

File No. 190170

Committee Item No. 3  
Board Item No. 16

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee Date March 6, 2019

Board of Supervisors Meeting Date March 12, 2019

#### Cmte Board

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Motion                                       |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Legislative Digest                           |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/>            | MOU  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form                       |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Subcontract Budget                           |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Form 126 – Ethics Commission                 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Award Letter                                 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Public Correspondence                        |

OTHER (Use back side if additional space is needed)

- |                                     |                                     |                                   |
|-------------------------------------|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Five Commission Resolution</u> |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____                             |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____                             |
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| <input type="checkbox"/>            | <input type="checkbox"/>            | _____                             |

Completed by: Linda Wong Date March 1, 2019  
Completed by: Linda Wong Date March 6, 2019

1 [Accept and Expend Grant - Federal Emergency Management Agency - Rescue Tools and  
2 Defibrillators - \$2,733,591]

3 **Resolution authorizing the Fire Department to accept and expend a grant in the amount**  
4 **of \$2,733,591 from the Federal Emergency Management Agency to purchase rescue**  
5 **tools and defibrillators, for the period of September 14, 2018, through September 13,**  
6 **2019, and waiving indirect costs.**

7  
8 WHEREAS, The Fire Department (SFFD) responds to over 150,000 incidents each  
9 year, including fires, vehicle accidents, and medical and other emergencies; and

10 WHEREAS, The Department currently uses rescue tools as an important piece  
11 of equipment to assist crews at various incidents; and

12 WHEREAS, The Department current uses defibrillators to assist patients at many of its  
13 Emergency Medical Services calls; and

14 WHEREAS, The Department's current inventory of rescue tools and  
15 defibrillators are in need of replacement and upgrade given their use and age; and

16 WHEREAS, The SFFD applied for and was awarded a Federal Emergency  
17 Management Agency (FEMA) grant in the amount of \$2,733,591 to procure rescue tools and  
18 defibrillators; and

19 WHEREAS, The grant proposal and grant agreement for the FEMA grant to purchase  
20 equipment were prepared by SFFD and are on file with the Clerk of the Board of Supervisors  
21 in File No. 190170; and

22 WHEREAS, The use of these grant funds would allow the Department to purchase new  
23 rescue tools and defibrillators for its crews; and

24 WHEREAS, FEMA requires the SFFD to complete the grant funds by September 13,  
25 2019; and

1 WHEREAS, The Fire Commission recommended approval of this grant at its meeting  
2 on October 24, 2018; and,

3 WHEREAS, The grant does not require an Annual Salary Ordinance amendment; and,

4 WHEREAS, The grant requires the City to provide matching funds worth 10% of the  
5 total Federal award, or \$273,359; and,

6 WHEREAS, SFFD will provide matching funds worth 10% of the total Federal award, or  
7 \$273,359; and,

8 WHEREAS, The SFFD proposes to maximize the use of the grant funds on program  
9 expenditures by not including indirect costs in the grant budget; now, therefore, be it

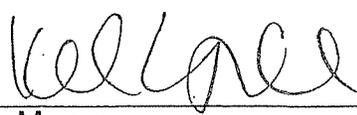
10 RESOLVED, That the Board of Supervisors authorizes the SFFD to accept and expend  
11 grant funds in the amount of \$2,733,591 from FEMA; and, be it

12 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of  
13 indirect costs in the grant budget; and, be it

14 FURTHER RESOLVED, That the Chief of the SFFD is hereby authorized and  
15 empowered to execute, deliver, and perform, in the name of the City and County of San  
16 Francisco, all applications, contracts, agreements, amendments, and payment requests  
17 necessary to secure the FEMA grant funds and implement and carry out the purposes  
18 specified in the applicable grant application.

19  
20 Recommended:

21   
22 Joanne M. Hayes-White  
23 Chief of Department

Approved:   
for Mayor

Approved:   
for Controller

<p><b>Item 3</b> <b>File 19-0170</b></p>	<p><b>Department:</b> Fire Department (Fire)</p>
<p><b>EXECUTIVE SUMMARY</b></p>	
<p style="text-align: center;"><b>Legislative Objectives</b></p> <ul style="list-style-type: none"> <li>• The proposed resolution would authorize the San Francisco Fire Department (SFFD) to accept and expend a grant in the amount of \$2,733,591 from the Federal Emergency Management Agency (FEMA) to purchase rescue tools and defibrillators, for the period of September 14, 2018 through September 13, 2019, with SFFD providing a 10 percent match of \$273,359.</li> </ul> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• In February 2018, SFFD applied for a grant from FEMA to purchase new rescue tools and defibrillators. In August 2018, FEMA awarded a grant of \$2,733,591 to SFFD. To receive the grant, SFFD would provide a 10 percent match of \$273,359. The grant reimburses SFFD expenditures for the equipment to be funded by the grant; SFFD has not incurred expenditures to date for the grant-funded equipment.</li> <li>• The grant would be used to purchase 22 sets of hydraulic extrication equipment, with each one including a cutter, spreader, ram bar, hose, and power unit, and 50 cardiac monitors/defibrillators with extended warranties.</li> </ul> <p style="text-align: center;"><b>Fiscal Impact</b></p> <ul style="list-style-type: none"> <li>• The grant authorized by the proposed resolution would provide SFFD \$2,733,591 to purchase rescue tools and defibrillators. SFFD would also contribute a 10 percent match of \$273,359, for a total procurement of \$3,006,950. Sufficient funding is included in the SFFD FY 2018-19 budget.</li> </ul> <p style="text-align: center;"><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>• Approve the proposed resolution.</li> </ul>	

**MANDATE STATEMENT**

City Administrative Code Section 10.170-1 states that accepting Federal, State, or third-party grant funds in the amount of \$100,000 or more, including any City matching funds required by the grant, is subject to Board of Supervisors approval.

