisdiction

[SAM.gov](#) (System For Award Management)

* What is the legal name of your Entity as it appears in [SAM.gov](#)?

Note: This information must match your [SAM.gov](#) profile if your organization is using the DUNS number of your Jurisdiction. Key West, City of

* What is the legal business address of your Entity as it appears in [SAM.gov](#)?

Note: This information must match your [SAM.gov](#) profile if your organization is using the DUNS number of your Jurisdiction.

* Mailing Address 1

PO BOX 1409

Mailing Address 2

* City

Key West

* State

Florida

* Zip

33041 - 1409

[Need help for ZIP+4?](#)

* [Employer Identification Number](#) (e.g. 12-3456789)

Note: This information must match your [SAM.gov](#) profile.

59-6000346

* Is your organization using the DUNS number of your Jurisdiction?

Yes

I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application (Required if you selected Yes above)



* What is your 9 digit [DUNS number](#)?

079864898

(call 1-866-705-5711 to get a DUNS number)

If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here.

Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own [DUNS number](#) and bank account separate

from your Jurisdiction.

* Is your [DUNS Number](#) registered in [SAM.gov](#) (System for Award Management previously CCR.gov)?

Yes

* I certify that my organization/entity is registered and active at [SAM.gov](#) and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's [SAM.gov](#) record.



Headquarters or Main Station Physical Address

* Physical Address 1

1600 North Roosevelt Blvd.

Physical Address 2

* City

Key West

* State

Florida

* Zip

33040 - 7254

[Need help for ZIP+4?](#)

Mailing Address

* Mailing Address 1

PO BOX 1409

Mailing Address 2

* City

Key West

* State

Florida

* Zip

33041 - 1409

[Need help for ZIP+4?](#)

Bank Account Information

* The bank account being used is: (Please select one from the right)

Maintained by my Jurisdiction

Note: The following banking information must match your [SAM.gov](#) profile.

* Type of bank account

Checking

* Bank routing number - [9 digit](#) number on the bottom left hand corner of your check

067000438

* **Your account number**

0100903096

Additional Information

* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?

No

* Is the applicant [delinquent on any Federal debt?](#)

No

If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:

Fire Department/Fire District Department Characteristics (Part I)

* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property?

No

* What kind of organization do you represent?

All Paid/Career

If you answered "Combination", above, how many career members in your organization? (whole numbers only)

If you answered "Volunteer" or "Combination" or "Paid on-call", how many of your volunteer Firefighters are paid members from another career department? (whole numbers only)

* What type of community does your organization serve?

Rural

* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)

No

* What is the square mileage of your first-due response area? (whole number only)

6

* What percentage of your response area is protected by hydrants? (whole number only)

100 %

* 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?

Monroe County

* Does your organization protect critical infrastructure?

Yes

If "Yes", please describe the critical infrastructure protected below:

In addition to the typical local government related facilities, the Key West Fire Department has a mutual aid agreement with Naval Air Station Key West. This facility is home to more than 5,000 service members at any given time. The City also serves and protects a significant cruise terminal. This terminal sees more than 500,000 passengers annually pass through its facility and out into the City. This is coupled with larger seasonal influxes of vacationers (totally over 2,000,000 annually) who crowd a limited road network where the need to clear accident scene is imperative to the health and safety of those involved as well as ensuring that additional vehicle conflicts are kept to a minimum to ensure service delivery.

* What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties?

0 %

* What percentage of your primary response area is for commercial and industrial purposes?

19 %

* What percentage of your primary response area is used for residential purposes?

81 %

* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only)

30825

* Do you have a seasonal increase in population?

If "Yes" what is your seasonal increase in population? 2662500

* How many active firefighters does your department have who perform firefighting duties? (whole numbers only) 89

* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only) 89

Does your department have a [Community Paramedic](#) program?

How many personnel are trained to the [Community Paramedic](#) level? (whole numbers only)

* How many stations are operated by your organization? (whole numbers only) 4

* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?

* Do you currently report to the National Fire Incident Reporting System (NFIRS)?

Note: You will be required to report to NFIRS for the entire period of the grant. AFG does not require NFIRS reporting for nonaffiliated EMS Organizations and State Fire Training Academy.

If you answered "Yes" above, please enter your [FDIN/FDID](#) 38012

* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only) 0

* How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I) 86

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the Firefighter II level in this application, please describe in the box below your training program and your plans to bring your membership up to Firefighter II.

