

North Region EMS & Trauma Care Council Community Based Training Grant Application		
Application must be submitted and reviewed by your Local EMS Council Office.	<ul style="list-style-type: none"> • Applications must be evaluated by your Local EMS Council to be eligible. Your local council may have a more specific deadline. Late or incomplete applications will not be accepted. • Answer all questions <i>in the spaces and format provided.</i> Do not use smaller than 10 point type. • Signature of the applicant and/or authorized representative is required. • Submit support materials behind the application (brochures, references, samples, equipment descriptions, etc.). 	
1. Contact Information	Organization: Snohomish County Airport Fire Dept	
	Primary Contact: Kim Waxler	
	Address: 10630 36 th Pl W	
	City: Everett	Phone: 425-388-5482
	Zip: 98204	Fax: 425-388-5498
	E-mail: kim.waxler@snoco.org	www.painefield.com/140/Public-Safety
	Federal Tax ID#: 91-6001368	
	Fiscal Year End Date: 6/30/2022	
County: Snohomish		
2. Summary	Project/Equipment/Grant Title: Pre-Hospital Participation Grant	
Short Description (Limit 5 Lines): EMS equipment and supplies.		
Project Budget: \$ \$1,260.00	Amount Requested: \$ \$1,260.00	
3. Detailed Description: Explain the proposal/activity/project/training and how it benefits the North Region. How will you spend the money? What do you plan to do? When? Where? Include specific information regarding cost, dates, location, and activities, as well as general information regarding the content and significance of the proposal.		
Firefighter/EMS training. We would use grant monies to purchase rescue randy style mannequins in various sizes for Firefighter training. Training with differently sized mannequins puts our ARFF firefighters at an advantage when dealing with the various patients they may encounter at the Terminal or in the case of a mass casualty incident. This training includes Ladder evolutions, SCBA and onboard aircraft readiness training. The grant monies will help us move this training forward, particularly with the growth expected with the expansion of commercial service at the Airport, and the hiring of new Firefighters.		

Detailed Description – *continued*
[Type text]

4. Summarize the Three Principal Objectives:

1. EMS training expanded for patients of various sizes.
2. Training expanded with growth of commercial service.
3. Training new-hires in specific needs of ARFF firefighting.

5. Agency Information: Describe the mission and/or goals of your organization. How does the proposed project relate to and enhance them? Why is the proposed funding request a priority at this time?

The mission of Paine Field Fire Dept. is to protect the lives and property of the airport community, provide a courteous, professional service to our customers, and uphold the integrity, pride, and brotherhood of the Fire Service.

6. BUDGET: Expenditures and Income			
Description	North Region Grant	Matching/In-Kind *Include agencies providing support	Grand Total
Meetings/Events/Education (e.g. room rental, mileage, travel expenses)	[Type text]	[Type text]	[Type text]
Equipment (e.g. safety devices, manikins, educational supplies & materials)	1260.00	1260.00	2520.00
Contractual Services (e.g. printing, postage, ads/media)	[Type text]	[Type text]	[Type text]
Other Expenses (describe)	[Type text]	[Type text]	[Type text]
Other Expenses (describe)	[Type text]	[Type text]	[Type text]
Grand Totals	\$1260.00	\$1260.00	\$2520.00
7. Budget Narrative: Use this space to provide additional information about your budget and expenses. Is this a continuing project? If so, how will it be funded in the future?			
The EMS budget for the Airport Fire Dept is part of the greater Airport, and by extension, Snohomish County budget, approved each year by vote of the County Council. EMS Training is an ongoing need, but we are always constrained by the available budget allowances through the Airport and the County.			
8. Signature: The signatory declares that she/he is an authorized official of the applicant and is authorized to make this application. She/he will assure the funds received as a result of this application are used only for the purposes set forth herein.			

Kim Waxler Digitally signed by Kim Waxler
Date: 2021.09.30 12:04:54 -07'00'

Signature of Applicant or Authorized Signer

Date

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ITEMS	PRICE	QTY	TOTAL	ORDER SUMMARY
 <p>AED Superstore RespondER® Keychain Part #: AMP0102 Delete</p>	\$0.00	1	\$0.00	<p>SUBTOTAL \$1,271.05</p> <p>TOTAL \$1,271.05</p> <p>PROCEED TO CHECKOUT</p> <p>Or checkout with:</p> <p>PayPal</p> <p>PayPal CREDIT</p> <p>Apply Coupon ▾</p> <p>Free Gift! One FREE AED Superstore Responder Keychain has been added to your order!</p> <p>Calculate Shipping ▾</p>
 <p>Simulaids Carry/Storage Bag for Full Body Manikins Part #: 1373 Delete</p>	\$197.95	1	\$197.95	
 <p>Simulaids Rescue Randy Manikin (105 lbs. Weighted) Part #: 1335 Delete</p>	\$1,073.10	1	\$1,073.10	
			Subtotal (3 items): \$1,271.05	

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