**BACKGROUND**

The San Francisco Fire Department (SFFD) responds to over 150,000 incidents each year, including fires, vehicle accidents, and medical and other emergencies. SFFD has an inventory of rescue tools and defibrillators that is aging and in need of replacement and upgrade.

In February 2018, SFFD applied for a firefighter assistance grant with the Federal Emergency Management Agency (FEMA) to purchase new equipment. In August 2018, FEMA awarded SFFD the grant, with a performance period of September 14, 2018 through September 13, 2019. According to Mr. Mark Corso, SFFD Finance Division, the grant reimburses SFFD expenditures for the equipment to be funded by the grant; SFFD has not incurred expenditures to date for the grant-funded equipment.

**DETAILS OF PROPOSED LEGISLATION**

The proposed resolution would authorize SFFD to accept and expend a grant in the amount of \$2,733,591 from FEMA to purchase rescue tools and defibrillators, with SFFD providing a 10 percent match of \$273,359. The funding would be used to purchase 22 sets of hydraulic extrication equipment, with each one including a cutter, spreader, ram bar, hose, and power unit, and 50 cardiac monitors/defibrillators with extended warranties.

**FISCAL IMPACT**

The grant authorized by the proposed resolution would provide \$2,733,591 in FEMA funds for rescue tools and defibrillators. SFFD would provide a 10 percent match of \$273,359, for a total budget of \$3,006,950. The grant budget is shown in Table 1 below.

**Table 1: FEMA Grant Budget**

Item	Per Unit Cost	Quantity	Total Cost
Extrication Equipment Sets	\$35,000	22	\$770,000
Defibrillators	35,000	50	1,750,000
Extended Warranty (Defibrillators)	5,000	50	250,000
<i>Subtotal</i>			<i>\$2,770,000</i>
Sales Tax (8.5%)			235,450
Grant Writing Fee			1,500
<b>Total</b>			<b>\$3,006,950</b>
FEMA Share			2,733,591
SFFD Share (10% of FEMA Share)			273,359

According to Mr. Corso, the SFFD share comes from the City's General Fund and is included in the SFFD FY 2018-19 budget.

**RECOMMENDATION**

Approve the proposed resolution.

File Number: \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Ordinance Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors ordinances authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: Assistance to Firefighters Grant FY17
2. Department: Fire Department
3. Contact Person: Mark Corso Telephone: 415-558-3417
4. Grant Approval Status (check one):  
 Approved by funding agency  Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$2,733,591
6. a. Matching Funds Required: \$273,359  
b. Source(s) of matching funds (if applicable): General Fund Equipment Budget
7. a. Grant Source Agency: Department of Homeland Security's Federal Emergency Management Agency (FEMA)  
b. Grant Pass-Through Agency (if applicable): n/a
8. Proposed Grant Project Summary: Purchase of fire and emergency medical equipment
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: September 14, 2018 End-Date: September 13, 2019
10. Number of new positions created and funded: 0
11. Explain the disposition of employees once the grant ends? N/A
12. a. Amount budgeted for contractual services: \$0  
b. Will contractual services be put out to bid? n/a  
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? n/a  
d. Is this likely to be a one-time or ongoing request for contracting out? n/a
13. a. Does the budget include indirect costs?  
 Yes  No  
b. 1. If yes, how much? \$  
b. 2. How was the amount calculated?  
c. 1. If no, why are indirect costs not included?  
 Not allowed by granting agency  To maximize use of grant funds on direct services  
 Other (please explain):  
c. 2. If no indirect costs are included, what would have been the indirect costs? General overhead rate and administrative costs to implement program.

14. Any other significant grant requirements or comments: None

**\*\*Disability Access Checklist\*\*\*\***

15. This Grant is intended for activities at (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Existing Site(s)      | <input type="checkbox"/> Existing Structure(s)      | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s)                 |
| <input type="checkbox"/> New Site(s)           | <input type="checkbox"/> New Structure(s)           |   |

16. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

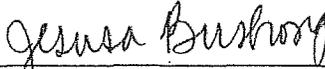
Jesusa Bushong

(Name)

HR Director

(Title)

Date Reviewed: 12-19-18



(Signature Required)

Overall Department Head or Designee Approval:

Mark Corso

(Name)

Deputy Director

(Title)

Date Reviewed: 12/20/18



(Signature Required)

## Award Package

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*U.S. Department of Homeland Security*



## Summary Award Memo

**INSTRUMENT:** GRANT  
**AGREEMENT NUMBER:** EMW-2017-FO-06421  
**GRANTEE:** San Francisco Fire Department  
**DUNS NUMBER:** 033428819  
**AMOUNT:** \$3,006,950.00, Operations and Safety

## Project Description

The purpose of the Assistance to Firefighters Program is to protect the health and safety of the public and firefighting personnel against fire and fire-related hazards.

After careful consideration, FEMA has determined that the recipient's project or projects submitted as part of the recipient's application, and detailed in the project narrative as well as the request details section of the application - including budget information - was consistent with the Assistance to Firefighters Grant program's purpose and worthy of award. The projects approved for funding are indicated by the budget or negotiation comments below. The recipient shall perform the work described in the grant application for the recipient's approved project or projects as itemized in the request details section of the application and further described in the grant application narrative. The content of the approved portions of the application - along with any documents submitted with the recipient's application - are incorporated by reference into the terms of the recipient's award. The recipient may not change or make any material deviations from the approved scope of work outlined in the above referenced sections of the application without prior written approval, via amendment request, from FEMA.

