

**21****COMMUNITY
MITIGATION
FUND****APPENDIX C – SPECIFIC IMPACT GRANT APPLICATION****BD-21-1068-1068C-1068L-56499*****Please complete each section of this Application*****1. PROJECT INFORMATION****a) NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT**

Springfield Fire Department

b) PROJECT NAME (LIMIT 10 WORDS)

Defibrillators for Casino Area Medical Responses

c) BRIEF PROJECT DESCRIPTION (LIMIT 50 WORDS)

Funding will allow us to purchase defibrillators for the apparatus that primarily respond to the Casino Area. These defibrillators will be compatible with those used by American Medical Response (AMR), the primary ambulance response to the City of Springfield.

d) CONTACT PERSON(S)/TITLE (Persons with responsibility for this grant)

BJ Calvi, Fire Commissioner

e) PHONE # AND EMAIL ADDRESS OF CONTACT PERSON(S)413-787-6411, bcalvi@springfieldcityhall.com**f) MAILING ADDRESS OF CONTACT PERSON(S)**

605 Worthington Street, Springfield, MA 01105

2. IMPACT DESCRIPTION/CONNECTION TO GAMING FACILITY

a) Please describe in detail the impact that is attributed to the operation of a gaming facility.

The operation of MGM Springfield is having an adverse impact on the Springfield Fire Department's annual budget. Since opening, emergency response calls, most notably medical calls, to the casino and the 5 block area of the casino footprint have increased. This influx of calls is in contradiction to the historical responses to this area in prior years.

Before MGM Springfield opened, we responded to an average of 15,447 emergency response calls each year. Of those 15,447 calls, an average of 8,224 were medical calls. Since MGM Springfield has been open to the public, we've responded to an average of 16,278 emergency calls and 9,312 medical calls per year since 2018. The increase of over 1,000 medical calls per year has put a strain on the department's resources.

The biggest strain has been on supplies related to defibrillators. All of our medical supplies are funded directly from the Fire Department's budget. By using the same equipment as the ambulance provider, we will be able to utilize their inventory of supplies. Using compatible defibrillators will eliminate the cost of defibrillator pads. This will then ease the financial strain that is being caused by the increased medical calls on the already limited budget and resources of the Fire Department.

b) Please provide documentation, specificity or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact (i.e. surveys, data, reports)

Per MFIRS data, the average call volume for the City of Springfield Fire Department was 15,447, which included 8,224 "type 300" (medical) calls per year for 2016 and 2017. After the MGM casino opened the average call volume for the City of Springfield Fire Department increased substantially. Per MFIRS data the average call volume was 16,278, which included 9,312 "type 300" (medical calls) per year for 2018 and 2019.

c) How do you anticipate your proposed remedy will address the identified impact?

Our proposed remedy is to use the same defibrillators as the ambulance provider. By doing so, we will be able to utilize their inventory of supplies (the defibrillator pads). This will eliminate the extra cost that has accumulated because of the increase in medical calls. When we use the same equipment and supplies, we will be able to work together more cohesively during these calls.

This grant funding and investment in new equipment will also increase efficiency within our department and amongst our partners. We will be able to budget funds appropriately for medical calls and will also be able to allocate the funds that are currently being spent on defibrillator pads on other much needed supplies.

3. PROPOSED USE OF SPECIFIC IMPACT MITIGATION FUNDS. (Please attach additional sheets/supplemental materials if necessary.)

a) Please identify the amount of funding requested.
\$21,945.00

b) Please identify below the manner in which the funds are proposed to be used. Please provide detailed scope, budget and timetable for the use of funds.
These funds will be used to purchase 11 defibrillator units to staff the apparatus that have the casino radius in their response area. Each unit costs \$1,995, totaling \$21,945. The units will be fully implemented and in use within 120 days of receipt of the grant funding.

c) Please provide documentation (e.g. - invoices, proposals, estimates, etc.) adequate for the Commission to ensure that the funds will be used for the cost of mitigating the impact from the operation of a gaming establishment.
Please see attached quote.

d) Please describe how the mitigation request will address the impact indicated.
As stated above, if we have the same equipment as the ambulance provider, we will be able to utilize their inventory of supplies (the defibrillator pads). This will ease the strain on our department's budget for incompatible supplies. It will also increase efficiency to utilize the same equipment as our ambulance provider.

e) How will you provide the data for reporting? How will you measure the effectiveness of the proposed project in mitigating impacts?
We will measure the effectiveness of this project by noting the evident reduction in budget strain and increased efficiency on medical calls to the casino area. We will provide financial records to highlight the reduction in medical call costs.

