

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Fire Department**

Contact Person & Phone No: Deputy Michael Cieciva, 286-8981

### Category of Request

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

Previous Council File No.

Previous Council File No.

Project/Program Title: **2025 Wisconsin Emergency Medical Services Funding Assistance Program Funding**

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

Grant Application Date: September 2024

Anticipated Award Date: March 2025

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 Ensuring Public Safety 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, supplies and equipment related to emergency medical services through city tax levy funding.

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

Not applicable

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

The grant period begins on July 1, 2024 and ends on June 30, 2025, however, the grantor approved unspent funds to be held in escrow to be expended beyond the grant end date.

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

Not Applicable

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

Grant Budget is attached