MATANUSKA-SUSITNA BOROUGH INFORMATION MEMORANDUM IM No. 25-103

SUBJECT: INFORMING THE ASSEMBLY OF THE SUBMITTAL OF FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION GRANT APPLICATION REQUESTING \$22,935.48 FOR THE PURCHASE OF FIRE EXTINGUISHER TRAINING EQUIPMENT.

AGENDA	OF:	May	6,	2025
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ASSEMBLY	ACTION:	Presented	to	the	Assembly	05/06/25	-	ВЈН

AGENDA ACTION REQUESTED: For information only.

Route To	Signatures
Originator	X Kirstie Starr-Watson Signed by: Kirstie Starr-Watson
Department/Finance Director	Recoverable Signature X Cheyenne Heindel Signed by: Cheyenne Heindel
Borough Attorney	4/4/2025 X Nicholas Spiropoulos Signed by: Nicholas Spiropoulos
Borough Manager	X Michael Brown
Borough Clerk	X Lonnie McKechnie Signed by: Lonnie McKechnie

ATTACHMENT(S): Grant Application (14 pp)

SUMMARY STATEMENT: The Finance Department, on behalf of the Department of Emergency Services, submitted an application to Firehouse Subs Public Safety Foundation requesting a grant in the amount of \$22,935.48 to purchase 2 Intelligent Training System Pro Packages. These will enable Department of Emergency Services staff to provide training to residents on safe and effective fire extinguisher use in a controlled environment.

If awarded, the foundation may award the grant in the form of the equipment requested in the application. There is no match requirement for this grant.

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Welcome, KIRSTIE | SIGN OUT

Applicant and Department Information

* REQUIRED FIELD	
First Name *	
KIRSTIE	
Last Name *	
STARR-WATSON	
Title/Position *	
Grants Coordinator	
Applicant Cell Phone Number *	
907-775-3134	
(xxx-xxx-xxxx)	1
Organization/Department *	
Matanuska-Susitna Borough Department of Emergency Services	
(The organization name must be spelled out and cannot be abbreviated. No acronyms or abbreviations shall be accepted.)	
Department Tax ID # *	
92-0030816	
(xx-xxxxxxxx)	
Mailing Address 1 *	
350 E Dahlia Ave	

Mailing Address 2	
Mailing City *	
Palmer	
Mailing State *	
AK - Alaska	\$
Mailing Zip *	
99645	
Same as Shipping	
Shipping Address 1	
350 E Dahlia Ave	
Shipping Address 2	
Shipping City	
Palmer	
Shipping State	
AK - Alaska	\$
Shipping Zip	
99645	
Organization Phone Number*	
907-861-7801	
(xxx-xxx-xxxx)	
Extension	
8633	
Secondary Contact First and Last Name*	
Brian Davis	
(Contact information for two separate individuals must be included in order for your application to be considered)	
Secondary Contact Cell Phone Number*	
907-982-2004	
(xxx-xxx-xxxx)	
Extension	
8003	
Secondary Contact Email Address*	
bdavis@matsugov.us	
(Must be different from applicant email address)	

Matanuska-Susitna Borough	
Population*	
116000	
Number of Runs/Calls for Service Per Yea	ır*
4200	
(for fire, EMS and police only)	

- As required by our community, this request has been presented and approved by our local government as part of our process when applying for external funding
- Our jurisdiction requires approval from local officials once the award is granted
- Our jurisdiction does not require pre-approval from local officials

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4/3/25, 10:00 AM



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Required Documents

* REQUIRED FIELD

Attachments must be in the form of Word document, PDF, JPEG or Excel file (.doc, .pdf, .jpeg, .png or .xlsx)

The first four documents are required to complete the application.

If you need to replace an uploaded file, click the upload file button and choose the updated attachment you would like to upload. This will automatically delete the previous file and replace it with your new attachment.

Background/History *

Brief history of your department or organization, and how this grant will benefit your community. If there are multiple documents, they must be combined into one PDF document. Please note, file size cannot exceed 20 MB.

