

GRANT ANALYSIS FORM
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Fire

Contact Person & Phone No: Deputy Chief Gloria A. Murawsky, 286-8982

Category of Request

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No. 990825
Previous Council File No.

Project/Program Title: Paramedic/Paramedic First Response

Grantor Agency: Milwaukee County

Grant Application Date: N/A

Anticipated Award Date: January 1, 2001

Please provide the following information:

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

Provides for coordinated delivery system of paramedic services to the citizens of the City of Milwaukee.

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

Strategic Goal: Protect Milwaukee's citizens from crime, fires, and other hazards.
Strategy 7: Reduce the damage caused by fire and other catastrophes that do occur.

This grant is related to the above Public Safety Strategies and Actions, as well as the department's objective to provide timely emergency services to make the city a safe place to live, work, and conduct business. This grant allows the City the opportunity to provide advanced life support services to the citizens and visitors of the City of Milwaukee.

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

This grant supports paramedic services in the MFD. If not accepted, the City would not be able to provide this service without significant cost.

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

The Milwaukee Fire Department reports to the Milwaukee County Council on Emergency Medical Services (EMS) which oversees the provision of EMS in the County. Through the Council, performance standards and continuous quality improvement programs are monitored.

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

January 1, 2001 through December 31, 2003

6. Provide a List of Subgrantees:

None

7. If Possible, Complete Grant Budget Form and Attach to Back.