

TULARE COUNTY FIRE DEPARTMENT

1968 SOUTH LOVERS LANE · VISALIA CA 93292-5650 · PHONE (559) 732-5954 · FAX (559) 636-4182

ED. A. WRISTEN **CHIEF**

AGENDA

DATE: July 18, 2006

SUBJECT: The Fire Department requests authorization to accept grant funds from the Office of Traffic Safety to obtain State grant funds of \$211,700 for the purchase of Auto Collision Extrication Equipment, and Traffic Safety Training and equipment to meet MUTCD standards.

REQUEST: Approve and authorize the Fire Department to accept the Office of Traffic Safety grant funds of \$211,700 to purchase Auto Collision Extrication Equipment for the County. Authorize Chairman to sign grant agreement signature page.

SUMMARY: The grant is being offered by the State of California, Business, Transportation and Housing Agency, Office of Traffic Safety (OTS). OTS distributes federal funding apportioned to California under the National Highway Safety Act and the Transportation Equity Act for the 21st Century. The grants are to address traffic safety priority areas that include occupant protection, roadway safety, plus others. The Fire Department grant application is to continue to provide quality vehicle extrication services to the public. To accomplish this objective, the Department must acquire new emergency rescue equipment to replace the outdated equipment presently in service. Heavy hydraulic extrication systems, airbag sets, and accessory extrication equipment will be placed in five County stations. Lightweight hydraulic extrication systems will be placed in four County stations. Training and equipment will be provided to all emergency response staff to meet MUTCD traffic safety standards.

FINANCING: Grant funds of \$211,700 to cover 100 percent of all costs of purchasing equipment and training. There is no net cost to the County.

ALTERNATIVE: Not accept grant. Not purchase the equipment.

INVOLVEMENT OF OTHER DEPARTMENTS/AGENCIES: Auditor

County Counsel

412/16 **ED WRISTEN**

CHIEF

Lindell T. Yoshimura Assistant Chief

BEFORE THE BOARD OF SUPERVISORS

COUNTY OF TULARE, STATE OF CALIFORNIA

IN THE MATTER) RESOLUTION NO.			
REQUEST FOR APPROVAL TO ACCEPT GRANT FUNDS FROM THE OFFICE OF TRAFFIC SAFETY TO PURCHASE JAWS (LIFE, EQUIPMENT, AND TRAINING)) OF))			
UPON MOTION OF SUPERVISOR BY	, SECONDED			
SUPERVISORBOARD	, THE FOREGOING WAS ADOPTED BY THE			
OF SUPERVISORS, AT AN OFFICIAL M BY	EETING HELD,			
THE FOLLOWING VOTE:				
AYES: NOES: ABSTAIN: ABSENT:				
COL	RIAN HADDIX JNTY ADMINISTRATIVE OFFICER/CLERK ARD OF SUPERVISORS			
Ву:				

Authorized approval for the Tulare County Fire Department to accept and spend grant funds of \$211,700 from the California Office of Traffic Safety to purchase Jaws of Life, Equipment, and Training.

State of California

OFFICE OF TRAFFIC SAFETY GRANT AGREEMENT

PROJECT NUMBER EM0703

PAGE	1 (To be complete	ed by applicant	Agency)		
M					
P.A.C.E.R. 2 – POSITION AUTO COLLISION EXTRICATION RESOURCES				4. PROJECT PERIOD	
. NAME OF APPLICANT AGENCY			"	Month - Day - Year	
TULARE COUNTY			From:	- 10 - 10 -	
. AGENCY UNIT TO HANDLE PROJECT			To:	12/31/08	
THE COUNTY FIRE DEPARTM	LENT				
PROJECT DESCRIPTION (Provide an overvi 100 words. Space is limited to six lines.)	iew of the project a	activities that wil	address the problem	statement, in approximatery	
In 2004, Tulare County Fire began a two-year pasafety. Hydraulic Extrication Systems were plasfirefighters. This year's proposal is to continue We propose to purchase with OTS funds and part provide training for all our firefighters in an in of Uniform Traffic Control Devices) standard	e and complete the position extrication	plan for the remain equipment in eight	naining rural highway a ght County Stations an de our safety training t I patients at traffic coll	areas of Tulare County. and one District Station; to to the MUTCD (Manual dision scenes.	
6. FEDERAL FUNDS ALLOCATED UNDER THI	IS ACREEMENT SU	IALL NOT EXCE	ED: \$ 21	11,700.00	
	, ACKEDITEKT DI				
7. APPROVAL SIGNATURES		D ATTOMOS	RIZING OFFICIAL OF A	APPLICANT AGENCY	
A. PROJECT DIRECTOR				PHONE:	
Name: Phon	NE:	NAME:		FAX:	
FAX:	1	TITLE: ADDRESS:			
ADDRESS:		TOURESS.			
E-MAIL:		E-MAIL:			
(Cimating)	(Date)		(Signature)	(Date)	
(Signature) C. FISCAL OR ACCOUNTING OFFICIAL		D. OF	FFICE AUTHORIZED T	O RECEIVE PAYMENTS	
PHO	ONE:	NAME:			
NAME: FAX					
TITLE:		ADDRESS:	Address:		
Address:					
E-MAIL:					
	(Date)	-			
(Signature)	(Date)	1.			

(Signature)