Attach File

MSB DES History.pdf

Vendor Equipment Quote/Bid (Online quotes will not be accepted.) *

Note: Our organization accepts one vendor quote per application, multiple quotes will not be accepted. You must provide an official vendor quote with the following information for your grant request to be considered. Submitted quotes MUST meet the requirements below, please read carefully

- Only one vendor quote must be submitted for related items only, within one equipment category
- Vendor sales representative first and last name must be included on quote
- Vendor email address must be included on quote
- The name and physical address of your organization must be included

- The name of a contact person from your organization must be included
- Only one vendor quote can be submitted. Your application will be marked incomplete if more than one quote is submitted.
- Online quotes will not be accepted
- Must be dated within six months of the application deadline
- Must contain only the item(s) pertaining to your grant request
- The total dollar amount and equipment quantities in the vendor quote must match the total that your department is requesting
- Include sales tax if applicable and an estimated freight charge if applicable
- The cost of maintenance plans and extended warranties are not permissible
- Firehouse Subs Public Safety Foundation will not be responsible for restocking fees or costs related to errors within your quote
- Firehouse Subs Public Safety Foundation will not be responsible for additional shipping costs or tax not included in the submitted quote

Important: Only one vendor quote may be submitted for related items only, within one equipment category. Unrelated equipment cannot be combined into one quote. Examples of unacceptable requests include quotes for un-related equipment:

- Cutter, Spreader and Fire Hoses*
- AEDs and gas monitors*
- Requests with more than one quote
- these items do not belong in the same equipment category

Your application will be marked incomplete if multiple quotes are submitted or if a quote containing multiple types of equipment is submitted.

Note: When requesting a quote/bid from a vendor, we highly recommend sharing our quote requirements with the sales representative and making them aware the quote is for a Firehouse Subs Public Safety Foundation grant application.

Attach File Fire Extinguisher Training Quote.pdf

Most Recent Financial Information *

Financials must show revenue and expenses and must include the name of your organization, city or county. One of the following options must be submitted:

- A recent within one month Balance Sheet which consists of Assets and Liabilities
- A recent within one month Profit and Loss Statement also called an Income Statement
- A current year annual budget showing projected income and expenses
- A previous year audit or 990

Note: When requesting a quote/bid from a vendor, we highly recommend sharing our quote requirements with the sales representative and making them aware the quote is for a Firehouse Subs Public Safety Foundation grant application.

Attach File				
FY24-Matanuska-Susitna-Borough-ACFR-1.pdf				
If there are multiple documents, they must be combined into one PDF document. Please note, file size cannot exceed 20 MB.				

Equipment Inventory *

• Please include a list of apparatus, vehicles and other specialized equipment. Submitted equipment inventory documentation must include the name of your organization. The lists we receive vary in length depending on the size and type of organization. (For example, include items such as vehicles, extrication equipment, breathing devices, and personal protective equipment/PPE).

as vehicles, extrication equipment, breathing devices, and personal protective equipment/PPE).	
Attach File	

MSB DES Equipment List.pdf

If there are multiple documents, they must be combined into one PDF document. Please note, file size cannot exceed 20 MB.

W-9 *

- Attach your organization's completed Internal Revenue Service Form W-9. W-9 must be completed in full, signed and dated. **CLICK HERE** to preview samples of completed W-9 forms.
- Please contact your accounting department or treasurer to obtain a completed W-9 form. Your application will not be considered if any of the following sections of your W-9 are missing:
 - Name as shown on your income tax return
 - Entity Name, if different from line 1
 - Federal Tax Classification (including Other explanation if required)
 - Exempt payee code (if any)
 - Address
 - City, State & Zip Code
 - Employer ID Number (EIN)
 - Signed by an official of the organization
 - Dated no more than one year from the submission date of this application.

Attach Fil	le			
MSB W9 Form 2025.pdf				
If there are multiple documents, they must be combined into one PDF document.	Please note, file size	cannot ex	cceed 20 MB.	
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Applicant Request Information

* REQUIRED FIELD

Please select the type of grant you are requesting: *

- Equipment Donation/Prevention Education Items
- Scholarships/Continuing Education
 - Please note, our Foundation only reviews scholarship/continuing education grants connected with accredited schools
 - For all-terrain wheelchair grant applications, email <u>foundation@firehousesubs.com</u> to request a paper all-terrain wheelchair grant application, please title the email All-Terrain Wheelchair Grant Request

The Foundation will determine the procurement method if your grant is approved. The equipment purchase will be implemented in one of two ways:

- 1) The Foundation Team will purchase the requested equipment on your behalf, and the vendor will ship it directly to your organization. Upon delivery, you must email a signed and dated copy of the packing slip to the Foundation.
- or -
- 2) You will receive a Memo of Understanding from the Foundation. Once it is signed by both parties, you will receive funding via ACH Transfer to make your purchase according to the approved vendor quote. After you receive your equipment, you must email signed and dated copies of all invoices to the Foundation within one week of delivery.

