

# **CHARTER TOWNSHIP OF YPSILANTI BOARD OF TRUSTEES**

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*Supervisor*

**BRENDA L. STUMBO**

*Clerk*

**KAREN LOVEJOY ROE**

*Treasurer*

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**STAN ELDRIDGE**

**HEATHER JARRELL ROE**

**MONICA ROSS WILLIAMS**

**JIMMIE WILSON, JR.**

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**April 27, 2017**

***Special Meeting 8:30am***

**Ypsilanti Township Civic Center  
7200 S. Huron River Drive  
Ypsilanti, MI 48197**



# Charter Township of Ypsilanti

7200 S. HURON RIVER DRIVE • YPSILANTI, MI 48197

SUPERVISOR BRENDA STUMBO • CLERK KAREN LOVEJOY ROE • TREASURER LARRY DOE  
TRUSTEES: STAN ELDRIDGE • HEATHER JARRELL ROE • MONICA ROSS WILLIAMS •  
JIMMIE WILSON, JR.

## SPECIAL MEETING

THURSDAY, APRIL 27, 2017 – 8:30AM  
BOARD ROOM, CIVIC CENTER, 7200 S. HURON RIVER DR.  
YPSILANTI TOWNSHIP

## AGENDA

*A Special Meeting of the Charter Township of Ypsilanti Board of Trustees has been called by Supervisor Brenda Stumbo for the following items:*

1. BUDGET AMENDMENT #7
2. REQUEST OF ERIC COPELAND, FIRE CHIEF FOR APPROVAL OF THE 2016 REGIONAL EMS GRANT APPLICATION AND THE MEMORANDUM OF UNDERSTANDING BETWEEN THE YPSILANTI CITY FIRE DEPARTMENT AND ITS REGIONAL PARTICIPATING PARTNERS FOR THE 2016 ASSISTANCE FOR FIREFIGHTERS GRANT PROGRAM WITH A MATCHING CONTRIBUTION OF \$7,826.24 BUDGETED IN LINE ITEM #206-970-000-979-005

**CHARTER TOWNSHIP OF YPSILANTI  
2017 BUDGET AMENDMENT #7**

April 26, 2017

**206 - FIRE FUND**

**Total Increase \$7,827.00**

Request to increase the budget for a matching 10% in a Participating Partners Grant Program which will purchase necessary safety equipment. This will be funded by an Appropriation of Prior Year Fund Balance.

Expenditures:	Prior Year Fund Balance	206-000-000-699.000	\$7,827.00
		Net Expenditures	<u>\$7,827.00</u>
Expenditures:	Cap Outlay - Fire Equipment-Grant	206-970-000-979.005	\$7,827.00
		Net Expenditures	<u>\$7,827.00</u>

Motion to Amend the 2017 Budget (#7):

Move to increase the Fire Fund budget by \$7,827 to \$5,088,669 and approve the department line item changes as outlined.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
THE YPSILANTI CITY FIRE DEPARTMENT AND ITS REGIONAL  
PARTICIPATING PARTNERS**

**2016 ASSISTANCE FOR FIREFIGHTERS GRANT PROGRAM**

**GANT NUMBER EMW-2016-FR-00273**

**PREAMBLE**

This Memorandum of Understanding (“MOU”) is entered into between the Ypsilanti City Fire Department (hereafter “Hosting Organization”) and by and among each municipal and township that executes this MOU and adopts its terms and conditions, in view of the following:

Whereas, the Hosting Organization has agreed and will be responsible for submission of the Regional Application to the 2016 Assistance for Firefighters Grant Program, in its own name on behalf of itself and the other regional participating partners who have executed this MOU on behalf of their respective government entities, for the acquisition of the listed EMS equipment.

Whereas, if awarded the grant the Hosting Organization has agreed to perform all programmatic and financial responsibilities as grant recipient and accept the awarded equipment and share it with its Regional Participating Partners in accordance with the terms of the grant;

Whereas, each Regional Participating Partner, as evidenced by their execution of this MOU agrees to accept the terms under which facilitation of their use of the training and equipment as may be specified by the grant award and/or this MOU.

**TERMS**

**I. Purpose**

The purpose of this MOU is to establish a cooperative agreement between the City of Ypsilanti, the programmatic and financial administrator (host) for the Ypsilanti City Fire Department (hereinafter "YCFD"), and its Regional Participating Partners, (hereinafter the “Regional Participating Partners”) to secure a 2016 Assistance to Firefighters Grant and to provide Cardio Pulmonary Resuscitation equipment for the region’s safety services. This purchase will help to serve the public and safety service personnel through obtaining the necessary equipment on a regional basis allowing for increased efficiencies in response and support by and among local jurisdictions.

The City of Ypsilanti and the Regional Participating Partners accept and agree to abide by the terms and conditions of the grant, including but not limited to those specifically enumerated in this MOU. All parties agree that Federal funds under this award will be used to supplement, but not supplant, State or local funds for first responder preparedness.

## **II. Definitions**

*Authorized Representative:* The chief executive and fire chief of a participating governmental entity, or his/her designee, who has authorization to execute this MOU.

*Equipment:* Automated External Defibrillators (AEDs), Mechanical Compression Devices (ACCD), AED trainers, Intubation manikins.

*Host Organization:* The Ypsilanti City Fire Department (YCFD)

*Regional Participating Partners:* Any government entity that executes this MOU.

## **III. Background to the Assistance Firefighters Grant Project**

### **Purpose and Objective:**

The purpose of the AFG Program is to enhance, through direct financial assistance, the health and safety of the public and firefighting personnel and to provide a continuum of support for emergency responders regarding fire, medical, and all-hazard events.

The objective of the FY 2016 AFG Program is to award grants directly to fire departments, nonaffiliated EMS organizations, and SFTAs for critically needed resources to protect the public, train emergency personnel, foster interoperability, and support community resilience.

Eligible activities requested that have an immediate impact on the safety of emergency responders, other personnel, or the public may receive additional consideration during the application review process.

FY 2016 AFG Programs play an important role in the implementation of the National Preparedness System (NPS) by supporting the building, sustainment, and delivery of core capabilities essential to achieving the National Preparedness Goal (NPG) of a secure and resilient Nation. Delivering core capabilities requires the combined effort of the whole community, rather than the exclusive effort of any single organization or level of government.

### **Problem Statement:**

In Washtenaw and Wayne Counties, the YCFD and the said Regional Participating Partners lack the appropriate Cardio Pulmonary Resuscitation equipment to safely provide appropriate out of hospital patient care to victims suffering of a cardiac arrest.

The AFG-Funding Opportunity Announcement reflects the Center for Domestic Planning's recommendations for program priorities designed to address:

1. *Protecting the public and first responder safety* - Increase the overall survival rate of cardiac arrest victims in the region and enhance first responders' safety.
2. *Enhancing capabilities and resilience (local, regional, and national)* – provides/enhances the opportunity to build long-term interagency relationships through joint training and mutual-aid.

3. *Enhancing National Capabilities* -grant funding will assist in moving YCDF and the Regional Participating Partners to adhere to the State of Michigan and local Medical Control Authority mandated or voluntary cardio pulmonary resuscitation rescue practices.

4. *Risk* - Risk Based Prioritization -grant funding will assist in moving YCFD and the Regional Participating Partners closer to common equipment amongst all Regional Participating Partners. YCFD and the Regional Participating Partners will build and/or leverage on existing resources to strategically invest in enhancing future interpretational capabilities and working relationships.