## Period of Performance

14-SEP-18 to 13-SEP-19

## Amount Awarded

The amount of the award is detailed in the attached Obligating Document for Award. The following are the budgeted estimates for object classes for this grant (including Federal share plus recipient match):

Personnel:	\$0.00
Fringe Benefits	\$0.00
Travel	\$0.00
Equipment	\$2,770,000.00
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$1,500.00
Indirect Charges	\$0.00
State Taxes	\$235,450.00
Total	\$3,006,950.00

## NEGOTIATION COMMENTS IF APPLICABLE (max 8000 characters)

Any questions pertaining to your award package, please contact your GPD Grants Management Specialist Dee Myerly at [edith.myerly@fema.dhs.gov](mailto:edith.myerly@fema.dhs.gov)

## FEMA Officials

**Program Officer:** The Program Specialist is responsible for the technical monitoring of the stages of work and technical performance of the activities described in the approved grant application. If you have any programmatic questions regarding your grant, please call the AFG Help Desk at 866-274-0960 to be directed to a program specialist.

**Grants Assistance Officer:** The Assistance Officer is the Federal official responsible for negotiating, administering, and executing all grant business matters. The Officer conducts the final business review of all grant awards and permits the obligation of federal funds. If you have any questions regarding your grant please call ASK-GMD at 866-927-5646 to be directed to a Grants Management Specialist.

**Grants Operations POC:** The Grants Management Specialist shall be contacted to address all financial and administrative grant business matters for this grant award. If you have any questions regarding your grant please call ASK-GMD at 866-927-5646 to be directed to a specialist.

## ADDITIONAL REQUIREMENTS (IF APPLICABLE) (max 8000 characters)



Agreement Articles



FEMA

U.S. Department of Homeland Security  
Washington, D.C. 20472

AGREEMENT ARTICLES

ASSISTANCE TO FIREFIGHTERS GRANT PROGRAM - Operations and Safety

GRANTEE: San Francisco Fire Department

PROGRAM: Operations and Safety

AGREEMENT NUMBER: EMW-2017-FO-06421

AMENDMENT NUMBER:

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Article VI	Age Discrimination Act of 1975
Article VII	Americans with Disabilities Act of 1990
Article VIII	Animal Welfare Act of 1966
Article IX	Best Practices for Collection and Use of Personally Identifiable Information (PII)
Article X	Civil Rights Act of 1964 – Title VI
Article XI	Civil Rights Act of 1968
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Article XXVIII	National Environmental Policy Act
Article XXIX	Nondiscrimination in Matters Pertaining to Faith-Based Organizations

FEDERAL EMERGENCY MANAGEMENT AGENCY

1a. AGREEMENT NO. 2. AMENDMENT NO. 3. RECIPIENT NO. 4. TYPE OF ACTION 5. CONTROL NO.  
 Go Back O-06421 0 94-6000417 AWARD WX02682N2018T

6. RECIPIENT NAME AND ADDRESS 7. ISSUING OFFICE AND ADDRESS 8. PAYMENT OFFICE AND ADDRESS  
 San Francisco Fire Department Grant Programs Directorate FEMA, Financial Services Branch  
 698 Second Street 500 C Street, S.W. 500 C Street, S.W., Room 723  
 San Francisco Washington DC, 20528-7000 Washington DC, 20472  
 California, 94107-2015 POC: Andrea Day

9. NAME OF RECIPIENT PROJECT OFFICER 10. NAME OF PROJECT COORDINATOR 11. EFFECTIVE DATE OF THIS ACTION 12. METHOD OF PAYMENT 13. ASSISTANCE ARRANGEMENT 14. PERFORMANCE PERIOD  
 Joanne Hayes-White Catherine Patterson Cost Sharing From:14-SEP-18 To:13-SEP-19  
 SF-270  
 Budget Period  
 From:30-APR-18 To:30-SEP-18

15. DESCRIPTION OF ACTION

a. (Indicate funding data for awards or financial changes)

PROGRAM NAME ACRONYM	CFDA NO.	ACCOUNTING DATA (ACCS CODE)	PRIOR TOTAL AWARD	AMOUNT AWARDED THIS ACTION + OR (-)	CURRENT TOTAL AWARD	CUMULATIVE NON-FEDERAL COMMITMENT
AFG	97.044	2018-F7-C111-P4310000-4101-D	\$0.00	\$2,733,591.00	\$2,733,591.00	\$273,359.00
TOTALS			\$0.00	\$2,733,591.00	\$2,733,591.00	\$273,359.00

b. To describe changes other than funding data or financial changes, attach schedule and check here.  
 N/A

16a. FOR NON-DISASTER PROGRAMS: RECIPIENT IS REQUIRED TO SIGN AND RETURN THREE (3) COPIES OF THIS DOCUMENT TO FEMA (See Block 7 for address)

Assistance to Firefighters Grant recipients are not required to sign and return copies of this document. However, recipients should print and keep a copy of this document for their records.

16b. FOR DISASTER PROGRAMS: RECIPIENT IS NOT REQUIRED TO SIGN

This assistance is subject to terms and conditions attached to this award notice or by incorporated reference in program legislation cited above.

17. RECIPIENT SIGNATORY OFFICIAL (Name and Title) DATE  
 N/A N/A

18. FEMA SIGNATORY OFFICIAL (Name and Title) DATE  
 Andrea Day 13-AUG-18

### Entire Application

## DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency AFG Application (General Questions and Narrative)

OMB No.: 1660-0054  
Expiration Date: August, 31 2019

#### PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 9 hours per response for FEMA Form 080-0-2 "AFG Application (General Questions and Narrative)". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

#### 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 12/26/2017 to 02/02/2018 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/qpd\\_ehp\\_screening\\_form\\_51815.pdf](http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/qpd_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 Mark Corso on 2018-01-17 14:57:37.0

#### Overview

<p>* Did you attend one of the workshops conducted by an AFG regional fire program specialist?</p> <p>Yes, I have attended workshop</p>
<p>* Did you participate in a webinar that was conducted by AFG?</p> <p>Yes</p>
<p>* 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?</p> <p>No, I am a grant writer or otherwise not affiliated with this applicant</p>

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: Fire Grants Help  
 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.

