

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Fire Department**

Contact Person & Phone No: Deputy Chief Steven Riegg, 286-8981

**Category of Request**

- New Grant**
- Grant Continuation**
- Change in Previously Approved Grant**

**Previous Council File No.** 150858, 160674

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**Project/Program Title:** 2017-18 Wisconsin Emergency Medical Services Funding Assistance Program Grant

**Grantor Agency:** State of Wisconsin Department of Health Services

**Grant Application Date:** April 24, 2017

**Anticipated Award Date:** August 31, 2017

**Please provide the following information:**

**1. Description of Grant Project/Program (Include Target Locations and Populations):**

The Wisconsin Emergency Medical Services Funding Assistance Program is a formula-based grant program authorized by Wisconsin State Statute 256.12(4) and (5) that provides funding to certain ambulance services that provide first-in 911 patient transport ambulance response to a particular geographic area.

**2. Relationship to City-wide Strategic Goals and Departmental Objectives:**

Contributes to the Mayor's goal of providing safe and healthy neighborhoods through the provision of effective emergency medical services.

**3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):**

Failure to accept these funds would require the City of Milwaukee to fully fund all training related to emergency medical services through city tax levy funding.

**4. Results Measurement/Progress Report (Applies only to Programs):**

Deliver MFD first responders emergency medical technician training required to maintain state licensure.

**5. Grant Period, Timetable and Program Phase-out Plan:**

The grant period begins on July 1, 2017 and ends on June 30, 2018.

**6. Provide a List of Subgrantees:**

The MHD will continue to contract with Centrelearn for EMT Training Module Service Contract

**7. If Possible, Complete Grant Budget Form and Attach.**

Grant Budget is attached