5. *Interoperability* - Grant funding will allow YCFD and the Regional Participating Partners to develop short and long term goals, activities and a continuing training program to continue to enhance regional interoperability, consistent, in concert, and/or in parallel with the Michigan Automatic Box Alarm System (MABAS) program in which all the Regional Participating Partners are officially part of the newly developed Washtenaw County MABAS division.

#### **IV. Responsibilities of the Ypsilanti City Fire Department**

As the Hosting Organization for the 2016 Assistance Firefighters Grant, the Authority (YCFD) will:

- a. Oversee the grant application, implementation and coordination with the grantor.
- b. Manage grant activities including, but not limited to, project and fiscal reports for the grantor.
- c. Ensure the YCFD and the Regional Participating Partners receive proper training for the equipment received.
- d. Act as the fiscal agent for the grant including:
  1. Invoicing the Regional Participating Partners for their share of the 10% matching grant cost of Training based on the count of each department's personnel number at time of Training purchase.
  2. Arranging payment to vendors.
  3. Preparing program and fiscal reports required by the grantor.
  4. Auditing and tracking grant funds and deliverables as required by the grantor.
  5. Coordinate procurement of the Equipment through a competitive bidding process in compliance with the City of Ypsilanti Purchasing Policy.
- e. Coordinate communications with the Regional Participating Partners throughout the grant term.

#### **V. Responsibilities of the Regional Participating Partners**

Each of the Regional Participating Partners will:

- a. Provide funding share of the 10% matching grant cost of the equipment received based on the department's need assessment request at time of the equipment purchase. The share of cost shall be paid upon receipt of invoice from the Authority, in advance of equipment procurement. The Approximate share cost for each Regional Participating Partner is visible on Exhibit B of this MOU.
- b. Participate and train its employees in accordance with the Washtenaw or Wayne Counties Medical Control Authorities, American Heart Association Curriculum and manufacture recommendations.
- c. Provide roster training documentation to the Authority.

- d. Provide the following assigned liaison(s) on Exhibit A of this MOU:
  1. Primary Contact who is responsible for: the Regional Partner's point of contact.
  2. Training Contact who is responsible to oversee the Regional Partner's training
  3. Fiscal Contact: responsible for accounting, fiscal reporting and payment.
- e. Promptly provide any additional documentation to the Authority as requested that may be necessary in connection with the grant.
- f. Be accountable for using and maintaining their received equipment as needed.
- g. If applicable, lend training equipment to other Regional Participating Partners

## **VI. Local/Regional Mutual Aid or Reciprocal Aid Compacts and Agreements**

Nothing in this MOU, including participation in or requests for assistance by any eligible Regional Participating Partner shall preclude, abrogate or supersede the fulfillment of the terms of any local or regional mutual aid or reciprocal aid compacts and agreements and the duty of the Hosting Organization to provide equipment and other available resources during a threat or actual occurrence of any emergency, disaster or serious threat to public health and safety.

## **VII. Arbitration of Disputes**

Any controversy or claim arising out of or relating to this MOU, or the breach thereof by the parties, shall be resolved in the following manner:

- a. The party asserting noncompliance shall serve written notice to the other party or parties. The notice shall identify the specific provision alleged to have been violated and shall specify the factual and legal basis for the alleged noncompliance.
- b. In the event the controversy or claim is not resolved to the satisfaction of both parties within 90 days after service of the notice set forth in subsection a above, either party may request that controversy or claim be resolved through mediation or any other available legal proceedings.
- c. Nothing herein shall be construed to waive, limit or restrict any defense that is otherwise available to either party.

## **VIII. Indemnification**

- a. All liability and/or loss or damage as a result of claims, demands, costs, or judgments arising out of activities that are the responsibility of the Ypsilanti City Fire Department pursuant to the terms of this MOU shall be the responsibility of the Ypsilanti City Fire Department if the liability, loss, or damage is caused by, or arises out of, the actions or failure to act on the part of the Ypsilanti City Fire Department or its employees either directly or indirectly, provided that nothing herein shall be construed as a waiver of any governmental immunity available to the government body or unit of government or its employees by common law, statute, or court decision.
- a. All liability and/or loss or damage as a result of claims, demands, costs, or judgments arising out of activities that are the responsibility of a Regional Participating Partner, or its employees shall be the responsibility of the Regional Participating Partner if the liability, loss, or damage is caused by, or arises



out of, the actions or failure to act on the part of the Regional Participating Partner or its employees either directly or indirectly, provided that nothing herein shall be construed as a waiver of any governmental immunity available to the Regional Participating Partner, or the employees of any of them as provided by common law, statute, or court decision.

## **IX. Insurance**

Each party to this MOU shall bear the risk of its own actions as it would with normal, day-to-day operations and determine for itself what kinds and amounts of insurance it should carry.

## **X. Termination of the MOU**

- a. This MOU shall terminate when all AFG Program obligations are completed and/or expired.
- b. A Regional Participating Partner may terminate its participation in this MOU any time prior to the Regional Participating Partners purchase the equipment and with 30 days' written notice to the Authority's Project Lead.

## **XI. Points of Contact**

The YCFD will designate a Primary Lead, as well as identify Points of Contact for Fiscal and Documentation responsibilities. The Regional Participating Partners will designate a Primary Point of Contact, as well as identify Points of Contact for Training and Fiscal responsibilities. Points of Contact are set forth in the attached Exhibit A.

## **XII. Notice**

Notice of termination or withdrawal from this MOU shall be made in writing and shall be served personally or by registered mail upon the Ypsilanti City Fire Department's Project Lead. Termination or withdrawal shall not be effective until 30 days after the Ypsilanti City Fire Department has received written notice. The termination or withdrawal from the MOU shall apply only to the Regional Participating Partner that has tendered the required notice; this MOU shall otherwise remain in full force and effect until all AFG Program obligations are completed and/or expired.

## **XIII. Choice of Law; Severability**

This MOU will be governed and controlled in all respects by the laws of the State of Michigan, including interpretation, enforceability, validity and construction. Whenever possible, each provision of this MOU will be interpreted in a manner as to be effective and valid under applicable law. However, if any provision of this MOU or the application of any provision to any party or circumstance will be prohibited by or invalid under applicable law, that provision will be ineffective to the extent of the prohibition or invalidity without invalidating the remainder of the provisions of this MOU or the application of the provision to other parties and circumstances.

## **XIV. Authority to Enter into MOU; Execution by Counterpart**

The persons executing this MOU on behalf of their respective entities hereby represent and warrant that they have the right, power, legal capacity, and appropriate authority to enter into this MOU on behalf of the entity for which they sign.

This MOU may be executed in counterparts, each of which shall be deemed an original, but all of which together shall be deemed to be one and the same agreement.

**XV. Extent of Agreement; Amendments**

This MOU, together with any affixed exhibits or other documentation, constitutes the entire understanding between the Hosting Organization and the Regional Participating Partners with respect to the subject matter of the MOU and it supersedes, unless otherwise incorporated by reference herein, all prior representations, negotiations, agreements or understandings whether written or oral. No party has relied on any prior representations, of any kind or nature, in entering into this MOU. This MOU may be amended by written agreement by all parties if approved in accordance with grant contract terms and conditions. Notice of any amendments or revisions of the MOU must be made in writing to all parties by the requesting entity. Amendments shall only take effect upon acceptance and execution of an amended instrument by all parties.

**The City of Ypsilanti  
(Hosting Organization)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Darwin McClary, City Manager**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Max Anthouard, Fire Chief**

ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER

BY ANN ARBOR TOWNSHIP

Ann Arbor Township Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Ann Arbor Township Fire Department.