N/A

* What services does your organization provide?

Advanced Life Support	Emergency Medical Responder	Rescue Operational Level
	Haz-Mat Operational Level	Rescue Technical Level
Basic Life Support	Haz-Mat Technical Level	Structural Fire Suppression
	Maritime Operations/Firefighting	

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

The City of Key West Fire Department consists of three (3) manned stations and one (1) unmanned station on a small water-locked key with residential homes. In April 2015 the department took over responsibility for all EMS

related services within the first response area. In the first year of service, the department received over 6,400 total calls for medical service and over 4,400 of these calls resulted in a patient being transported to the hospital by rescue units. The department has three (3) mutual aid agreements in place: U.S. Navy, Monroe County, City of Marathon and the Village of Islamorada. In addition to fire suppression, land rescue and emergency medical services, the department provides marine services through a twenty-three (23) member Dive Team via a fire boat. The Fire Prevention Bureau, within the department, provides life safety inspections, plan reviews, fire investigations and public safety demonstrations.

The City is home to two (2) significant facilities: 1. Naval Air Station Key West; and 2. Major Cruise Terminal. The City's isolation makes having the readiness to serve these facilities a matter of critical importance. Both facilities represent targets that others could focus on to disrupt our military and/or the economy. Ensuring that the City has adequate equipment to serve these facilities in their time of greatest need is vital to protect the assets and minimizing the impacts locally as well as nationally.

The City of Key West first response area is spread out across two major keys and one minor key. The City is generally isolated from other municipal areas and has a seasonal population surge of over 2,000,000 visitors annually. There is only one road that leads in and out of the City and a significant portion of it is 2-lane (one each direction). The nearest organized municipality is over forty (40) miles to the northeast of the City along the same 2-lane highway.

Fire Department Characteristics (Part II)

	2016	2015	2014
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	0	1	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	0	1	0
* What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	0	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	2	0	0
* Over the last three years, what was your organization's operating budget?	9652225		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	94		
Does your department have any rainy day reserves, emergency funds, or capital outlay?	No		
If Yes, what is the total amount currently set aside?	0		
If Yes, describe the planned purpose of this fund	N/A		
* What percentage of your annual operating budget is derived from:			
Enter numbers only, percentages must sum up to 100%	2016	2015	2014

Taxes?	88 %	89 %	100 %
Bond Issues?	0 %	0 %	0 %
EMS Billing?	11 %	11 %	0 %
Grants?	0 %	0 %	0 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
Fee for Service?	1 %	0 %	0 %

* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.

The City of Key West is seeking funding which is consistent with the intent of the AFG program to provide eligible entities with financial assistance to ensure that they are able to acquire critically needed resources and meet the DHS Basic Mission as well as the Core Capabilities of the National Preparedness Goal.

In April 2015, the City assumed all responsibility for EMS services within the first response area. Significant effort went into evaluating the call volume of the former provider and determining what equipment was needed to support

this volume. While the City was able to meet the demand, the overall age of the ambulance fleet combined with the older on-board technology proved to create unforeseen challenges. Given that providing EMS service is a new responsibility, the City has not had adequate time to accumulate additional funds from repetitive EMS billing and general budgeting to support the purchase of the equipment in this request. If the City could wait several more years it is likely that might be able to self-fund the purchase, but the City cannot wait to add this equipment and ensure that the appropriate service level is being provided to the citizens as well as the visitors within the area of responsibility. The department does not have a contingency/rainy day fund set-aside.

* How many vehicles does your organization have in each type or class of vehicle listed below? **You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession.** (Enter numbers only and enter 0 if you do not have any of the vehicles below.)

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	3	2	12
Ambulances for transport and/or emergency response:	3	2	10
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	0	0	0
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	1	0	2
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pickup w / Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	0	1	2
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	0	1	2
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle	7	0	14

Fire Department Call Volume

2016

2015

2014

* **Summary** of responses per year by category (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Fire - NFIRS Series 100	75	35	32
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	12	5	12
Rescue & Emergency Medical Service Incident - NFIRS Series 300	5962	2856	886
Hazardous Condition (No Fire) - NFIRS Series 400	184	148	194
Service Call - NFIRS Series 500	92	44	74
Good Intent Call - NFIRS Series 600	227	171	199
False Alarm & False Call - NFIRS Series 700	579	358	512
Severe Weather & Natural Disaster - NFIRS Series 800	0	0	0
Special Incident Type - NFIRS Series 900	7	5	6

