GRANT TRACKING FORM

PART #1: Notification of Grant Funds

(email to jeri.ohman@appleton.org)

APPLICANT DEPARTMENT: Appleton Fire Department **DATE:** 04/02/2024

APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: Jeremy Hansen/Fire Chief

COMMITTEE OF JURISDICTION: Safety & Licensing Committee

NAME OF GRANT/FUNDING SOURCE: Firehouse Subs Foundation

AMOUNT OF GRANT REQUEST: $25,500 **LOCAL MATCH REQUIREMENT:** $ 0.00

SOURCE OF MATCH: ☐ General Fund ☐ Non-General Fund ☒ Not Applicable

TIMEFRAME OF GRANT: 01/11/2024 through 04/11/2024

TYPE OF GRANT REQUEST: ☒ Monetary ☐ Other (explain under 'purpose of grant')

PURPOSE OF GRANT (summary): The Appleton Fire Department (AFD) is requesting grant funding to support the purchase of McGrath Video Laryngoscopes. Performing an intubation of a patient's airway with a video laryngoscope has an improved first-time success rate by 15%. The tool provides a better view of the patient's oral anatomy, making it easier to navigate anatomical variations like limited mouth openings, neck mobility, or situations where there is poor visibility. A video laryngoscope reduces the need to manipulate to the head or neck during the procedure. This is especially important when a traumatic injury is suspected. Research has shown that video laryngoscopy can help prevent clinician exposure to droplet-borne pathogens and further improve responder safety. Overall, this equipment will reduce the time to perform the lifesaving procedure, lessen the hemodynamic responses to the intubation, and reduce the responder's exposure while performing the skill.

How does the grant meet City/Department/Program goals? This project relates to the City's mission of being '...dedicated to meeting the needs of the community and enhancing its quality of life.' This project will assist with Goal # 2 that states 'provide the community with exceptional pre-hospital experience.'

What are the personnel requirements (include both existing and new staff) of the grant? There are no personnel requirements other than training on the equipment.

DEPARTMENT HEAD SIGNATURE: _____

PART #2: Request to Accept Grant Funds

(complete after notification of grant award; email to jeri.ohman@appleton.org)

AMOUNT OF GRANT AWARD: $$24,001.86 + $64.18 (shipping) **FEDERAL/STATE ID #:** _____

LOCAL MATCH REQUIREMENT: $0

Please describe the source of match, if applicable: NA

Please describe any major changes in proposed grant-funded activities: NA

PART	*TO:* *DATE:*	*TO:* *DATE:*	*TO:* *DATE:*
#1: Request to Apply	Finance Dept	COJ – Info/Action	FAC – Info/Action
#2: Request to Accept	Finance Dept	COJ – Action	FAC – Action

COJ = Committee of Jurisdiction *FAC = Finance and Administration Committee*