**Ann Arbor Township Fire Department**

**(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Michael Moran, Township Supervisor**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Mark Nicholai, Fire Chief**

ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER

BY AUGUSTA TOWNSHIP FIRE DEPARTMENT

Augusta Township Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Augusta Township Fire Department.

**Augusta Township Fire Department**

**(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Brian Shelby, Township Supervisor**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Dave Music, Fire Chief**

ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER  
BY BELLEVILLE FIRE DEPARTMENT

Belleville Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Belleville Fire Department.

**Belleville Fire Department**

**(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Diana Kollmeyer, City Manager**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Brian Lorange, Fire Chief**

ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER

BY DEXTER AREA FIRE DEPARTMENT

Dexter Area Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Dexter Area Fire Department.

**Dexter Area Fire Department**  
**(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Courtney Nicholls, City Manager**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Robert Smith, Fire Chief**

**ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER**

**BY GREEN OAK TOWNSHIP FIRE DEPARTMENT**

Green Oak Township Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Green Oak Township Fire Department.

**Green Oak Township Fire Department**

**(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Mark St. Charles, Township Supervisor**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Kevin Gentry, Fire Chief**

ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER

BY MANCHESTER TOWNSHIP FIRE DEPARTMENT

Manchester Township Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Manchester Township Fire Department.

**Manchester Township Fire Department**

**(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Gene DeRossett, Township Supervisor**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Bill Scully, Fire Chief**



ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER

BY NORTHFIELD TOWNSHIP FIRE DEPARTMENT

Northfield Township Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Northfield Township Fire Department.

**Northfield Township Fire Department**

**(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Marlene Chockley, Township Supervisor**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**William Wagner, Public Safety Director**

ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER

BY NORTHVILLE TOWNSHIP FIRE DEPARTMENT

Northville Township Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Northville Township Fire Department.

**Northville Township Fire Department**

**(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Robert Nix II, Township Supervisor**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Brent Siegel, Public Safety Director**

ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER

BY PLYMOUTH TOWNSHIP FIRE DEPARTMENT

Plymouth Township Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Plymouth Township Fire Department.

**Plymouth Township Fire Department**

**(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Kurt Heise, Township Supervisor**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Dan Phillips, Fire Chief**

ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER

BY SALEM TOWNSHIP FIRE DEPARTMENT

Salem Township Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of the Salem Township Fire Department

**Salem Township Fire Department**  
**(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Gary Whittaker, Township Supervisor**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**James Rachwal, Fire Chief**

ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER  
BY SALINE AREA FIRE DEPARTMENT

Saline Area Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Saline Area Fire Department.

**Saline Area Fire Department**

**(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Todd Campbell, City Manager**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Craig Hoefl, Fire Chief**

ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER

BY SCIO TOWNSHIP FIRE DEPARTMENT

Scio Township Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Scio Township Fire Department.

**Scio Township Fire Department**

**(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**M. Jack Knowles, Township Supervisor**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Carl Ferch, Fire Chief**

ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER

BY SUPERIOR TOWNSHIP FIRE DEPARTMENT

Superior Township Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Superior Township Fire Department.

**Superior Township Fire Department  
(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Kenneth Schwartz, Township Supervisor**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Victor Chevrette, Fire Chief**

ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER

BY VAN BUREN TOWNSHIP FIRE DEPARTMENT

Van Buren Township Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Van Buren Township Fire Department.

**Van Buren Township**  
**(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Kevin McNamara, Township Supervisor**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Amy Brow, Fire Chief**



ACCEPTANCE AND AGREEMENT TO MEMORANDUM OF UNDERSTANDING AS A  
REGIONAL PARTICIPATION PARTNER

BY YPSILANTI TOWNSHIP FIRE DEPARTMENT

Ypsilanti Township Fire Department, a Michigan municipal corporation, hereby agrees to the foregoing MOU and obligations therein, on behalf of Ypsilanti Township Fire Department.

**Ypsilanti Township Fire Department  
(Regional Participating Partner)**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Brenda Stumbo, Township Supervisor**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Karen Lovejoy-Roe, Township Clerk**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Eric Copeland, Fire Chief**

**EXHIBIT A**

<b>Agency</b>	<b>Title</b>	<b>Name</b>	<b>Phone Number</b>	<b>Email</b>
Ypsilanti (Hosting Organization)	Primary Lead	Max Anthonard	734 482 9620	manthouard@cityofypsilanti.com
	Fiscal	Marilou Uy	734 482 9832	muy@cityofypsilanti.com
	Training	Richard Barnabo	734 482 9778	mbarnabo@cityofypsilanti.com
Ann Arbor Township	Primary			
	Fiscal			
	Training			
Augusta Township	Primary			
	Fiscal			
	Training			
Belleville	Primary			
	Fiscal			
	Training			
Dexter Area	Primary			
	Fiscal			
	Training			
Green Oak Township	Primary			
	Fiscal			
	Training			
Manchester Township	Primary			
	Fiscal			
	Training			
Northfield Township	Primary			
	Fiscal			
	Training			
Northville Township	Primary			
	Fiscal			
	Training			
Plymouth Township	Primary			
	Fiscal			
	Training			
Salem Township	Primary			
	Fiscal			
	Training			
Saline Area	Primary			
	Fiscal			
	Training			
Scio Township	Primary			
	Fiscal			
	Training			
Superior Township	Primary			
	Fiscal			
	Training			
Van Buren Township	Primary			
	Fiscal			
	Training			
Ypsilanti Township	Primary			
	Fiscal			
	Training			