Address 2: 201 Franklin St. 200  
 City: San Francisco  
 State: CA  
 Title: Chief Financial Officer  
 Zip: 94111  
 Prefix (select one): N/A  
 \* First Name: Mark  
 Middle Initial:  
 \* Last Name: Corso  
 \* Primary Phone: 415-558-3417 Ext. Type work  
 \* Secondary Phone: 415-558-3400 Ext. Type cell  
 Optional Phone: Type  
 Fax:  
 \* Email: mark.corso@sfgov.org

FEMA Form 080-0-2

Contact Information

Alternate Contact Information Number 1

\* Title: Assistant Deputy Chief  
 Prefix (select one): N/A  
 \* First Name: Shane  
 Middle Initial:  
 \* Last Name: Francisco  
 \* Primary Phone: 415-558-3680 Ext. Type work  
 \* Secondary Phone: 415-558-3400 Ext. Type cell  
 Optional Phone: Type  
 Fax:  
 \* Email: shane.francisco@sfgov.org

Alternate Contact Information Number 2

\* Title: Deputy Chief  
 Prefix (select one): N/A  
 \* First Name: Jeanine  
 Middle Initial:  
 \* Last Name: Nicholson  
 \* Primary Phone: 415-558-3411 Ext. Type cell  
 \* Secondary Phone: 415-558-3258 Ext. Type work  
 Optional Phone: Type  
 Fax:  
 \* Email: jeanine.nicholson@sfgov.org

FEMA Form 080-0-2

Applicant Information

EMW-2017-FO-06421  
Originally submitted on 02/02/2018 by Joanne Hayes-White (Userid: mariotrevino)

Contact Information:

Address: 698 Second Street  
City: San Francisco  
State: California  
Zip: 94107  
Day Phone: 4155583417  
Evening Phone: 4155583417  
Cell Phone: 4155583417  
Email: mark.corso@sfgov.org

Application number is EMW-2017-FO-06421

\* Organization Name San Francisco Fire Department  
\* Type of Applicant Fire Department/Fire District  
\* Fire Department/District, Non-Affiliated EMS, and Regional applicants, select type of Jurisdiction Served : Other (explain)  
If "Other", please enter the type of Jurisdiction City & County

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. SAN FRANCISCO FIRE DEPARTMENT  
\* 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 1 698 Second Street  
Mailing Address 2  
\* City San Francisco  
\* State California  
\* Zip 94107 - 2015  
Need help for ZIP+4?  
\* Employer Identification Number (e.g. 12-3456789)  
Note: This information must match your SAM.gov profile. 94-6000417

\* Is your organization using the DUNS number of your Jurisdiction? No, we have our own DUNS number separate from our Jurisdiction.

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? 033428819

(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 1 698 Second Street
Physical Address 2
\* City San Francisco
\* State California
\* Zip 94107 - 2015
Need help for ZIP+4?

Mailing Address

\* Mailing Address 1 698 Second Street
Mailing Address 2
\* City San Francisco
\* State California
\* Zip 94107 - 2015
Need help for ZIP+4?

Bank Account Information

\*The bank account being used is: (Please select one from the 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 121000358
\* Your account number 0066180050

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

\* 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:

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Fire Department/Fire District Department Characteristics (Part I)

\* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property?

No

\* What kind of organization do you represent?

All Paid/Career

If you answered "Combination", above, how many career members in your organization? (whole numbers only)

If you answered "Volunteer" or "Combination" or "Paid on-call", how many of your volunteer Firefighters are paid members from another career department? (whole numbers only)

\* What type of community does your organization serve?

Urban

\* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)

Yes

\* What is the square mileage of your first-due response area? (whole number only)

48

\* What percentage of your response area is protected by hydrants? (whole number only)

100 %

\* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?

San Francisco

\* Does your organization protect critical infrastructure?

Yes

If "Yes", please describe the critical infrastructure protected below:

San Francisco is home to a variety of critical infrastructure, both for the City itself, but also for State, National, and International interests. Within the San Francisco Fire Department (SFFD)'s response area is an array of critical infrastructures including National monuments and famous landmarks, bridges, sports arenas, postal facilities, fuel tanks, water treatment facilities, under bay fuel transmission lines, power and energy infrastructure, educational (129 schools, 27 colleges/universities), medical (14 hospitals), research, financial, biotech-research, technological industries and home to over 30 international financial institutions including a Federal Reserve.

The SFFD services a major international airport and is home to a regional Federal Reserve Bank. San Francisco is ranked one of the top seven Tier 1 Urban Area Cities, and the Port of San Francisco is identified as a Group 1 Port at highest risk for terrorist attack. San Francisco makes up a large component of the Bay Area Rapid Transit (BART) system, which has an underwater Transbay railway tube serving over 400,000 commuters each week. The City is also a large hub for a variety of other regional transit systems that service the rest of the Bay Area and the State of California, such as Cal Train and the Bay Ferry System, which will transport 6.5 million riders per year.

\* What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties?

31 %

\* What percentage of your primary response area is for commercial and industrial purposes?

25 %

\* What percentage of your primary response area is used for residential purposes?

44 %

\* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only)

852469

\* Do you have a seasonal increase in population?

No

If "Yes" what is your seasonal increase in population?

\* How many active firefighters does your department have who perform firefighting duties? (whole numbers only)

1436

\* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only)

1698

Does your department have a Community Paramedic program?