4. RELEVANT EXCERPTS FROM HOST OR SURROUNDING COMMUNITY AGREEMENTS

a) Please describe and include excerpts from any relevant sections of any Host or Surrounding Community Agreement.
N/A

b) Please explain how this impact was either anticipated or not anticipated in that Agreement.
N/A

5. INTERNAL CONTROLS/ADMINISTRATION OF FUNDS

a) Please provide detail regarding the controls that will be used to ensure that funds will only be used to address the impact.

All funds will be managed by our Department Director of Finance and Administration. This funding will be placed in a separate account to ensure that it is used solely for the purpose of this grant.

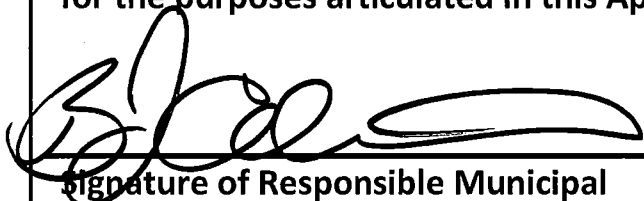
All purchases will be inputted by our Department Accounts Payable employee, approved by our Director of Finance and Administration, and reviewed by the City of Springfield's Finance and Procurement departments to ensure compliance.

b) Will any non-governmental entity receive funds? If so, please describe. If non-governmental entities will receive any funds, please describe what reporting will be required and how the applicant will remedy any misuse of funds.

N/A

6. CERTIFICATION BY MUNICIPALITY/GOVERNMENTAL ENTITY

On behalf of the aforementioned municipality/governmental entity I hereby certify that the funds that are requested in this application will be used solely for the purposes articulated in this Application.



Date: 1/28/2021

Signature of Responsible Municipal
Official/Governmental Entity

BJ Calvi

(print name)

Commissioner

Title:



Quick Quote 1/27/2021 2:46 PM

Quote Number: 10318925

Remit to: **Stryker Medical**

Version: 1

P.O. Box 93308

Chicago, IL 60673-3308

Prepared For: SPRINGFIELD FIRE DEPT

Rep: Brian Budinich

Attn:

Email: brian.budinich@stryker.com

Phone Number:

Quote Date: 01/27/2021

Expiration Date: 04/27/2021

Delivery Address

Name: SPRINGFIELD FIRE DEPT

Account #: 1327980

Address: 605 WORTHINGTON ST

SPRINGFIELD

Massachusetts 01105

End User - Shipping - Billing

Name: SPRINGFIELD FIRE DEPT

Account #: 1327980

Address: 605 WORTHINGTON ST

SPRINGFIELD

Massachusetts 01105

Bill To Account

Name: SPRINGFIELD FIRE DEPT

Account #: 1327980

Address: 605 WORTHINGTON ST

SPRINGFIELD

Massachusetts 01105

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	99425-000023	LIFEPAK 1000 Graphical Display - includes one non-rechargeable battery, one carrying case w/ shoulder strap, two pair QUIK-COMBO REDI-PAK electrodes and Ship Kit	13	\$1,995.00	\$25,935.00
2.0	41425-000034	Ship Kit - Literature, LP1000, W RCHG, English	13	\$0.00	\$0.00
Equipment Total:					\$25,935.00

Price Totals:

Grand Total: \$25,935.00

Prices: In effect for 60 days.

Terms: Net 30 Days

Ask your Stryker Sales Rep about our flexible financing options.

Quote will be revised to 11 units. Sell price remains the same.



Quick Quote 1/27/2021 2:46 PM

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Version: 1

P.O. Box 93308

Prepared For: SPRINGFIELD FIRE DEPT

Chicago, IL 60673-3308

Attn:

Rep: Brian Budinich

Email: brian.budinich@stryker.com

Phone Number:

Quote Date: 01/27/2021

Expiration Date: 04/27/2021

AUTHORIZED CUSTOMER SIGNATURE

PENDING APPROVAL

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule.

Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency.

Terms: Net 30 days. FOB origin. A copy of Stryker Medical's standard terms and conditions can be obtained by calling Stryker Medical's Customer Service at 1-800-Stryker.

In the event of any conflict between Stryker Medical's Standard Terms and Conditions and any other terms and conditions, as may be included in any purchase order or purchase contract, Stryker's terms and conditions shall govern.

Cancellation and Return Policy: In the event of damaged or defective shipments, please notify Stryker within 30 days and we will remedy the situation. Cancellation of orders must be received 30 days prior to the agreed upon delivery date. If the order is cancelled within the 30 day window, a fee of 25% of the total purchase order price and return shipping charges will apply.