FIRES

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

Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	22	12	17
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	7	5	8
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	12	6	16
What is the total acreage of all vegetation fires?	1	1	1

RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS

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

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	5	85	25
Of the NFIRS Series 300 calls, how many are "Extractions from Vehicles" (NFIRS Code 352)	0	2	2
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	5532	2038	38
How many EMS-BLS Response Calls	1857	2999	701
How many EMS-ALS Response Calls	2257	1765	0
How many EMS-BLS Scheduled Transports	177	0	0
How many EMS-ALS Scheduled Transports	0	0	0
How many Community Paramedic Response Calls	0	0	0

MUTUAL AND AUTOMATIC AID

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

How many times did your organization receive Mutual Aid?	10	6	0
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How many times did your organization receive Automatic Aid?	0	0	0
How many times did your organization provide Mutual Aid?	15	12	1
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	2	1

FEMA Form 080-0-2

Request Information

1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application **you will need to submit separate applications.**

Program Name

Operations and Safety

2. Will this grant benefit more than one organization?

No

* 3. Is your department facing a new risk, expanding service to new area, or experiencing an increased call volume?

No

If you answered "Yes" to Question 3., please explain how your department is facing a new risk, expanding service to new area, or experiencing an increased call volume

In April 2015, the City assumed all responsibility for EMS services within the first response area. Significant effort went into evaluating the call volume of the former provider and determining what equipment was needed to support this volume. While the City was able to meet the initial increased demand by purchasing two new ambulances, the overall age of the remaining ambulance fleet combined with the older on-board technology have proven to create unforeseen conditions that have made maintaining this standard challenging. The award of this grant will allow for an update to a vital on-board tool - the cots.

Increased Call Volume - As noted in the statistics provided in the application, the Departments call volumes have increased significantly. The contributing factors include an increased number of cruise ship port calls (the visitors frequent landside attractions while in port), additional airlines now serving Key West International Airport and increased marketing of the area by the City, County and State as well as private businesses.

According to ESO EPCR reporting data, 3,085 EMS calls were for patients that reside in the City of Key West, 1,505 EMS calls were for non-resident patients and 921 EMS calls were unknown residency status.

New Risk 1 - Budget Shortfalls Due to Hurricane Irma - The City has been faced with significant costs associated with rebuilding in the wake of Hurricane Irma. These budgetary constraints have forced the City to reallocate funds into unanticipated efforts. This situation has made new capital purchases very challenging to complete.

New Risk 2 - Flu Outbreak/Opiate Crisis/Synthetic Drug Use Among Homeless/Transient Population - Due to the temperate climate year-round, the City has a high homeless/transient population that lacks the ability to seek regular medical services. This population utilizes the emergency medical services system for basic medical care. This creates additional stresses on the system and negatively impacts the department's resources for responding to larger events. The City is in the process of developing a program to address this need in a different manner. The development of this alternative approach has inherent funding and logistical challenges which mean the program will not be implemented for some time. Until then, the most efficient interim step is the additional of an ambulance with the correct capabilities to rapidly service the needs of any given call and then have a quick turn-around to subsequent calls.

4. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.

\$0

* 5. Are you requesting a Micro Grant?

A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.

No

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
Activity Specific Questions for AFG Operations and Safety Applications

OMB No.: 1660-0054
Expiration Date: August, 31 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 4.6 hours per response for FEMA Form 080-0-2b "Activity Specific Questions for AFG Operations and Safety Applications". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

Request Details

The activities for program **Operations and Safety** are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	1	\$ 79,344	\$ 0	View Details View Additional Funding Narratives
Modify Facilities	0	\$ 0	\$ 0	View Details
Personal Protective Equipment	0	\$ 0	\$ 0	View Details
Training	0	\$ 0	\$ 0	View Details
Wellness and Fitness Programs	0	\$ 0	\$ 0	View Details

Grant-writing fee associated with the preparation of this request.	\$0
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Request Details

Fire Department/Fire District Equipment

Item	Number of units	Cost per unit	Total Cost	Action
Power Lift Cot	4	\$ 19,836	\$ 79,344	View Details

Firefighting Equipment - Narrative

*** Section # 1** Project Description: In the space provided below, include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc. ***4000 characters**