Yes

How many personnel are trained to the Community Paramedic level? (whole numbers only)

2

\* How many stations are operated by your organization? (whole numbers only)

44

\* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?

Yes

\* Do you currently report to the National Fire Incident Reporting System (NFIRS)?

Yes

Note: You will be required to report to NFIRS for the entire period of the grant. AFG does not require NFIRS reporting for nonaffiliated

EMS Organizations and State Fire Training Academy.

If you answered "Yes" above, please enter your FDIN/FDID 38005

\* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only) 1436

\* How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I) 1436

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the Firefighter II level in this application, please describe in the box below your training program and your plans to bring your membership up to Firefighter II.

\* What services does your organization provide?

Advanced Life Support	Emergency Medical Responder	Rescue Operational Level
Airport Rescue Firefighting (ARFF)	Haz-Mat Operational Level	Rescue Technical Level
Basic Life Support	Haz-Mat Technical Level	Structural Fire Suppression
Community Paramedic	Maritime Operations/Firefighting	Wildland Fire Suppression

\* Please describe your organization and/or community that you serve.

The City and County of San Francisco has an extremely diverse, multi-national population of 864,816, a 7% increase from 2010, comprised of 49 square miles with 29 miles of coastline. It is ranked as the second most densely populated major city in the United States, yielding roughly 18,451 persons/square mile with its resident population alone. In 2015, 18 million tourists visited San Francisco and with hundreds of thousands of commuters entering the City every day, the average daily population swells to over 1.5 million during the week. The City, surrounded by water on 3 sides, has two major bridges, the Golden Gate Bridge and the Bay Bridge, and together these two bridges will see 83 million vehicles per year.

San Francisco is ranked as one of the top seven Tier 1 Urban Area Cities and the Port of San Francisco, which has ferry and cruise ship terminals, is identified as a Group 1 Port at highest risk for terrorist attack. The cruise ship terminal will see 80 cruise ship port calls per year. San Francisco is experiencing a commercial boom with new high rises currently under construction that will add to the existing inventory of high rises. In addition, two major construction projects are underway in San Francisco, for its version of the "Big Dig". The central subway/underground is under construction with a 1.7-mile extension that will provide underground rail access to additional neighborhoods. Secondly, a new Transbay Transit Center will replace the old train/bus station, extend the current train line, and accommodate California's new high-speed rail project.

The SFFD's approximately 1,700 Firefighting and Emergency Medical personnel are part of the Metropolitan Medical Response System (MMRS), Urban Search and Rescue (USAR), and Regional Task Force (RTF) response for Chemical, Biological, Radiological Nuclear, Explosive (CBRNE) incidents. The SFFD, the California Office of Emergency Services (Cal-OES), and the surrounding eight Bay Area Counties have developed the first Regional Disaster Response Plan for responding to a catastrophic man-made or natural disaster, such as a paralyzing major earthquake or pandemic. In 2017, the SFFD responded to over 140,000 calls for service. All SFFD Firefighters are 100% compliant in NFPA 1001/1002 Standards (FFI & FFII). For 2015, Firehouse Magazine ranked the SFFD's Engine 3 as the busiest Engine in the country with 10,853 runs and Truck 3 also ranked as the 3rd busiest Ladder Truck with 5,246 runs. The City has approximately 380,971 housing units; 67% of those units are multi-unit structures. With 14,000 Victorian houses, much of the City's housing stock is old and primarily constructed of wood; 50% of the City's residential housing was built before 1940 and 25% was built between 1940 and 1959. SFFD responds to this community with 44 Engines and 20 Trucks divided into two Divisions, with ten Battalion Districts. Specialty units of the SFFD include: 2 Heavy Rescue Squads, 2 Coastal Rescue units (Cliff & Surf), 1 Rescue Boat, 2 Rescue Water Craft, 3 Fireboats, a Mobile Command Vehicle, 2 Multi-Casualty Units, a Hazardous Materials Unit, a CO2 unit, and a Mobile Air Unit.

The SFFD has been a contributor to the State of California Master Mutual Aid Agreement since its inception in 1950, providing mutual aid to 49 counties within the State, as well as parts of southern Oregon and western Nevada. The SFFD also provides water response mutual aid under the same agreement to the Counties of Alameda, San Mateo, Contra Costa, Marin, Solano and Sonoma Counties.

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Fire Department Characteristics (Part II)

2016 2015 2014





**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)	1494	1317	1351
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	264	313	286
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	137	126	93
What is the total acreage of all vegetation fires?	0	0	0

**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)	2709	2775	2100
Of the NFIRS Series 300 calls, how many are "Extractions from Vehicles" (NFIRS Code 352)	44	56	46
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	107904	103518	93738
How many EMS-BLS Response Calls	57596	54138	47642
How many EMS-ALS Response Calls	54419	53389	49234
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

**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?	7	13	10
How many times did your organization receive Automatic Aid?	4	2	16
How many times did your organization provide Mutual Aid?	5	5	18
How many times did your organization provide Automatic Aid?	8	10	64
Of the Mutual and Automatic Aid responses, how many were structure fires?	0	2	5

**Request Information**

1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application you will need to submit separate applications..

Program Name

Operations and Safety

2. Will this grant benefit more than one organization?

Yes

If you answered "Yes" to Question 2, please explain how this request benefits other organizations below:

We provide mutual and automatic to neighboring departments. If funded, all departments will benefit from this award.

\* 3. Is your department facing a new risk, expanding service to new area, or experiencing an increased call volume?

No

If you answered "Yes" to Question 3., please explain how your department is facing a new risk, expanding service to new area, or experiencing an increased call volume

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

\$1500

\* 5. Are you requesting a Micro Grant?

