



GRANT APPLICATION  
Priority One

AGENCY ID #: 18-077 EMS Organization Name: Olmsted Falls Fire Dept FEDERAL TAX I.D.# 34-6002096  
Mailing Address 9274 Columbia Rd Olmsted Falls OH 44138 COUNTY Cuyahoga Phone (440) 235-3238 Fax (440) 235-3238

Your agency must be an Emergency Medical Services organization whose main responsibility is to provide continuous emergency medical services to the community pursuant to requests and / or calls from the public for emergency medical service response. Such EMS organizations must also meet one of the following. Please select which response best describes your agency

X This agency provides emergency medical services, and is established or operated by a township, municipality, village, city, county, joint fire district, joint ambulance district, or joint township fire district within the state.

\_\_ This agency provides emergency medical services, pursuant to a contract or letter, to a township, municipality, village, city, county, joint fire district, joint ambulance district, or joint township fire district within the state.

\_\_ This agency does not provide emergency medical services under the operation of a township, municipality, village, city, county, joint fire district, joint ambulance district, or joint township fire district within the state OR pursuant to a contract or letter, to a township, municipality, village, city, county, joint fire district, joint ambulance district, or joint township fire district within the state.

Does your agency provide patient treatment services? Yes  
Is your agency in compliance with the submission of data to the Division of EMS as defined in O.A.C 4765-4-08, and required under section 4765.06 of the ORC? Yes

Does your agency provide patient treatment services? Yes  
Does your agency submit data under a different agency than your own? No

Is your agency in compliance with the submission of data to the Division of EMS as defined in O.A.C 4765-4-08, and required under section 4765.06 of the ORC? Yes

Is your agency the Primary provider of EMS services for a political subdivision? Yes City of Olmsted Falls

AUTHORIZING OFFICIAL Matthew Sheehan TELEPHONE NUMBER (440) 235-3238 E-MAIL ADDRESS msheehan@olmstedfalls.org

MEDICAL DIRECTOR Susan Taut PHYSICIANS LICENSE # 35.059639 TELEPHONE NUMBER (440) 816-8000

Does your Medical Director meet the requirements as defined in section 4765-3-05 of the O.A.C? Yes

CONTACT PERSON Patrick Grau TITLE Firefighter TELEPHONE NUMBER (440) 235-3238 E-MAIL ADDRESS pgrau@olmstedfalls.org

**Which funding sources does your agency receive?**

Billing  Donations  Grants  Tax Levy-Property  Tax Levy-Income  Tax Levy-Sales  Other:

**Operating Budget**  
\$1,098,100.00

**Square miles covered**  
4

**Population Covered**  
8889

**Population Increase**  
0

**Number of stations**  
1

**Number of EMS Runs**  
885

**Does your agency provide emergency medical transport services?** Yes

**Number of emergency medical service patient transports within your annual budget period**  
885

**Provide the number of each type of EMS transport vehicle your agency has?**

Frontline: 1      Reserve: 1      Total: 2

**Highest level of service provided**  
Paramedic  
**Volunteer %:** 0.00

**Describe your staffing**  
Full-Time Part-Time

**Agency member certification levels**  
EMR: 0      EMT: 0      AEMT: 0      Paramedic: 27

**Please provide a brief description of your primary response area**  
small, suburban bedroom community.