### EXHIBIT B

WAMAA EMS Equipment Grant # EMW-2016-FR-00273							
Share Prevision by Agency							
Fire Agencies	Equipment Requested	Q	Sub total	Total Cost by Agency	FEMA Share	Agency Share	
Ann Arbor Twp.	AED	6	\$ 15,504.00	\$ 39,392.62	\$ 35,811.47	\$ 3,581.15	\$ 39,392.62
	AED trainer	1	\$ 850.00				
	Battery charger	2	\$ 150.00				
	Software share	1	\$ 165.62				
	ACCD	1	\$ 18,628.00				
	Manikin	1	\$ 3,600.00				
	Combitube	5	\$ 495.00				
Augusta	AED	4	\$ 10,336.00	\$ 11,426.62	\$ 10,387.83	\$ 1,038.78	\$ 11,426.62
	AED trainer	1	\$ 850.00				
	Battery charger	1	\$ 75.00				
	Software share	1	\$ 165.62				
Belleville	AED	2	\$ 5,168.00	\$ 6,258.62	\$ 5,689.65	\$ 568.97	\$ 6,258.62
	AED trainer	1	\$ 850.00				
	Battery charger	1	\$ 75.00				
	Software share	1	\$ 165.62				
Dexter Area	ACCD	1	\$ 18,628.00	\$ 18,628.00	\$ 16,934.55	\$ 1,693.45	\$ 18,628.00
Green Oak Twp.	AED	4	\$ 10,336.00	\$ 34,101.62	\$ 31,001.47	\$ 3,100.15	\$ 34,101.62
	AED trainer	1	\$ 850.00				
	Battery charger	3	\$ 225.00				
	Software share	1	\$ 165.62				
	ACCD	1	\$ 18,628.00				
	Manikin	1	\$ 3,600.00				
	King airway	3	\$ 297.00				
Manchester	AED	3	\$ 7,752.00	\$ 8,842.62	\$ 8,038.74	\$ 803.87	\$ 8,842.62
	AED trainer	1	\$ 850.00				
	Battery charger	1	\$ 75.00				
	Software share	1	\$ 165.62				
Northfield Twp.	AED	4	\$ 10,336.00	\$ 30,129.62	\$ 27,390.56	\$ 2,739.06	\$ 30,129.62
	AED trainer	1	\$ 850.00				
	Battery charger	2	\$ 150.00				
	Software share	1	\$ 165.62				
	ACCD	1	\$ 18,628.00				
Nothville Twp.	AED	4	\$ 10,336.00	\$ 10,576.62	\$ 9,615.10	\$ 961.51	\$ 10,576.62
	Battery charger	1	\$ 75.00				
	Software share	1	\$ 165.62				
Plymouth Twp.	ACCD	3	\$ 55,884.00	\$ 55,884.00	\$ 50,803.64	\$ 5,080.36	\$ 55,884.00
Salem Twp.	AED	2	\$ 5,168.00	\$ 24,886.62	\$ 22,624.20	\$ 2,262.42	\$ 24,886.62
	AED trainer	1	\$ 850.00				
	Battery charger	1	\$ 75.00				
	Software share	1	\$ 165.62				
	ACCD	1	\$ 18,628.00				
Saline Area	AED	2	\$ 5,168.00	\$ 24,886.62	\$ 22,624.20	\$ 2,262.42	\$ 24,886.62
	AED trainer	1	\$ 850.00				
	Battery charger	1	\$ 75.00				
	Software share	1	\$ 165.62				
	ACCD	1	\$ 18,628.00				
Scio Twp.	AED	2	\$ 5,168.00	\$ 24,886.62	\$ 22,624.20	\$ 2,262.42	\$ 24,886.62
	AED trainer	1	\$ 850.00				
	Battery charger	1	\$ 75.00				
	Software share	1	\$ 165.62				
	ACCD	1	\$ 18,628.00				
Superior Twp.	AED	3	\$ 7,752.00	\$ 13,012.62	\$ 11,829.65	\$ 1,182.97	\$ 13,012.62
	AED Trainer	1	\$ 850.00				
	Battery charger	2	\$ 150.00				
	Software share	1	\$ 165.62				
	Manikin	1	\$ 3,600.00				
	Combitube	5	\$ 495.00				
Van Buren	ACCD	4	\$ 74,512.00	\$ 74,512.00	\$ 67,738.18	\$ 6,773.82	\$ 74,512.00
Ypsilanti City	AED	4	\$ 10,336.00	\$ 34,149.62	\$ 31,045.10	\$ 3,104.51	\$ 34,149.62
	AED Trainer	1	\$ 850.00				
	Battery charger	1	\$ 75.00				
	Software share	1	\$ 165.62				
	Manikin	1	\$ 3,600.00				
	Combitube	5	\$ 495.00				
	ACCD	1	\$ 18,628.00				
Ypsilanti Twp.	AED	4	\$ 10,336.00	\$ 86,088.62	\$ 78,262.38	\$ 7,826.24	\$ 86,088.62
	AED Trainer	1	\$ 850.00				
	Battery charger	3	\$ 225.00				
	Software share	1	\$ 165.62				
	ACCD	4	\$ 74,512.00				
		<b>130</b>	<b>\$ 497,663.00</b>	<b>\$ 497,663.00</b>	<b>\$ 452,420.91</b>	<b>\$ 45,242.09</b>	<b>\$ 497,663.00</b>

## Entire Application

### Applicant's Acknowledgements

\* I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.

\* As required per 2 CFR § 25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.

\* I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's one (1) year Period of Performance (POP).

\* I certify that the applicant organization is aware that this application period is open from 10/11 to 11/18/2016 and will close at 5 PM EST; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.

\* I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: [http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd\\_ehp\\_screening\\_form\\_51815.pdf](http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd_ehp_screening_form_51815.pdf)

\* I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

Signed by **Max Anthouard** on **2016-10-12 19:39:19.0**

### Overview

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

Yes, I have attended workshop

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

Yes

\* 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	Fire Chief
Prefix (select one)	N/A
* First Name	Max
Middle Initial	
* Last Name	Anthouard
* Primary Phone	7344829620 Ext. Type work
* Secondary Phone	2487898618 Ext. Type cell
Optional Phone	Type
Fax	7344837522
* Email	manthouard@citofypsilanti.com

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**Contact Information**

## Alternate Contact Information Number 1

* Title	Captain City of Ypsilanti FD
Prefix (select one)	N/A
* First Name	Richard
Middle Initial	L
* Last Name	Barnabo
* Primary Phone	7344829778 Ext. Type work
* Secondary Phone	7346490326 Ext. Type cell
Optional Phone	Type
Fax	7344837522
* Email	rbarnabo@cityofypsilanti.com

## Alternate Contact Information Number 2

* Title	Assistant Chief Scio Twp. FD
Prefix (select one)	N/A
* First Name	Doug
Middle Initial	
* Last Name	Armsrtong
* Primary Phone	7342606875 Ext. Type cell
* Secondary Phone	7346656001 Ext. Type work
Optional Phone	Type
Fax	
* Email	darms@umich.edu

**Applicant Information**

EMW-2016-FR-00273

Originally submitted on 11/17/2016 by Max Anthonard (Userid: alonzo)

**Contact Information:**

Address: 525 West Michigan Ave.

City: Ypsilanti

State: Michigan

Zip: 48197

Day Phone: 7344829620

Evening Phone:

Cell Phone: 7347898618

Email: manthouard@cityofypsilanti.com

**Application number is EMW-2016-FR-00273**

\* Organization Name

Ypsilanti City Fire Department

\* Type of Applicant

Regional Request Fire

\* **Fire Department/District, nonaffiliated 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. Ypsilanti 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

525 West Michigan

Mailing Address 2

\* City

Ypsilanti

\* State

Michigan

\* Zip

48197 - 5313  
[Need help for ZIP+4?](#)\* Employer Identification Number (e.g. 12-3456789)

38-6004750

Note: This information must match your SAM.gov profile.

\* 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?

160281903

(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

525 West Michigan Ave.

Physical Address 2

\* City

Ypsilanti

\* State

Michigan

\* Zip

48197 - 5313  
[Need help for ZIP+4?](#)

Mailing Address

\* Mailing Address 1

525 West Michigan Ave.

Mailing Address 2

\* City

Ypsilanti

\* State

Michigan

\* Zip

48197 - 5313  
[Need help for ZIP+4?](#)

**Bank Account Information**

\* The bank account being used is: (Please select one from 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

072413735

\* **Your account number**

300017712

**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

\* If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application.