A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.

No

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**Request Details**

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**Activity Specific Questions for AFG Operations and Safety Applications**

OMB No.: 1660-0054  
Expiration Date: August, 31 2019

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average 4.6 hours per response for FEMA Form 080-0-2b "Activity Specific Questions for AFG Operations and Safety Applications". The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0054) NOTE: Do not send your completed form to this address.

The activities for program Operations and Safety are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding
Equipment	2	\$ 2,520,000	\$ 485,450
Modify Facilities	0	\$ 0	\$ 0
Personal Protective Equipment	0	\$ 0	\$ 0
Training	0	\$ 0	\$ 0
Wellness and Fitness Programs	0	\$ 0	\$ 0

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

\$1500

Equipment

Equipment Details

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

Cutter/Spreader

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

Extrication set including cutters, spreaders, ram bar, hoses and a power unit

2. Number of units: (whole number only)

22

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

\$ 35000

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

Replace inoperable/broken/damaged to current standard

If you selected "Replace inoperable/broken/damaged to current standard" or "Replace obsolete/non-compliant to upgraded technology" (from Q4) above, please specify the age of equipment in years.

22

5. 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.

Yes

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

Yes

7. Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested in the Equipment Additional Funding section).(Under the Action column select Update Additional Funding)

No

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

Yes

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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.

12-lead cardiac monitors

2. Number of units: (whole number only)

50

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

\$ 35000

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

Replace inoperable/broken/damaged to current standard

If you selected "Replace inoperable/broken/damaged to current standard" or "Replace obsolete/non-compliant to upgraded technology" (from Q4) above, please specify the age of equipment in years.

12

5. 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.

Yes

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

Yes

7. Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested in the Equipment Additional Funding section).(Under the Action column select Update Additional Funding)

No

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

Yes

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**Firefighting Equipment - Additional Funding (optional unless you're applying for Training funds)**

Budget Object Class Definitions

	Additional Funding	
a. Personnel	<a href="#">Help</a>	\$ 0
b. Fringe Benefits	<a href="#">Help</a>	\$ 0
c. Travel	<a href="#">Help</a>	\$ 0
d. Equipment	<a href="#">Help</a>	\$ 250000
e. Supplies	<a href="#">Help</a>	\$ 0
f. Contractual	<a href="#">Help</a>	\$ 0
g. Construction	<a href="#">Help</a>	\$ 0
h. Other	<a href="#">Help</a>	\$ 0
i. Indirect Charges	<a href="#">Help</a>	\$ 0
j. State Taxes	<a href="#">Help</a>	\$ 235450

**Explanation**

Extended warranty for 50 cardiac monitors @ 5,000 each and sales tax for state of California at 8.5%.

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**Firefighting 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 SFFD has done a needs assessment of equipment and has identified 1) cardiac monitors and 2) extrication equipment as the highest priorities. We believe this equipment will have a much-needed positive impact on firefighter safety and operations.

**MONITORS:**

The SFFD seeks \$1,750,000 to purchase 50 12-lead cardiac monitors to be placed on all frontline apparatus to improve emergency medical response capabilities and to enhance the life safety protection of our personnel in the field. Our Medical Director is requiring cardiac monitor/defibrillators to perform a minimum of 12 lead, NIBP, SpO2 and EtCO2 as well as CO monitoring for firefighter rehab, in addition to patient care/assessment. This project will also ensure compliance with County medical standards, and reduce cost for maintenance and repair.

In 2017, the SFFD responded to over 140,000 calls for service, of which over 110,000 were medical calls. The SFFD is projecting a 3% increase to overall medical call volume in the current year, and coupled with the 2012 decision by the State of California to re-establish the SFFD's Exclusive Operating Area for 911 emergency transports, the SFFD's dependence on its medical equipment will only increase in the coming years. After reviewing our current capabilities and needs in order to combat these issues, the SFFD is requesting all cardiac defibrillator monitors on our frontline apparatus be replaced.

Our current cardiac equipment is excessively aged, clinically unreliable and lacks technology that is consistent with current industry standards of service. Over 50% of the Department's defibrillator units are 12 years old or older, and in all 80% of our cardiac equipment is at or above the American Heart Association's recommended 5 year life span. In addition, not only are the actual units themselves of an

advanced age, the technology within many of the units is outdated as well. A number of Department cardiac monitors do not have 12-lead capabilities, which is a County mandate.

#### EXTRICATION:

The SFFD seeks \$770,000 (\$35,000/set) for 22 sets of new hydraulic extrication tools to replace old, ineffective tools. A set of these tools consists of a cutter, spreader, ram bar, hose and a power unit. These tools are carried on all 20 SFFD Truck companies and 2 Heavy Rescue Squads. The average age of the tools are well over 22 years old, equating to tools issued in 1995. Currently, 12 Trucks are using equipment from 1988 to 1995, 3 Trucks have tools from 2000 to 2001, and a few sets were so old that their age was not able to be determined.

New extrication tools will ensure safer, more efficient operations for firefighters and undoubtedly, better patient/victim outcome during the golden hour of a traumatic injury. Compliance with NFPA 1670, 2013 ed. will also be met. Department members are trained in the use of extrication tools. If awarded, manufacturer training will be incorporated into the Department's regular training curriculum to ensure safe operations.

SFFD has a strong history of administering federal grants and is committed to the guidelines set in the AFG NOFO. Included in our request is an additional 8.5% for sales tax and an extended warranty for the cardiac monitors. If awarded, SFFD will ensure the necessary matching funds (15%) are set aside next fiscal year.

