State of California – Office of Traffic Safety

GRANT AGREEMENT - Page 1

OTS-38 (Rev. 4/15)

GRANT NUMBER
EM1603

1. GRANT TITLE
REGIONAL COLLISION RESPONSE AND EXTRICATION IMPROVEMENT PROGRAM

2. NAME OF AGENCY
CITY OF CHULA VISTA

3. AGENCY UNIT TO ADMINISTER GRANT
FIRE DEPARTMENT

4. GRANT PERIOD
From: 10/1/15
To: 9/30/16

5. GRANT DESCRIPTION
The Chula Vista Fire Department will serve as the lead agency for a regional extrication equipment distribution grant for their county. The extrication equipment is used by first responders to safely extricate victims trapped in traffic collisions. "Best practice" strategies will be used to reduce the response time for the arrival of appropriate extrication equipment to traffic collision scenes and the time to extricate the victims of traffic collision, thus increasing survivability. The grant will provide funding for new equipment and training for fire departments without extrication equipment or have existing equipment that has reached the end of its usable lifespan and is in need of replacement.

6. FEDERAL FUNDS ALLOCATED UNDER THIS AGREEMENT SHALL NOT EXCEED: **$ 210,000.00**

7. TERMS AND CONDITIONS: The parties agree to comply with the terms and conditions of the following which are by this reference made a part of the Agreement:

- Schedule A (OTS-38b) – Problem Statement, Goals and Objectives and Method of Procedure
- Schedule B (OTS-38d) – Detailed Budget Estimate and Sub-Budget Estimate (if applicable)
- Schedule B-1 (OTS-38f) – Budget Narrative and Sub-Budget Narrative (if applicable)
- Exhibit A –Certifications and Assurances
- Exhibit B* - OTS Grant Program Manual

*Items shown with an asterisk (*), are hereby incorporated by reference and made a part of this agreement as if attached hereto. These documents can be viewed at the OTS home web page under Grants: www.ots.ca.gov.

We, the officials named below, hereby swear under penalty of perjury under the laws of the State of California that we are duly authorized to legally bind the Grant recipient to the above described Grant terms and conditions.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

8. APPROVAL SIGNATURES

A. GRANT DIRECTOR
NAME: **Jim Geering** PHONE: 619-409-5854
TITLE: Fire Chief FAX: 619-691-5204
ADDRESS: 276 Fourth Ave., Bldg C
Chula Vista, CA 91910
E-MAIL: **jgeering@chulavistaca.gov**
(Signature) 5/21/15 (Date)

B. AUTHORIZING OFFICIAL OF AGENCY
NAME: **Harry Muns** PHONE: 619-409-5836
TITLE: Fire Deputy Chief FAX: **619-691-5204**
ADDRESS: 276 Fourth Ave., Bldg C
Chula Vista, CA 91910
E-MAIL: hmuns@chulavistaca.gov
(Signature) 5/21/2015 (Date)

C. FISCAL OR ACCOUNTING OFFICIAL
NAME: **Madeline Smith** PHONE: 619-409-5858
TITLE: **Principal Mgt. Analyst** FAX: 619-691-5204
ADDRESS: 276 Fourth Ave., Bldg C
Chula Vista, CA 91910
E-MAIL: **msmith@chulavistaca.gov**
(Signature) 5/21/15 (Date)

D. OFFICE AUTHORIZED TO RECEIVE PAYMENTS
NAME: **Chula Vista Fire Department**
ADDRESS: Attn: Finance Unit
276 Fourth Ave., Bldg C
Chula Vista, CA 91910

9. DUNS NUMBER
DUNS #: **07-872-6551**
REGISTERED ADDRESS & ZIP: **276 4th Avenue**
Chula Vista CA 91910-2631