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:

## Regional Request Department Characteristics (Part I)

* What kind of organization do you represent?	Combination
If you answered "Combination", above, how many Career members are in your organization? (whole number only)	162
* What type of community will your regional project serve (what is the make up of the majority of the region affected by the project)?	Suburban
* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)	No
* What is the square mileage of the region affected by the project? (whole number only)	707
* In what county/parish is the host applicant physically located? If you have more than one station, in what county/parish is your main station located?	Washtenaw County
* Does your region protect critical infrastructure of the state?	Yes
* What percentage of your region's land use is for Agriculture , Wildland , Open space, or Undeveloped properties?	33 %
* What percentage of your region's land use is for commercial and industrial purposes?	20 %
* What percentage of your region's land is used for residential purposes?	47 %
* What is the permanent resident population of your region served? Remember this is the combined population of all departments/agencies included in this application	282621
*Do you have a seasonal increase in population?	No
If "Yes" what is your seasonal increase in population?	
* What is the total membership in your region? <i>Remember this is the <u>combined</u> personnel of all departments/agencies included in this application.</i>	416
*How many active members are trained to Firefighter I?	410
*How many active members are trained to Firefighter II?	398
*How many active BLS providers does your region have?	187
*How many active ALS providers does your region have?	86
*How many active Emergency Medical Responders does your region have?	117
*How many personnel are trained to the <u>Community Paramedic</u> level?	0
* How many stations are in your region?	29
* If you (the host applicant) are a fire department, do you report to the National Fire Incident Reporting System (NFIRS)?	Yes
If you answered "Yes" above, please enter your Requesting departments <u>FDIN/FDID</u>	08113
* How many regional partners will directly participate in this project?	15



\* Please list each participating agency by name along with a point of contact, to include a phone number. All regional participants must be eligible as defined by the AFG Funding Opportunity Announcement (e.g., Fire Departments or nonaffiliated EMS organizations)

Participating Organization Name	First Name	Last Name	Phone Number	Action
Van Buren Twp. Fire Dept.	Daniel	Besson	7346998928 Ext:	<a href="#">View</a>
Northville Twp. Fire Dept.	Brent	Siegel	2483485807 Ext:	<a href="#">View</a>
PlymouthTwp. Fire Dept.	Dan	Phillips	7343543230 Ext:	<a href="#">View</a>
Saline Area Fire Dept.	Craig	Hoelt	7344294440 Ext:	<a href="#">View</a>
Scio Twp. Fire Dept.	Doug	Armstrong	7342606875 Ext:	<a href="#">View</a>
Belleville Fire Department	Brian	Loranger	7346979337 Ext:	<a href="#">View</a>
Manchester Twp. Fire Dept.	Mike	Riesterer	7344289439 Ext:	<a href="#">View</a>
Dexter Area Fire Dept.	Robert	Smith	7344264500 Ext:	<a href="#">View</a>
Northfield Twp. Fire Dept.	William	Wagner	7344492385 Ext:	<a href="#">View</a>
Green Oak Twp. Fire Dept.	Kevin	Gentry	8102250200 Ext:	<a href="#">View</a>
Superior Twp. Fire Dept.	Victor	Chevrette	7344841998 Ext:	<a href="#">View</a>
Salem Twp. Fire Dept.	Jim	Rachwal	3137438905 Ext:	<a href="#">View</a>
Augusta Twp. Fire Dept.	Dave	Music	7343856315 Ext:	<a href="#">View</a>
Ann Arbor Twp. Fire Dept.	Mark	Nicholai	7347415900 Ext:	<a href="#">View</a>
Ypsilanti Twp. Fire Dept.	Eric	Copland	7345544225 Ext:	<a href="#">View</a>

\* Do all departments in this request report to NFIRS?

Yes

\* Do all agencies meet the regional minimum for NIMS compliancy?

Yes

\* What services are provided by your organization and the organizations participating in the regional application?

Advanced Life Support Transport  
Airport Rescue Firefighting (ARFF)

Haz-Mat Operational Level  
Haz-Mat Technical Level

Basic Life Support Non-Transport  
Basic Life Support Transport

Medical First Response

Rescue Fire Suppression  
Rescue Operational Level  
Rescue Technical Level  
Structural Fire Suppression  
Swift Water Rescue

\* Please describe your organization and/or community that you serve. We recommend typing your response in a Word Document outside of this application, then copying and pasting it into the written field. There is a 4000 character limit.

Washtenaw County is located in Southeast Michigan, thirty miles west of Detroit. This mix of different settings provides many opportunities for education, recreation, business, agriculture and home life. The two largest cities are Ann Arbor and Ypsilanti. Both cities serve as the home of two large universities: The University of Michigan in Ann Arbor and Eastern Michigan University in Ypsilanti. The 16 fire departments jointly applying for this grant cover 707 square miles and protect a

population of 282,621 residents. It represents three cities, twelve townships and one Area Fire Department.

**MAJOR CRITICAL INFRASTRUCTURES**

This mixture of urban, suburban and farmland communities have numerous critical infrastructures including large federal facilities, such as Willow Run Airport (the second largest freight airport in the nation), Milan Correctional Facility and military training centers. Washtenaw County has numerous large hospitals and medical research facilities, busy highways and railroad networks, six universities, high rises and large SARA Title III industries. The area fire departments protect an important hydroelectric dam system built on the Huron River which also provides public water for half of the county and lastly, several large capacity natural gas and crude oil pipelines cross the county.

Fire Departments in the county formed the Washtenaw Area Fire Department Mutual Aid Association (WAMAA). The purpose of the Association is to improve emergency services in the county. We meet monthly to address and organize multiple fire department related issues including but not limited to mutual aids, training and special operation teams. WAMAA currently has 21 members and protects all of Washtenaw County as well as parts of Western Wayne, Lenawee, Monroe and Livingston Counties.

WAMAA represents a broad range of fire department deployment models including: career, combination and paid on call departments. Despite the differences in the makeup of these fire agencies, we are making great strides towards working together when responding to, and operating on, fire ground scenes.

Applying together for this grant will provide a 20% group discount on our AEDs and automated chest compression device. Equipment such as manikins and AED trainers will be shared by all agencies to reduce the cost of this project.

With the exception of Northville and Plymouth Townships who provide their own ALS transport, all other agencies are licensed first responder or basic non-transport EMS agencies. Our Medical Control Authority (MCA) relies heavily on basic non-transport fire departments to provide every day response for priority one and two medical emergencies to stabilize patients until a private ALS transport unit arrives. Fire personnel assist ALS agencies during the transport of cardiac arrest and unstable patients.

Our MCA has been extending the responsibilities of BLS non-transport agencies to include administration of basic IM drugs such as Epinephrine and Narcan, breathing treatment with Albuterol, and Aspirin / Nitroglycerin for chest pains.

- Participating Agencies.....EIN Numbers
- Ann Arbor Twp. Fire Dept...38-600-8278
- Augusta Twp. Fire Dept.....38-204-2062
- Belleville Fire Dept.....38-600-4535
- Dexter Area Fire Dept.....38-258-0887
- Green Oak Twp. Fire Dept...38-180-5680
- Manchester Twp. Fire Dept..38-186-7002
- Northfield Twp. Fire Dept..38-181-2291
- Northville Twp. Fire Dept..38-600-6917
- Plymouth Twp. Fire Dept....38-600-7665
- Salem Twp. Fire Dept.....38-195-3330
- Saline Area Fire Dept.....38-214-5514
- Scio Twp. Fire Dept.....38-194-8636
- Superior Twp. Fire Dept....38-601-9649
- Van Buren Twp. Fire Dept...38-600-7135
- Ypsilanti City Fire Dept...38-600-4750
- Ypsilanti Twp. Fire Dept...38-600-7433

**Regional Characteristics (Part II)**

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	2015	2014	2013
* What is the total number of line of duty member fatalities in your region over the last three calendar years?	0	0	0
* What is the total number of line of duty member injuries in your region over the last three calendar years?	19	30	20
*What is the cumulative total of the three-year budgets of all participating organizations in this project?	1519847		

* How much of this declared budget is dedicated to personnel costs (salary, fringe, and overtime)?	1018297		
* What percentage of the declared operating budget is derived from: Enter numbers only, percentages must sum up to 100%	2015	2014	2013
<u>Taxes?</u>	95 %	96 %	98 %
Bond Issues?	0 %	0 %	0 %
<u>EMS Billing?</u>	1 %	0 %	0 %
Grants?	2 %	1 %	1 %
Donations?	1 %	1 %	0 %
Fund drives?	0 %	0 %	0 %
<u>Fee for Service?</u>	1 %	2 %	1 %

\* 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

All participating fire agencies receive funding through local taxes which account for 95% of our global budget. The average regional organization budget over the last three years was \$1,519,847 with near 70% of this figure covering wages and fringe benefits for both full-time career and paid-on-call fire staff.

