

## System for Award Management (SAM.gov) profile

Please identify your organization to be associated with this application.

All organization information in this section will come from the System for Award Management (SAM) profile for that organization.

### PUBLIC SAFETY ADMINISTRATION

Information current from SAM.gov as of:	11/04/2024
UEI-EFT:	YR5DREGHLCY7
DUNS (includes DUNS+4):	074303483
Employer Identification Number (EIN):	346000646
Organization legal name:	CITY OF CLEVELAND
Organization (doing business as) name:	PUBLIC SAFETY ADMINISTRATION
Mailing address:	601 LAKESIDE AVE RM # 230 CLEVELAND, OH 44114-1015
Physical address:	601 LAKESIDE AVE E RM 18 CLEVELAND, OH 44114-1015
Is your organization delinquent on any federal debt?	N
SAM.gov registration status:	Active as of 09/22/2024

✓ We have reviewed our bank account information on our SAM.gov profile to ensure it is up to date

## Applicant information

Please provide the following additional information about the applicant.

Applicant name	Cleveland Division of Fire
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### Main address of location impacted by this grant

Main address 1	1645 Superior Avenue
Main address 2	
City	Cleveland

overall response capabilities,  
benefiting both our department  
and the residents we serve.

## Cost Items

### Item: IDLH Monitoring Equipment \$72,279.20

#### Description

Thirty-five Multi-Gas Meters (Detect %LEL, O<sub>2</sub>, CO<sub>2</sub>, and H<sub>2</sub>S) at a rate of \$1,438.00 per unit X 35, totaling \$50,330.00 One 5-Gas Calibration Kit (calibration equipment) at \$1,393.20 per unit Three Calibration Gas (cylinders) at \$376.80 per unit, totaling \$1,130.40 Thirty-five Charging Stations (mounting to vehicle) at \$540.30 per unit, totaling \$18,910.50 Software, costing \$515.00 Equipment total = \$72,279.20

Quantity	Unit price	Total
35	2065.12	\$72,279.20

#### Budget class

Equipment

#### More Details for IDLH Monitoring Equipment.

What is the purpose of this request?

Obtain equipment to achieve minimum operational and deployment standards for existing missions

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

No

organization into voluntary compliance.

Is your department trained in the proper use of the equipment being requested? **Yes**

Are you requesting funding to be trained for these item(s)? **No**  
(Funding for requested training should be requested as additional funding).

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

**Item: Air Compressor/Cascade/Fill Station (Fixed or Mobile) for filling SCBA** **\$199,158.12**

#### Description

Enclosed Air System 6000 psi. 25.2 cfm. charging rate with pressure switch for automatic start & stop control (Three units priced at \$61,731.00 each). Locally mounted interstage pressure gauges. P5S 150,000 cu ft. Total cost also includes three CO Monitors (units are \$3,206.97 each), twenty hours of service labor (\$105.00 per hour), three Single High Pressure Air Test Kits (\$115.00 each), and \$1,900.00 in shipping, bringing the total cost to \$199,158.91.

Quantity	Unit price	Total
3	66386.04	<b>\$199,158.12</b>

#### Budget class

Equipment

**More Details for Air Compressor/Cascade/Fill Station  
(Fixed or Mobile) for filling SCBA.**


What is the purpose of this request?	Obtain equipment to achieve minimum operational and deployment standards for existing missions
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.	No
Is your department trained in the proper use of the equipment being requested?	Yes
Are you requesting funding to be trained for these item(s)? (Funding for requested training should be requested as additional funding).	No
If you are not requesting training funds through this application, will you obtain training for this equipment through other sources?	Yes

**Grant request summary**

The table below summarizes the number of items and total cost within each activity you have requested funding for. This table will update as you change the items within your grant request details.

## Grant request summary

Activity	Number of items	Total cost
Equipment	2	\$271,437.32
<b>Total</b>	<b>2</b>	<b>\$271,437.32</b>

Is your proposed project limited to one or more of the following activities  : Planning and development of policies or processes. Management, administrative, or personnel actions. Classroom-based training. Acquisition of mobile and portable equipment (not involving installation) on or in a building.

Yes

## Budget summary

### Budget summary

Object class categories	Total
Personnel	\$0.00
Fringe benefits	\$0.00
Travel	\$0.00
Equipment	\$271,437.32
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00
<b>Total direct charges</b>	<b>\$271,437.32</b>
Indirect charges	\$0.00
<b>TOTAL</b>	<b>\$271,437.32</b>
<b>Non-federal resources</b>	
Applicant	\$24,676.12

Object class categories	Total
State	\$0.00
Other sources	\$0.00

Remarks

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**Total Federal and Non-federal resources**

Federal resources	\$246,761.20
Non-federal resources	\$24,676.12
<b>TOTAL</b>	<b>\$271,437.32</b>

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Program income	\$0.00
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## Contact information

Did any individual or organization assist with the development, preparation, or review of the application to include drafting or writing the narrative and budget, whether that person, entity, or agent is compensated or not and whether the assistance took place prior to submitting the application?

No

### Secondary point of contact

Please provide a secondary point of contact for this grant.

The Authorized Organization Representative (AOR) who submits the application will be identified as the primary point of contact for the grant. Please provide one secondary point of contact for this grant below. The secondary contact can be members of the fire department or organizations applying for the grant that will see the grant through completion, are familiar with the grant application, and have the authority to make decisions on and to act upon this grant application. The secondary point of contact can also be an individual who assisted with the development, preparation, or review of the application.

**Bradley Englehart**  
Assistant Chief

**Primary phone**  
2166646240  
Work

**Additional phones**  
2162245232  
Mobile

**Fax**