Project Description - Purchase of four (4) Power Lift Cots

Evidence of Need - In April 2015, the City assumed all responsibility for EMS services within the first response area. In the prior year of 2014, the City responded to 701 EMS Basic Life Support calls. In 2015 the City responded to a total of 4,764 in only eight (8) months. In 2017, the City responded to 5,866 EMS calls. The number of calls continues to increase year over year. The Department owns one (1) power lift cot and maintains the associated ambulance at the most centrally located fire station. The Department attempts to dispatch this ambulance, Rescue 5, to calls that involve bariatric patients to minimize the potential for crew injury from physical lifting however the increase in call volume and the potential for delayed response times has proven that this is not an effective long-term strategy. The City has made a valiant attempt at meeting the demand during the first three (3) years of providing EMS service, the overall age of some ambulances combined with the older on-board technology and tools (stretchers) proved to create unforeseen challenges exacerbated by the significant increase in the response volume.

Currently each transport creates the need for 2 non-mechanically assisted lifts. A 140 pound cot and 200 pound patient creates a total weight lifted of 340 pounds. This weight is distributed across two (2) responders during the lift phase.

In 2017, there were 3,719 transport calls. $3,719 \text{ calls} \times 170 \text{ lbs} \times 2 \text{ lifts per call} = \text{approximately } 1,246,460 \text{ lbs lifted}$ by our 79 responders in 2017 alone. $1,246,460 \text{ lbs} / 79 \text{ responders} = 16,005 \text{ pounds or } 8.0 \text{ tons a year, per responder}$. The impacts will become more dramatic as the national obesity epidemic continues and the weights lifted are only expected to increase over the next decade. These calculations do not include those currently morbidly obese and who are regularly transported in Key West.

Budget Description - The City has determined that \$79,344 is the budget for this project and that any acquisition will not exceed this amount. The City has initially identified the following model as compliant with the City's needs, existing fleet and meeting all applicable regulations: Stryker Power-PRO XT with related options. This determination is based on the City's remaining consistent with the City's current one (1) power lift cot for operational efficiency. During the bidding process and as with all Federally-compliant procurement, an equal or equivalent designation will be included for all specifications to ensure fair and open competition in the bidding process.

As part of the effort to create an accurate budget and application, the City has evaluated several acquisition sources for the power lift cots. The City has considered several state/municipal cooperative purchasing contracts when developing the budget and specifications. A more detailed breakdown of the implementation plan is included in this narrative section.

Project Implementation - The following steps will be implemented to ensure timely and complete implementation.

1. Receive notice of award and complete required agreement documentation.
2. Review the available state/co-operative purchasing contracts again and determine if new contracts are available to create baseline pricing.
3. Issue an RFP to allow vendors to compete with a clear understanding that the City does not have to accept the bids. This is a protection should the available state/co-operative purchasing options are more advantageous, if available but simultaneously ensures that the City will utilize the funding in the most efficient manner possible.
4. Complete the appropriate purchasing mechanism based on the best value received.
5. Order the power lift cots.
6. Take delivery of the power lift cots.
7. Publicize the delivery ensuring that FEMA is recognized.

8. Complete required grant closeout package.

*** Section # 2** Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. ***4000 characters**

The cost benefit comes in several forms. They include:

1. Operational Gain (Reduction in body strain) - Reducing the direct lifting of approximately eight (8) tons annually by responder will have significant gains in terms of responder health, availability and overall well being. While it is impossible to exactly quantify the numbers due to the unknowns of what each call will require, the reduction in risk of injury from overexertion or repetitive lifting back injuries has been proven to be significant across the country.

Based on 3,719 calls requiring transport in 2017, approximately 5,950 lifts were completed by responders (50% of the overall number of lifts was removed as the City owns one power lift cot). When averaged out over a five (5) year time frame, the cost per lift is \$2.66. In reality, the new power lift cots have a service life of ten (10) years or more however five (5) years was selected to be conservative. The amount per lift is nominal when compared to the costs associated with a back injury from both medical and responder down-time perspectives.