Multiple positions throughout the association have been eliminated through attrition due to budget constraints. We have also experienced freezes and deep cuts throughout the departments in order to limit additional decreases in our current staffing levels. The organization's 2017 average budget will be less than our 2016 budget. Our expenditure funds are limited to paying for the necessary everyday costs to maintain and repair apparatus and buildings, to purchase essential smaller equipment and supplies and to upgrade computer technology.

Over 90% of our upcoming budget is for staffing and vehicle/building maintenance alone. Many capital improvement projects are impossible to get approved. Certain non-essential services such as fire prevention programs have been suspended due to lack of funding.

WAMAA is suffering from major revenue cutbacks. The drastic fall in real estate values across our county resulted in a decrease of property tax revenue and cuts in state revenue sharing. Although we have begun to experience a slight regional economic improvement with tax revenue and state revenue sharing, the sharp increase in maintenance costs, the replacement of equipment and the cost of healthcare, have ultimately decreased available funding. With our expenditure budget shrinking every year, we are unable to fund much needed projects including replacement of our defibrillators and the purchase of automated chest compression devices (ACCDs).

This project will not be 100% funded by FEMA. Our Medical Control Authority (MCA) and all participating agencies will contribute financially to the realization of this project. The MCA and WAMAA instructors will conduct all trainings and refreshers. The MCA will purchase and replace Impedance Threshold Devices (ITDs)\*. The fire departments will cover the maintenance and replacement of the medical equipment obtained through the grant.

Last year, a few agencies were successful in obtaining funding to replace their defibrillators and therefore are not a part of this grant; however, those that were unsuccessful in obtaining funding are a part of this application.

\* Impedance Threshold Device (ITD) is a simple, non-invasive device that delivers intrathoracic pressure regulation therapy during basic or advanced life support CPR to improve perfusion.

**\* How many vehicles are operational within the region in each of the type or class of vehicle listed below? You must include vehicles that are leased or 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, Type II Engine Urban Interface	38	7	187
Ambulances that are used for transport:	4	3	14

Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	15	0	44
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	6	1	30
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	20	0	46
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	18	2	72
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, Bariatric Ambulance(s)	30	2	104

### Regional Call Volume

2015                      2014                      2013

\* **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	1002	992	1099
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	19	29	21
Rescue & Emergency Medical Service Incident - NFIRS Series 300	16793	16642	15749
Hazardous Condition (No Fire) - NFIRS Series 400	912	1153	1261
Service Call - NFIRS Series 500	1616	1393	1088
Good Intent Call - NFIRS Series 600	3040	3073	2629
False Alarm & False Call - NFIRS Series 700	1620	1800	1517
Severe Weather & Natural Disaster - NFIRS Series 800	37	72	89
Special Incident Type - NFIRS Series 900	29	37	50

### 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)	549	486	582
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	213	195	197
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	154	152	165
What is the total acreage of all vegetation fires?	198	240	176

### 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)	2090	2087	1948
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	48	53	83
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	525	509	833
How many EMS-BLS Response Calls	9649	9045	8836
How many EMS-ALS Response Calls	4372	4054	3463
How many EMS-BLS Scheduled Transports	0	0	0
How many EMS-ALS Scheduled Transports	0	0	0

How many Community Paramedic Response Calls	0	0	0
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#### 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?	222	249	287
How many times did your organization receive Automatic Aid?	313	250	208
How many times did your organization provide Mutual Aid?	514	523	542
How many times did your organization provide Automatic Aid?	348	250	212
Of the Mutual and Automatic Aid responses, how many were structure fires?	556	447	473

**Regional Request Information**

1. Select a program for which you are applying. **Regional applications are not eligible for modification of facilities or wellness and fitness programs.** You can apply for as many activities within a program as you need.

Program Name

Regional Request

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

\$0

**Request Details**

The activities for program **Regional Request** are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding
Equipment	6	\$ 496,360	\$ 0
Personal Protective Equipment	0	\$ 0	\$ 0
Training	0	\$ 0	\$ 0

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

**Equipment**

Equipment Details

1. What equipment will your organization purchase with this grant? Automated External Defibrillators (AEDs) BLS Level

\* Please provide a detailed description of the item selected above. AEDs including 2 adults and 1 pediatric pads ,carrying case, rechargeable battery, and software. shipping included

2. Number of units: (whole number only) 44

3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) \$ 2584

4. Generally the equipment purchased under this grant program will:

Replace obsolete or damaged equipment that can no longer meet the applicable standards

If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years. 13

5. Per the Notice of Funding Opportunity Announcement (NOFO), do you have a memorandum of understanding (MOU) in place that cover the use of the equipment?

6. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc?

In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

7. Is your department trained in the proper use of the equipment being requested?

8. Are you requesting funding for training? **(Funding for requested training should be requested in the Regional Equipment - Additional**

**Funding section)**

9. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Yes

**Equipment**

Equipment Details

1. What equipment will your organization purchase with this grant?

Automatic Chest Compression Device (CPR)

\* Please provide a detailed description of the item selected above.

FDA approved Automated Chest Compression Device. Includes 4 year maintenance package, transport bag, rechargeable batteries, battery chargers, warranty and shipping

2. Number of units: (whole number only)

19

3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

\$ 18628

4. Generally the equipment purchased under this grant program will:

Buy equipment for the first time (never owned before)

5. Per the Notice of Funding Opportunity Announcement (NOFO), do you have a memorandum of understanding (MOU) in place that cover the use of the equipment?

Yes

6. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc?

Yes

In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

7. Is your department trained in the proper use of the equipment being requested?

Yes

8. Are you requesting funding for training? (**Funding for requested training should be requested in the Regional Equipment - Additional Funding section**).

No

9. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Yes

**Equipment**

Equipment Details

1. What equipment will your organization purchase with this grant?

Props

\* Please provide a detailed description of the item selected above.

full body CPR intubation manikins with transportation bag and assembly tool kit.

2. Number of units: (whole number only)

4

3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

\$ 3600

4. Generally the equipment purchased under this grant program will:

Buy equipment for the first time (never owned before)

5. Per the Notice of Funding Opportunity Announcement (NOFO), do you have a memorandum of understanding (MOU) in place that cover the use of the equipment?

Yes

6. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc?

Yes

In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

7. Is your department trained in the proper use of the equipment being requested?

Yes

8. Are you requesting funding for training? (**Funding for requested training should be requested in the Regional Equipment - Additional Funding section**).

No

9. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Yes

**Equipment**

Equipment Details

1. What equipment will your organization purchase with this grant?

Props

\* Please provide a detailed description of the item selected above.

Esophageal tracheal airway trainers  
4 combitubes  
8 combitube SA (small adult)  
2 sets of king airways (3 per set)

2. Number of units: (whole number only)

18

3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

\$ 99

4. Generally the equipment purchased under this grant program will:

Buy equipment for the first time (never owned before)

5. Per the Notice of Funding Opportunity Announcement (NOFO), do you have a memorandum of understanding (MOU) in place that cover the use of the equipment?