What Equipment are you requesting? Please include the quantity of each item. *

ITSBU01-2P# Intelligent Training System™ Pro Package (2 ea.)					
Limit 300 characters					
Vendor company name *	Sales rep. first and last name *				
LION Group, Inc.	Yorlin Adams				

YAdams@lionprotects.com	
/hat is the TOTAL cost of the equipment? Include sale	les tax and shipping, where applicable. Requests exceeding \$50,000 will not be accepted
\$22,935.48	
I understand that in order to be considered for fund must match the total above. *	nding, the total dollar amount and equipment quantities listed on the submitted quote/bio
as your department applied for this specific request	in the past and been denied? *
Yes • No	
tura hammanatura mitana aht 19 m to 1	
yes, how many times, prior to this application, has th	nis request been submitted?
riefly explain how the equipment will benefit your cor	ommunity and your department. *
and property. Many residents lack training in fire extir emergencies. Traditional training methods can be cos	ph; residential and commercial fires pose ongoing threats to life inguisher use, leading to ineffective or unsafe responses during ostly, logistically challenging, and limited in scope. The ITS Pro ly friendly way to teach proper fire extinguisher techniques
imit 500 characters	
his would have a direct impact on more than	children in our community.
For prevention education items)	20000 Cilidren in our community.
or prevention education items)	
his would have a direct impact on more than	24000 senior citizens in our community.
For prevention education items)	
For prevention education items)	

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Community Impact

* REQUIRED FIELD

Have you unsuccessfully reached out to the city for funds to purchase the equipment? *

We were unable to secure funding for this equipment in our current fiscal year budget.

Was there a particular instance where a life would have been positively impacted if you would have had the equipment available? *

During recent public education events we received several inquiries from residents regarding the availability of fire extinguisher training. Having this equipment available will allow us to provide hands-on extinguisher training in a safe and controlled environment. As the units are portable, we will be able to offer training sessions during public events and at locations throughout the community.

What positive effects will the funds specifically have? Please describe how the requested funding would benefit your local community. We ask that you do not cite national statistics. *

The advanced training systems will allow residents to develop hands-on fire extinguisher skills in a safe and controlled environment, leading to increased emergency preparedness and reducing fire-related risks across the borough. Training will be tailored to diverse audiences including youth, seniors, and business owners, ensuring widespread community impact. The anticipated results of fire extinguisher training included a reduction in injuries and property damage throughout our community.

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Franchise Information (Firehouse Subs restaurant nearest you)

* REQUIRED FIELD		
Franchisee Name:		
Restaurant Address: *	Suite:	
1080 E Steam Commons Ave		
City: *	State *	
Wasilla	AK - Alaska	\$
Zip: *		
99654		
Additional Information		
How far is this location from your department? (In Miles):		
11.1		

 $114.25_{\bar{2}}103$

How did you hear about our organization?:

0:04 AM	Firehouse Grants Application
When the Wasilla, Alaska location opened we were made aware of online and in commercials.	f the opportunity and have since seen it referenced
Please state how your heard about our organization.	
Has your department received funding from Firehouse Subs Public submitted incorrectly it will result in an automatic denial. *	Safety Foundation in the past two years? This information will be verified, if
	nat your organization acknowledges the donation by displaying our ver possible. Please note that the artwork will need to be approved
demonstrate the equipment and acknowledge the done	sentation/press event at a local Firehouse Subs restaurant to ation. It may take up to a year depending on location and donation immediate media announcements regarding the grant award be
By applying, you grant Firehouse Subs Public Safety Fo	oundation (the "Foundation") permission to use your organization's nis application and in connection with the Foundation's solicitations
Initial Acceptance *	
KSW	
PIO (Public Information Officer) Name: *	
Stefan Hinman	
(If you do not have a PIO, please list a contact for event planning an	d publicity. This individual will need to be readily available by email and phone.)
PIO Email: *	PIO Phone Number: *
Stefan.Hinman@matsugov.us	907-861-8520
	(XXX-XX-XXXX)

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Firehouse Subs Public Safety Foundation Print/Video Release

