## City Of Greensboro City Council Application Approval Request

Approval Process	<b>i</b>					
Match						
Tracking Number	10784					
Request Originati	on					
Department		<b>▽</b>				
Division		Support Services				
Submitted By		Division Chief Michael Swails				
Date Submitted		1/5/2016				
Phone		5723				
Application Sumn	nary					
Grant/Project Name		FY 2015 Assistance to Firefighters Grant Program				
Brief Project Summa	ry	The Assistance to Firefighters Grants (AFG) Program's objective is to provide funding directly to fire departments and nonaffiliated EMS organizations or a State Fire Training Academy for the purpose of				
Grantor		Federal Emergency Management Agency (FEMA/AFG)				
Goals, Strategies, Ol supported	bjectives	To improve the quality of service externally and internally by ensuring the safety and health of employees and citizens.				
Application Amount		\$103,932				
Application Due Date	9	1/15/2016				
Application Submiss	ion Date	1/15/2016				
Grant Year		2015				
Funding Cycle	and the second s	2016				
New?		● Yes ○ No				
Recurring?		○ Yes ● No				

If recurring, how mar	ny years?		and the second s			
Applicant's Role Gra		Grantee	i materia di sustanti il mande an use ni e m	P P P P P A Security P A could P Be representation (PP 1999)		
				and the second s		
Eligible Activities Cost					Description	
Personnel		APRIL THE THE PERSON NAMED IN COLUMN AS A				
Contracted Services			o como menorano en como	**************************************		
Travel			-	a ( 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14		
Supplies/Operating Expenses						
Equipment \$103,9		932	332		Thermal Imaging Cameras	
Other (Describe)	Cost		Description		on	
☐ Insert item	<u> </u>					
Total Project	\$103	,932				
Required Match E	Elements		Value	]	Description	
Cash (Describe Sou	rce)					
Cash Match Source (If Known)	Account N	umber	\$9,448	3	101-4005-5621	
In Kind (Describe)						
Other (Describe)	paramental and a second and a se		Value		escription	
			THE SECOND CONTRACT OF THE CON			
Insert item			00			
Total Match Value			\$0	ATTEMPT L'ANGEMENT L'ANGEMENT		
Project Funding I	nformatio	on (Incl	udes N	/latch)		
Federal Amount \$		\$94	\$94,484			
State Amount			erement of Commission of the	F ALTE DESTRUCTION AND ADMINISTRA		
Regional Amount						
Local Amount \$		\$9,4	\$9,448			
Private Contributions Amount			Maria Maria Palaria da 2-42-a di	PAL JYTHERPRET BATT FRANCISTT V LAVESTY SE.		
Cash Award Amount	t			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Total Funding		\$10	\$103,932			
Reimbursement (Yes/No)		0	○ Yes   ● No			
If reimbursement grant, explain fund availability.		1				

How will the program be funded Through existing after the grant expires?		ng maintenance and repair funds.
List of any other departments within the City of Greensboro eligible for this funding.		
Description of Department C	ollaborations	
Department	and the CE of the Control of the Centrol	Description
☑ Insert item		
Description of Other Collabo	rations	
Regional Governments		
State Agencies		
Federal Agencies		
Other Community Partners		
Other		
Result Area Work Plan		
Economic and Community Develo	pment	
Infrastructure	an in manufacture of the first and a first manufacture (the second set of a secondary second	
Public Safety		Employee Safety and Health
Culture, Recreation and Community Character		
General Government		
Department Area Work Plan		
Economic and Community Develo	pment	
Infrastructure		

Public Safety		Reduce injuries and lost work time				
Culture, Recreation a	and Community Character					
General Government						
T	e allement termine committee of the control of the					
Target Areas	T					
Council District(s)	☑ District 1 ☑ District 2	☑ District 3 ☑ District 4 ☑ District 5 ☐ None				
Police District(s)	☐ District 1 ☐ District 2	☐ District 3 ☐ District 4 ☐ District 5 ☐ None				
Other Area(s)						
Program/Project S	Staffing					
Number of Current St	taff	0.00				
Number of Hours/Cur	rrent Staff					
Describe Current Sta	ff Position(s)/Role(s)					
Personnel to Hire Add	ditional Staff	○ Yes ● No				
Number of Additional	Staff Needed	0.00				
Number of Hours for	Additional Staff	0				
Describe Additional S	Staff Position(s)/Role(s)	n/a				
Total full time equival project is estimated a	lent jobs created with this it:					
Impact						
Will this project duplic or other local agency		r service or program provided by the City of Greensboro				
○ Yes ⑤ No	······································					
How will this program	n/project benefit the City as a	an organization?				
		inization by improving employee safety and				
	increased to the resider					
How will this program	n/project benefit the City as a	a region?				
Department Direct	tor's Signature Authoriz	ation to Proceed				
Name (printed)	Name (printed) Interm Chief Bobby Nugent					
Signature	Bosto Nuse					
Date	1/27/1	C 8				

Administrative Data				
Application Status	Pending City Council Approval			
Council Notification Date	<u></u>			
Approval Date	् व			
Resolution No.				
IFYI Report Date	<u>***</u>			
Award Status	Pending			
Award Amount				
Ordinance No.				
Link to Grant Files				
Comments				

Update