Yes

6. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc?

Yes

In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

7. Is your department trained in the proper use of the equipment being requested?

Yes

8. Are you requesting funding for training? (**Funding for requested training should be requested in the Regional Equipment - Additional Funding section**).

No

9. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Yes

**Equipment**

Equipment Details



1. What equipment will your organization purchase with this grant?

Simulators

\* Please provide a detailed description of the item selected above.

AED Trainers  
1 AED trainer per department requesting AEDs

2. Number of units: (whole number only)

13

3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

\$ 850

4. Generally the equipment purchased under this grant program will:

Replace obsolete or damaged equipment that can no longer meet the applicable standards

If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.

13

5. Per the Notice of Funding Opportunity Announcement (NOFO), do you have a memorandum of understanding (MOU) in place that cover the use of the equipment?

Yes

6. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc?

Yes

In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

7. Is your department trained in the proper use of the equipment being requested?

Yes

8. Are you requesting funding for training? (**Funding for requested training should be requested in the Regional Equipment - Additional Funding section**).

No

9. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Yes

**Equipment**

Equipment Details

1. What equipment will your organization purchase with this grant?

EMS/Rescue Equipment

\* Please provide a detailed description of the item selected above.

AED battery chargers (one per fire station)

2. Number of units: (whole number only)

20

3. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.)

\$ 75

4. Generally the equipment purchased under this grant program will:

Replace obsolete or damaged equipment that can no longer meet the applicable standards

If you selected "Replace obsolete or damaged equipment" (from Q4) above, please specify the age of equipment in years.

13

5. Per the Notice of Funding Opportunity Announcement (NOFO), do you have a memorandum of understanding (MOU) in place that cover the use of the equipment?

Yes

6. Will the equipment being requested bring the organization into voluntary compliance with a national standard, e.g. compliance with NFPA, OSHA, etc?

Yes

In your Narrative Statement, please explain how this equipment will bring the organization into voluntary compliance.

7. Is your department trained in the proper use of the equipment being requested?

Yes

8. Are you requesting funding for training? (**Funding for requested training should be requested in the Regional Equipment - Additional Funding section**).

No

9. If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?

Yes

## Regional 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

The Washtenaw Area Mutual Aid Association (WAMAA) Fire Departments is respectfully requesting assistance to purchase 44 Automated External Defibrillators (AEDs), 19 Automated Chest Compression Devices (ACCDs) and 4 intubation manikins for a total amount of \$496,360.

The three components of this grant are all directed toward a single goal - increase the overall survival rate of cardiac arrest victims in the region.

The defibrillators will be replacing obsolete AEDs or will be added to apparatus not yet equipped with an AED. The ACCDs will be a new purchase to improve CPR efficiency. The intubation manikins will be shared by the participating agencies to train personnel.

### COMPONENT 1 - DEFIBRILLATORS

Out of 131 emergency vehicles, 35 were equipped with defibrillators from 10 to 18 years of age, and 9 were not equipped with an AED. Agencies received notification from AED manufacturers that they will no longer commit to repair, support, maintain or provide supplies for these AED units.

The State of Michigan Act 312 of 2014 and Senate Bill No. 1274 mandates, "life support vehicles that are dispatched to provide medical first response life support, basic life support, or limited advanced life support be equipped with an AED". In addition, NFPA 1901 "Standard for Automotive Fire Apparatus" requires that each apparatus be equipped with an AED. OSHA Publication 3174 also stresses the need for AEDs in workplaces such as emergency scenes.

WAMAA will ensure that all agencies' apparatus are in compliance with AED mandates.

### COMPONENT 2 - AUTOMATED CHEST COMPRESSION DEVICE

Heart attacks are the leading cause of death in our county. According to the Michigan Department of Community Health (MDCH), in 2030 heart disease cases are projected to increase from 600,000 to 2.9 million. Numerous retirement and nursing homes exist and are currently being built in our area. These establishments have significantly influenced the increase in cardiac arrests in our region.

Our Medical Control Authority (MCA) recently updated our cardiac arrest protocol and approved the use of ACCDs. The use of ACCDs in combination with Impedance Threshold Devices (ITDs) demonstrates a higher survival rate than our current practice.

### COMPONENT 3 - INTUBATION MANIKINS

We only have 3 intubation heads to conduct our training. Replacement parts to refurbish these heads are almost as expensive as buying a new one. The four requested manikins will be shared throughout the association, benefitting over 300 firefighters. This equipment is required to upgrade first responders to basic EMT level.

### PROJECT IMPLEMENTATION

The completion of this project should take approximately two months. New AEDs will be immediately placed in appropriate vehicles. The Medical Director led a train the trainer session for all EMS instructors, who will conduct all necessary training

to comply with our new CPR protocol. The ACCDs will be placed in service immediately thereafter.

#### SUSTAINABILITY

The expendable components such as AED pads and ITDs will be recovered through insurance billing. The 16 agencies will be financially responsible for the maintenance and repair of the AEDs and ACCDs after their warranties expire.

Note: The distribution of grand funded equipment is listed in section 3

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\* 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

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\$496,360 will substantially increase the survival rate of cardiac arrest victims.

#### BENEFITS GAINED FROM AUTOMATED CHEST COMPRESSION DEVICE

Between 2005 and 2010 the Washtenaw County Fire Departments participated in an FDA approved clinical study named "ResQ-Trial". The trial compared survival rates of a control group of 813 cardiac arrest patients receiving standard CPR to an intervention group of 840 patients receiving Active Compression Decompression CPR (ACD CPR) performed using a ResQPump (cardio pump) and an ITD. The two devices work synergistically to enhance the intrathoracic vacuum during the decompression phase of CPR and increase blood return to the heart. The study revealed that survival was 26% higher at hospital discharge with good neurological function in the group that received the device combination ITD/cardio pump. Numerous other studies have demonstrated similar results.

Besides a significant increase in life saving during the clinical trial, every EMT in our county remembers how challenging it was to perform CPR with a cardio pump. A cardio pump is a manual device, which provides active compression and decompression during CPR. Active chest decompression requires the operator to swing their body weight upwards after each compression while holding on to the cardio pump handle. This technique is very efficient to increase blood return to the heart but requires tremendous energy from the rescuer performing CPR. To maintain CPR efficiency, the rescuer at the chest needs to be replaced every 2 minutes. ACCDs alleviate this issue.

ACCDs offer priceless advantages compared to manual cardio pumps. ACCDs:

1. Tremendously decrease the risk of serious injuries to personnel performing CPR on cardiac arrest patients during transport to hospitals.
2. Free up the hands of one rescuer in situations where staffing is limited.
3. Decrease interruption of CPR when loading patients in ambulances. Interruptions result in precious time lost in trying to reprime the heart.
4. Nearly eliminate inconsistencies in depth and rate of CPR. Our own quality assurance program demonstrates that rate and ratio are rarely within American Heart Association guidelines throughout a full CPR event.
5. Reduce rescuer fatigue.
6. Increase expiratory EtCO2 levels.
7. Provide adequate heart pressure compared to manual CPR.
8. Increase hands-on time up to 90%.
9. Enable rescuers to deliver a simultaneous shock during compressions. Chest compression is only discontinued during the analyze phase of AED operation.
10. Eliminate back strain firefighters suffer from when performing CPR for extended periods of time.

