

**GRANT ANALYSIS FORM
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS**

Department/Division: **Fire Department**

Contact Person & Phone No: Deputy Chief David Hensley, 414-286-8981

Category of Request

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

Previous Council File No.

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Project/Program Title: Emergency Medical Services (EMS) Flex Grant

Grantor Agency: Wisconsin Department of Health Services

Grant Application Date: 7/11/2022

Anticipated Award Date: 9/30/2022

Please provide the following information:

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

The EMS Flex Grant program, a one-time funding opportunity, was created in response to the need to stabilize mobile healthcare providers impacted by COVID-19 economic disruption.

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):

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

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

9/30/2022 – 9/23/2023

6. Provide a List of Subgrantees:

N/A

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

See attached budget.