* REQUIRED FIELD	
Applicant First and Last Name: *	Applicant Organization: *
KIRSTIE STARR-WATSON	Matanuska-Susitna Borough

Date: 4/3/2025

The organization listed above, and its affiliates, hereby grant Firehouse Subs Public Safety Foundation, Inc., Firehouse Restaurant Group, Inc. (including its subsidiaries and affiliates) and its officers, directors, nominees, designees, successors, and assigns (hereinafter called "Producer"), permission to use, assign, convey, reproduce, copyright, and publish images or visual likenesses, names, and/or voices ("Personal Information") in any video, photograph, sound or other recording, and/or other media for commercial, informational, educational, advertising, or promotional purposes.

The organization hereby waives any right to inspect or approve the finished product or the advertising copy which may be used in connection therewith, or the use to which it may be applied.

The organization hereby releases, discharges, and agrees to hold harmless Producer from any liability of any nature or description by virtue of any use whatsoever of Personal Information, whether intentional or otherwise, including but not limited to any change that may occur or be produced in the taking of said pictures or images or in the recording of any sound, or in any processing in connection with the completion of the finished product.

✓ By checking this box, the organization listed above, and its affiliates, agree to the terms of the print/video release. *

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7200 Poe Ave

Suite 400

Dayton, OH 45414

Ph: 518-689-2023 FAX: 518-689-2024 Quote #: Date: 00007228

3/31/2025

Salesrep:

Yorlin Adams 6/30/2025

Expires:
Payment Terms:

30 days

Email:

YAdams@lionprotects.com

Bill To:

Matanuska-Susitna Borough Gov

350 E Dahlia Ave

Palmer, AK 99645 United States Ship To:

Matanuska-Susitna Borough Gov

350 E Dahlia Ave

Palmer, AK 99645 United States Contact:

Savannah Gross

savannah.gross@matsugov.us

9078618616

Item No.	Product Name	Qty	List Price	Discount	Extended Price
ITSBU01-2	P# Intelligent Training System™ Pro Package	2	\$ 12,726.75	15.0 %	\$ 21,635.48

The Intelligent Training System (I.T.S.) is a propane fueled fire extinguisher trainer with a water bath burn pan. The system senses where's the trainee aims and sweeps the SmartExtinguisher and varies the flames automatically, putting out the fire only when the extinguisher is used correctly. Includes:

- (1) Intelligent Training System™ Base Unit, (1) Get Started Kit with Propane Hoses, Power Cords, User Manual
- (1) Transport Case for Intelligent Training System™
- (2) SmartExtinguisher for I.T.S.™ (7X)
- (1) Extinguisher Carrying Case
- (1) I.T.S.™ Base Plate for Props
- (1) I.T.S.™ Trash Can Prop

^Requires a 12v Battery Pack for power or can be plugged into a vehicle

Subtotal:

\$ 21,635.48

Shipping and Handling:

USD 1,300.00

Tax %:

Grand Total:

USD 22,935.48

Thank you for contacting LION, we value your request and hope this offer suits your training needs.

Please feel free to contact us about this quote or how LION fire training products can enhance your training scenarios.

Terms & Conditions

https://www.lionprotects.com/hubfs/LION_General_Terms_and_Conditions_of_Sale_and_Delivery_Rev_12_21.pdf

Pricing excl. VAT., local taxes or import duties.

All sales or agreements made in connection with this quote shall be governed by the General Terms and Conditions of Sale and Delivery provided at the web page accessible above or here of Lion First Responder PPE, Inc., with its place of business at 7200 Poe Avenue, Suite #400, Dayton, OH 45414, and companies or enterprises affiliated therewith (hereinafter jointly referred to as Supplier).

^{**}Battery Pack sold separately (BP022)

From: grants@firehousesubs.com
To: Kirstie Starr-Watson

Subject: Firehouse Grants - Application Completed **Date:** Thursday, April 3, 2025 10:05:53

You don't often get email from grants@firehousesubs.com. Learn why this is important

[EXTERNAL EMAIL - CAUTION: Do not open unexpected attachments or links.]



Application Completed Confirmation

Thank you! Your application has been received and will be reviewed for completion by the grants team. It is your responsibility to ensure the application is submitted completely, once the application has been submitted, no changes can be made.

All applicants will be notified of approval or denial within three months of applying. Please do not email the Foundation asking for the status of your grant request.

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