#### BENEFITS GAINED FROM NEW AEDs

1. Increases the availability of AEDs in the communities.
2. The new AEDs provide features not available with our old units such as ECG monitoring and data management.
3. New AEDs will improve our existing quality assurance program. Unlike our old AEDs, the new units will give us the capability to wirelessly download chest compression ratios and rates in addition to other data.

#### BENEFITS GAINED FROM INTUBATION MANIKINS

The four manikins will allow personnel to practice full-scale cardiac arrest scenarios with ACCD placement, AEDs, and intubation with an ITD. We do not have this capability at this time.

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\* 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

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This project will have a significant impact on our ability to protect lives.

#### STATISTICS: (Jan 1 - Aug 31, 2016)

Out of 229 cardiac arrests, 57 patients had a shockable rhythm, 84 patients regained a Spontaneous Return of Circulation

(ROSC) and 115 were pronounced at the scene after 30 minutes of continuous CPR. Out of the 84 ROSCs, 68 patients reached the hospital with a pulse and 21 survived. Our current survival rate is 9.2%.

It is important to remember that during the clinical study, the use of the manual cardio pump further increased the regional lifesaving rate of cardiac arrest victims by 26%. If we obtain this grant, we will be using an ACCD showing a much higher life saving rate than with a manual cardio pump. It is hard to evaluate what our life saving rate will be by switching from manual CPR (our current practice) to ACCD but, based on the clinical study, it is realistic to expect a life saving rate increase greater than 26%.

At best, standard manual CPR produces coronary and cerebral perfusion that is just 30% of normal. The efficiency of manual CPR or manual cardio pumps is influenced by many factors. Some of these factors include but are not limited to fatigue, physical abilities, focusing on several simultaneous tasks, poor-quality CPR during patient loading and transportation. ACCDs provide constant optimal depth and rate with full recoil of the chest between compressions, nearly eliminating interruptions.

#### EFFECT ON SAFETY

The use of an ACCD is conceivably safer compared to manual CPR during ambulance transport. In our county fire personnel assist paramedics by performing CPR on cardiac arrest victims during transport to the hospital. Besides the poor-quality that CPR provides in the back of a moving ambulance, crew members are subjected to an elevated risk of injury. It has been reported that personnel who perform CPR in a moving ambulance are at least four times more likely to have a fatal or incapacitating injury than personnel who are restrained. An ACCD will eliminate this risk and the personnel can be used for other tasks if needed.

#### SUMMARY

This grant will upgrade all agency AEDs to mandated levels and the intubation manikins will provide essential training tools for all personnel in the region. In a large region with limited staffing and funding, we have taken steps to increase our efficiency by combining the resources of our agencies. Obtaining the ACCDs will be like having an additional person that never gets tired. They will increase the safety of fire firefighters during patient transport and, most importantly, increase cardiac arrest survival rate.

Thank you very much for considering this application.

#### GRANT FUNDED EQUIPMENT DISTRIBUTION

Ann Arbor Twp. Fire Dept: 6 AEDs, 1 ACCD, 1 manikin  
 Augusta Twp. Fire Dept. 4 AEDs,  
 Belleville Fire Dept. 2 AEDs  
 Dexter Area Fire Dept. 1 ACCD  
 Green Oak Twp. Fire Dept. 4 AEDs, 1 ACCD, 1 manikin  
 Manchester Twp. Fire Dept. 3 AEDs  
 Northfield Twp. Fire Dept. 4 AEDs, 1 ACCD  
 Northville Twp. Fire Dept. 4 AEDs,  
 Plymouth Twp. Fire Dept. 3 ACCDs  
 Salem Twp. Fire Dept. 2 AEDs, 1 ACCD  
 Saline Area Fire Dept. 2 AEDs, 1 ACCD  
 Scio Twp. Fire Dept. 2 AEDs, 1 ACCD  
 Superior Twp. Fire Dept. 3 AEDs, 1 manikin  
 Van Buren Twp. Fire Dept. 4 ACCDs  
 Ypsilanti City Fire Dept. 4 AEDs, 1 ACCD, 1 manikin  
 Ypsilanti Twp. Fire Dept. 4 AEDs, 4 ACCDs

All agencies requesting an AED receive an AED trainer and one battery charger per fire station. The fire agencies hosting manikin to share also receive combitubes or king airways.

#### Budget

##### Budget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0

d. Equipment	\$ 496,360
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	\$ 451,237
Applicant Share	\$ 45,123
Applicant Share of Award (%)	10

\* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 45,123)

a. Applicant	\$ 45,123
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** **\$ 496,360**

## Narrative Statement

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For 2011 and on, the Narrative section of the AFG application has been modified. You will enter individual narratives for the Project Description, Cost-Benefit, Statement of Effect, and Additional Information in the Request Details section for each Activity for which you are requesting funds. Please return to the Request Details section for further instructions. You will address the Financial Need in Applicant Characteristics II section of the application. We recommend that you type each response in a Word Document outside of the grant application and then copy and paste it into the spaces provided within the application.

## Assurances and Certifications

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### FEMA Form SF 424B

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You must read and sign these assurances. These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.

**Note:** Fields marked with an \* are required.

**O.M.B Control Number 4040-0007**

#### Assurances Non-Construction Programs

**Note:** Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by **Max Anthouard** on **11/04/2016**



**Form 20-16C**

**You must read and sign these assurances.**

**Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.**

**Note: Fields marked with an \* are required.**

**O.M.B Control Number 1660-0025**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

**1. Lobbying**

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over \$100,000, as defined at 44CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

**2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)**

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. Drug-Free Workplace (Grantees other than individuals)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as

defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantees policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street	City	State	Zip	Action
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If your place of performance is different from the physical address provided by you in the Applicant Information, press **Add Place of Performance** button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for DHS funding. States and State agencies may elect to use a Statewide certification.

Signed by **Max Anthouard** on **11/04/2016**



**FEMA Standard Form LLL**

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**Only complete if applying for a grant for more than \$100,000 and have lobbying activities. See Form 20-16C for lobbying activities definition.**

# Submit Application

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## Application 100% complete, Submitted

Please click on any of the following links to visit a particular section of your application. Once all areas of your application are complete, you may submit your application.

Application Area	Status
Applicant's Acknowledgements	<a href="#">Complete</a>
Overview	<a href="#">Complete</a>
Contact Information	<a href="#">Complete</a>
Applicant Information	<a href="#">Complete</a>
Applicant Characteristics (I)	<a href="#">Complete</a>
Applicant Characteristics (II)	<a href="#">Complete</a>
Department Call Volume	<a href="#">Complete</a>
Request Information	<a href="#">Complete</a>
Request Details	<a href="#">Complete</a>
Budget	<a href="#">Complete</a>
Assurances and Certifications	<a href="#">Complete</a>

**PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.**

- o **YOU WILL NOT BE ALLOWED TO EDIT THIS APPLICATION ONCE IT HAS BEEN SUBMITTED.** If you are not yet ready to submit this application, save it, and log out until you feel that you have no more changes.
- o **When you submit this application, you, as an authorized representative of the organization applying for this grant, are certifying that the following statements are true:**

To the best of my knowledge and belief, all data submitted in this application are true and correct.

This application has been duly authorized by the governing body of the applicant and the applicant will comply to the Assurances and Certifications if assistance is awarded.

To sign your application, check the box below and enter your password in the space provided. To submit your application, click the Submit Application button below to officially submit your application to FEMA.

**Note:** The primary contact will be responsible for signing and submitting the application. Fields marked with an \* are required.

I, Max Anthouard, am hereby providing my signature for this application as of 17-Nov-2016.