

Grantee/Project Information for Member Initiative Grants

I. Grantee Information

Legal Name of Grantee: **Carroll Fire Protection District**

Address: **1811 North Brownfield Road**

City: **Urbana**

State: **IL**

ZIP+4: **61802-7600**

(Mandatory)

Business Phone: **(217)367-5065**

FAX: (217)367-5076

Type of Organization (Note: Check only one.):

Individual Owner of Sole Proprietorship Partnership Tax-exempt hospital or extended care facility Corporation providing or billing medical and/or health care services

Corporation NOT providing or billing medical and/or health care services

Not-for-profit Corporation Medical & Health Care Provider Corporation

Governmental Entity Nonresident alien Estate of legal trust Foreign corporation, partnership or trust Other - not-for-profit organization: _____

Other: _____

For entities other than governmental entities, indicate the date that the organization was legally established: _____

Name of Chief Executive: **Tom Harnsberger**

Title: **Chief**

Name of Project Contact: **Nikki O'Dell**

Title: **Lieutenant**

(Enter the name of the project contact person if someone other than the grantee's chief executive)

Contact's Phone Number: **(217) 694-4188**

FAX: **see above**

Email: nodell@net66.com

(Enter contact person's phone number and fax if different than the grantee's phone numbers listed above.)

FEIN: **37-6139890** (9 digit federal taxpayer identification number)

(Note: You must provide the FEIN number of the entity that will directly receive the grants funds from DCCA. Do not use the FEIN number of any subgrantee or affiliate of the grantee.)

I. A. Please use the space below to provide a concise description of the Project (e.g., construction/renovation activities; equipment/land acquisition; development/delivery of programs and services [including administrative activities]; or other activities) which will be funded by the grant. This information will be included in the grant agreement as the Scope of Work.

SCOPE OF WORK

This grant will allow us to purchase extrication equipment, which is equipment that would allow us to rapidly remove victims from vehicles damaged in vehicle crashes. Specifically, the grant will allow us to purchase the power plant, rescue tool with spreaders (“jaws of life”) and cutters, two rams, and the accessories necessary to operate the system (power cables, etc.).

Equipment included is as follows:

- **Rescue tool**
- **Attachment pin set**
- **Power cable**
- **Controller unit**
- **12-volt power pack**
- **Jumper cables**
- **Battery charger**
- **Spreader arm set**
- **Curved-blade cutter**
- **Straight-blade cutter**
- **40-inch ram**
- **25-inch ram**
- **Ram coupler**
- **Flood light**
- **16 feet extension cable**

If this grant will be funding a social service program (i.e., after school programs through a Boys & Girls Club, job training, teen pregnancy prevention/family planning, etc.), please continue with questions A-2. If you are not a social service provider, please skip to Section B.

2) Describe any eligibility criteria for participation in your program (i.e., income level, age, employment status, etc.):

3) Provide a detailed description of: a) your program's goals b) services provided to eligible clients. If there are different levels of eligibility (such as ranges of client income), please describe the services provided to each level if they are not identical.

a)

b)

If your program is viewed to be consistent with the goals of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), further information may be requested

B. Why is this project necessary? What is the expected benefit of this project (e.g., city will no longer be on IEPA restricted status list; unemployed persons will receive job training, etc.)?

We do not currently own extrication equipment. The equipment we use is on loan to us and this is only a temporary arrangement. The equipment will benefit residents and visitors to our district who become involved in motor vehicle crashes as it will allow us to remove them from the vehicle more rapidly (which in turn allows them to receive definitive care at the hospital more quickly), thus increasing their chances for survival without permanent injuries.

C. Estimated Number of Persons to be Served/Benefit from Project: **5,500 + 154,500**

Our district serves approximately 5500 residents. However, since we are a participating member in the Champaign County Fire Chiefs' Association Mutual Aid Agreement, we will respond to any request to aid in the county. As a result, the 160,000 residents of our county will potentially benefit from this equipment.

D. Attach copies of any public hearings, board meeting minutes, newspaper articles, or other documents that would evidence local support for this project (if available).

E. Do you anticipate any opposition to this project? yes no If yes, please describe:

F. Timetable for Completion: Start Date: **July 1, 2000** Completion Date: **September 1, 2000**

1. Describe any actions/approvals that must be completed prior to the start of this project, with corresponding time frames for completion:

Application for this grant must receive approval by the Carroll Fire Protection District's Board of Trustees. That approval was given on February 8, 2000.

2. Provide an estimated monthly expenditure of grant funds once the project starts:

Month 1: \$0	Month 13: \$ _____
Month 2: \$13,263 + shipping cost	Month 14: _____
Month 3: _____	Month 15: _____
Month 4: _____	Month 16: _____
Month 5: _____	Month 17: _____
Month 6: _____	Month 18: _____
Month 7: _____	Month 19: _____
Month 8: _____	Month 20: _____
Month 9: _____	Month 21: _____
Month 10: _____	Month 22: _____
Month 11: _____	Month 23: _____
Month 12: _____	Month 24: _____

(Note: Include only grant funds in this estimated monthly cash flow, not any match funds.)

III. A. When completed, this form will be incorporated into the grant agreement as the Project Budget. Activities listed in this budget should be consistent with the activities described in the Scope of Work.

BUDGET

<u>Activity Line Item</u>	<u>Grant Amount</u>	<u>Other Project Funds (if applicable)</u>
1. Rescue tool	\$6775	
2. Attachment pin set	\$175	
3. Power cable	\$215	
4. Controller unit	\$605	
5. 12-vlt power pack	\$398	
6. Jumper cables	\$68	
7. Battery cables	\$249	
8. Spreader arm set	\$498	
9. Curved-blade cutter	\$990	
10. Straight-blade cutter	\$1249	
11. 40-inch ram	\$1395	
12. 25-inch ram	\$1295	
13. Ram coupler	\$66	
14. Flood light	\$52	
15. 16-foot extension cable	\$65	
16. LESS "Raptor" package discount	(\$1900)	
17. Sawzall extrication kit	\$416	
18. Sawzall power adapter	\$79	
19. Storage case	\$398	
20. Cars for training (5@ \$35 each)	\$175	
21. Shipping	unknown at this time	
TOTAL	\$13263 + shipping cost	

* This column must total *exactly* the amount of the grant to be received from DCCA.

B. Other Funding: Are other funds necessary to complete this project? yes no

*****While other funds are not required for this purchase, Carroll Fire Department personnel will contribute training hours valued at approximately \$2,000 for training with this equipment.**

If yes, indicate the amount, source and status of those funds below:

◆ Amount of Federal Matching Funds: \$ _____ Status: Approved Pending
(Name of Federal Funding Agency: _____)

◆ Amount of Local Matching Funds: \$ _____ Status: Approved Pending

◆ Amount of Other State Funds: \$ _____ Status: Approved Pending
(Name of Other State Funding Agency: _____)

C. Will this project require *state* grant funds in future years (e.g., for operational costs, a second construction phase, etc.)? yes no

DCCA USE ONLY

APPROPRIATION: _____
SFY: _____
CURRENT YEAR OBLIGATION: _____
FUTURE YEAR OBLIGATION: _____
SUBA: _____
DOC: _____
CAT/SEQ: _____