According to the American Spinal Injury Association, the cost associated with spinal cord injuries is substantial, with estimates of the average lifetime cost of direct care ranging from USD 1.5 to 4.7 million. Using \$2.2 million as a lower-mid range and assuming twenty (20) years of care, the cost per year averages \$110,000 per year. Over the five (5) year period utilized above, the cost is \$550,000. When compared to the cost of the project (\$79,344), the benefit to cost ratio is 6.9:1 assuming only one injury. If additional injuries were to occur the benefit to cost ratio would increase. The costs presented here do not include the costs of replacing the injured responder duties temporarily or permanently which would also increase the benefit to cost ratio.

2. Operational Gain (Time on scene) - The purchased power lift cots will replace manual lift cots that are not time efficient. While this gain will not be large in terms of tens of minutes saved, simply saving two minutes on-scene allows for the EMS equipment and personnel to become available for the next call faster.

3. Community Benefit - Rapid response is a cornerstone of emergency medical services. By adding the new ambulance to the fleet and moving the former one into a reserve role, the department will both be able to serve the community more efficiently and have an additional vehicle to deal with peak incident times or when other ambulances must be taken out of service for any reason.

Cost Evaluation - As part of the effort to create an accurate budget and application, the City has evaluated several acquisition sources for the new power lift cots. The City has considered several state/municipal cooperative purchasing contracts when developing the budget and strongly feels that it is realistic and appropriate to meet the department's need.

*** Section # 3** Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community? ***4000 characters**

Common Risk - One of the department's greatest common risks associated with providing emergency medical services is a lack of operational efficiency. Four (4) of the department's ambulances utilize manual lift cots which decrease the level of efficiency needed for the department's operation on a daily basis. The addition of the new power lift cots to replace the out-dated ones will mitigate this risk.

Daily Benefits - The power lift cots to be purchased will replace four (4) manual lift models that lack the current technological capabilities to be efficient for continual daily operations. The reduction in back and leg strain on the responders will allow for greater responsiveness in times of rapidly occurring events as well as over the long-term career of the personnel.

Frequent Use - As a result of this project, the department will have a total of five (5) power lift cots which will enable

one to be placed in each ambulance the Department has in rotation. Based on the call volume for 2017, it is anticipated that each new cot will service an average 743 calls per year.

Support of DHS Basic Mission - Strengthen National Preparedness and Resilience

This project directly supports the DHS Basic Mission by ensuring that the City has adequate emergency medical services response capabilities in the event of a disaster, natural or man-made. As was experienced with Hurricane Irma, the City is generally isolated from receiving rapid mutual-aid due to geographical as well as logistical challenges. This project will move the City towards being in a better position of preparedness to deal with emergency challenges. Emergency services are also critical for returning the community back to life-as-normal after a disaster. This project will also support the City's ability to be resilient in the aftermath of disaster.

This project will address the two (2) of the Core Capabilities of the National Preparedness Goals which have direct benefits and positive impacts on the community that is served.

1. PH, HC and Emergency Medical Services- Beyond the City's fire department, significant support from other agencies during an event of any size is limited at best.

Due to the temperate climate year-round, the City has a high homeless/transient population that lacks the ability to seek regular medical services. This population utilizes the emergency medical services system for basic medical care. This creates additional stresses on the system and negatively impacts the department's resources for responding to larger events. The City is in the process of developing a program to address this need in a different manner. The development of this alternative approach has inherent funding and logistical challenges which mean the program will not be implemented for some time. Until then, the most efficient interim step is the additional of an ambulance with the correct capabilities to rapidly service the needs of any given call and then have a quick turn-around to subsequent calls.

2. Community Resiliency - The department's first response area is geographically isolated which creates delays in receiving rapid aid from other organizations. The nearest organized municipality is over forty (40) miles to the northeast of the City along a 2-lane highway. Ensuring that the department has adequate equipment to support emergency operations is absolutely critical to ensuring that the community can recover from any disaster quickly.

Sharing/Mutual Aid - The City has mutual aid agreements with the U.S. Navy, Monroe County, City of Marathon and the Village of Islamorada. In the event of a request, this vehicle will be available to service the needs of those entities which are located in and surrounding the first response area.

Budget

Budget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 79,344
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0

Federal and Applicant Share

Federal Share	\$ 72,131
Applicant Share	\$ 7,213
Applicant Share of Award (%)	10

* Non-Federal Resources *(The combined Non-Federal Resources must equal the Applicant Share of \$ 7,213)*

a. Applicant	\$ 7213
b. State	\$ 0
c. Local	\$ 0
d. Other Sources	\$ 0

If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.

Total Budget **\$ 79,344**