#### PROJECT DETAILS:

22X Extrication Equipment (\$35,000/set) \$770,000  
 50x 12-Lead Cardiac Monitors (\$35,000 ea.) \$1,750,000  
 50x Extended Warranty (\$5,000 ea.) \$250,000  
 CA Sales Tax (8.5%): \$235,450

TOTAL: \$3,005,450  
 SFFD Share (15%): \$392,015  
 FEMA Share: \$2,613,435

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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

The cost-benefit of this project aligns with the priorities of the AFG to address and enhance response capabilities, safety, and operations. SFFD serves one of the most populated and bustling cities in the world. We respond to hundreds of medical calls daily and nearly a thousand vehicle accidents each year. Due to lack of funding, the Department has a large number of equipment pieces that need to be replaced and upgraded and, given our increasing call volume, the Department cannot afford to let old equipment impact our services.

**MONITORS:**

The requested monitors will be used regularly by emergency personnel on the hundreds of daily medical calls providing arguably the highest return on investment for any piece of equipment. It will improve the Department's delivery of medical treatment to the public, including improved treatment efficiency, improved capability to clearly identify and institute lifesaving treatment for STEMI, reduce invaluable time delays and expedite definitive patient care. Positive impacts to patient outcomes and compliance to local, state and industry standards of care will also be realized.

Another vital and crucial concern these monitors address is the ability to detect occupational exposure to CO for our first responders, as well as environmental exposure to patients. The department currently has limited capability to monitor and detect CO exposures, as its few existing units are not always available.

From a fiscal perspective, this project will reduce cost for the repair and maintenance of the outdated equipment. Due to the age of many of the units, repair and the need for parts are becoming more and more frequent, resulting in increased costs to the Department both in supplies as well as staff time. In addition, a number of the older units are being phased out by the manufacturer, which means the Department will not even be able to secure replacement parts in the near future.

SFFD is also exposed to added liability. Due to age and wear, the manufacturer will not warrant or cover liability if a malfunction occurs. We currently have unreliable diagnostic capabilities to identify a STEMI and to perform 12 lead EKGs. These issues continually affect basic patient care capabilities and are extending the AHA recommended drug to door times in the diagnosis and treatment continuum of STEMI to the public and treatment of our firefighters.

#### EXTRICATION:

The extrication equipment that we wish to replace is excessively worn, unreliable, and 25+ years old. It is obsolete and non-compliant by multiple cycles of NFPA 1936 (2015 Ed.). In addition, the cutting and spreading capabilities are ineffective against modern vehicle design. Units are regularly out-of-service; parts are difficult to find; and maintenance and repair are no longer practical. Due to the age of many of the units, their failure and need for parts is becoming more frequent, resulting in increased costs to the Department both in supplies as well

as staff time.

The realized benefits of new extrication equipment will be immediate. The identified gap for firefighter safety and rescue capabilities will be addressed with long-term benefits (service-life ~15yrs.). Modern extrication equipment is estimated to be 33% lighter, have better ergonomic designs, is more reliable, and has nearly 10x the cutting/spreading force. To date, workers compensation expenses and medical claims resulting from preventable work injuries can be clearly tracked and attributed the use of these heavy, awkward, and unreliable tools. The cost of a single injury to a firefighter due to the challenges with our current extrication tools will far exceed the cost of purchasing a new set of tools. Similarly, a life saved in the event of a rescue is priceless.

\* 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

**MONITORS:**

The SFFD will be able to replace all (100%) cardiac monitors on frontline engine apparatus. This project will have positive impacts to both the emergency medical care provided to the community on an everyday basis by the Department as well as the overall health and safety of the Department's front-line firefighters. This will also allow us to meet current county medical standards for cardiac monitors.

As a direct tool for patient care, the added features on the monitors will have a positive impact on the population we serve. The new monitors will not only replace old and outdated units, but the patient care technology of current models far surpasses the technological capabilities of the Department's current units. All of these changes result in more positive patient outcomes, including increased efficiency for treatments, the ability to detect and provide additional treatments before the patient reaches the hospital, and improved interoperability for Departmental equipment. The new units will improve patient care and eliminate many of the issues the department faces with its current outdated equipment, such as failure of older equipment, unreliable diagnostic capability of current units, and inconsistency among the Department's current inventory.

In addition to improvements in patient care, the goal of this project is also to have a positive effect on the long-term health of the Department's firefighters. By utilizing the CO function, the Department hopes to be able to monitor CO levels of personnel on scene, reducing the potential for injuries from CO exposure. These monitors will improve the Department's capability to monitor cardiac-related activity of individuals, and will be available to members responding on scene as well.

**EXTRICATION:**

The Department's current inventory of heavy rescue tools is quite old with an average age of 25 years. Due to advancements in technology, as well as the impacts of wear and tear, the capabilities of the current tools deployed on Truck companies pale in comparison to the capabilities of new tools. These challenges are impacting our ability to provide adequate services especially as new car technology advances.

For example, at an auto extrication drill for the Golden Gate Bridge District, one of the Department's Rescue Squads was unable to cut a vehicle post. The Squad was forced to use the bridge district's tools, which were new and made quick work of the task. In an incident in late 2015, the SFFD responded to a double decker tour bus that crashed into several cars and a building covered in scaffolding. The hydraulic tools from 2 Truck companies and 1 Rescue Squad could not cut through the bus and a newer Volvo, and required alternative rescue methods. These equipment deficiencies prolonged the extrication and affected the critical response time to treat and tend to the patients. The requested extrication equipment will be capable of cutting and spreading new car technology and will provide safer and more efficient extrication during rescues.

The requested equipment will allow the SFFD to update its entire inventory of cardiac monitors and extrication equipment at once, something that would not be possible even if regular departmental funding for a replacement plan were available. By updating the equipment all at once, the Department will realize the advantages of uniformity throughout the City - something that continues to challenge our organization.

We hope that you find our grant request worthy of funding. Thank you for your consideration!

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**Budget**

<u>Budget Object Class</u>	
a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 2,770,000

e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 1,500
i. Indirect Charges	\$ 0
j. State Taxes	\$ 235,450
Federal and Applicant Share	
Federal Share	\$ 2,733,591
Applicant Share	\$ 273,359
Applicant Share of Award (%)	10

\* **Non-Federal Resources** (The combined Non-Federal Resources must equal the Applicant Share of \$ 273,359)

a. Applicant	\$ 273,359
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** **\$ 3,006,950**

FEMA Form 080-0-2b

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

## FEMA Form SF 424B

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 Mark Corso on 02/02/2018

## 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 Mark Corso on 02/02/2018

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 asterisk (\*) are required.

I, Mark Corso, am hereby providing my signature for this application as of 02-Feb-2018.

# FIRE COMMISSION

City and County of San Francisco  
London N. Breed, Mayor

Ken Cleaveland, *President*  
Stephen A. Nakajo, *Vice President*  
Michael Hardeman, *Commissioner*  
Francée Covington, *Commissioner*  
Joe Alioto Veronese, *Commissioner*



698 Second Street  
San Francisco, CA 94107  
Telephone 415.558.3451  
Fax 415.558.3413  
Maureen Conefrey, *Secretary*

## RESOLUTION 2018-04

**RESOLUTION RECOMMENDING THAT THE BOARD OF SUPERVISORS  
AUTHORIZE THE SAN FRANCISCO FIRE DEPARTMENT TO ACCEPT AND  
EXPEND A GRANT IN THE AMOUNT OF \$2,733,591 FROM THE FEDERAL  
EMERGENCY MANAGEMENT AGENCY TO PURCHASE DEFIBRILLATORS AND  
RESCUE TOOLS**

WHEREAS, The San Francisco Fire Department (SFFD) responds to over 150,000 incidents each year, including fires, vehicle accidents, rescues, and medical and other emergencies; and,

WHEREAS, The Department currently uses defibrillator monitors on front-line emergency apparatus in responding to medical calls; and,

WHEREAS, The Department's current inventory of defibrillators need replacement and upgrade given their use and age; and,

WHEREAS, The Department's uses a variety of heavy-duty hydraulic tools on its vehicles to assist in extrication and heavy rescue; and,

WHEREAS, The SFFD applied for and was awarded a Federal Emergency Management Agency (FEMA) grant in the amount of \$2,733,591 to replacement defibrillators and rescue tools; and,

WHEREAS, The grant requires the City to provide matching funds worth 10 percent of the total Federal award, or \$273,359; and,

WHEREAS, the FEMA grant requires the SFFD to complete the grant project by September 13, 2019; and,

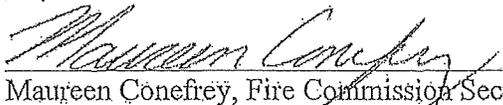
WHEREAS, The SFFD wishes to accept and expend the grant, to support its Bureau of Equipment and front-line apparatus; now, therefore, be it

RESOLVED, That the Fire Commission recommends that the Board of Supervisors authorize the Fire Department to accept and expend a grant from FEMA in the amount of \$2,733,591 for the purchase of defibrillators and rescue tools.

Adopted at the Regular Meeting of the San Francisco Fire Commission on October 24, 2018.

Ayes: 4 (Cleaveland, Hardeman, Covington, Alioto-Veronese)

Nays: 0

  
Maureen Conefrey, Fire Commission Secretary

# San Francisco Fire Department

## Grant Budget

FEMA Assistance to Firefighters Grant Program - FY2017

Proposal	CTR00001149
Proposal Description	FD FY17 Assistance to Firefighters Grant
Project ID	10034372
ProjShortTitle	FD FY17 Assistance to Firefigh
ProjLongDescr2	FD FY17 Assistance to Firefighters Grant
Activity	0001
Activity Description	FD FY17 AFG
Fund	13550
Dept Code	130654
Authority	10001
CFDA	97.044

### Budget:

<u>Description</u>	<u>Account</u>	<u>Account Description</u>	<u>Amount</u>
Rescue Tools and Defibrillators	560000	Equipment Purchase-Budget	\$ 2,733,591
		Total:	\$ 2,733,591



**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** Mark Corso, Finance, San Francisco Fire Department  
**DATE:** January 24, 2019  
**SUBJECT:** Accept and Expend Resolution for Grant

**GRANT TITLE:** Assistance to Firefighters Grant Program FY2017

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Attached please find the original and one copy of each of the following:

- Proposed grant ordinance; original signed by Department, Mayor, Controller
- Grant information form, including disability checklist
- Grant budget
- Grant application
- Letter of Intent or grant award letter from funding agency
- Other (Explain): San Francisco Fire Commission Resolution 2018-04 requesting approval by the Board of Supervisors

**Special Timeline Requirements: N/A**

**Departmental representative to receive a copy of the adopted ordinance:**

Name: Mark Corso Phone: 558-3417

Interoffice Mail Address: 698 Second Street, San Francisco 94107

Certified copy required Yes  No

OFFICE OF THE MAYOR  
SAN FRANCISCO



LONDON N. BREED  
MAYOR

2019 FEB 12 PM 4:34

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: Kanishka Karunaratne Cheng *KKC*  
RE: Accept and Expend – Rescue Tools and Defibrillators Grant  
DATE: February 12, 2019

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**Resolution authorizing the San Francisco Fire Department to accept and expend a grant in the amount of \$2,733,591 from the Federal Emergency Management Agency to purchase rescue tools and defibrillators.**

Should you have any questions, please contact Kanishka Karunaratne Cheng at 415-554-6696.

