

**RESOLUTION NO. 31-2026**

Introduced by Mark Claus

**A RESOLUTION RATIFYING SUBMISSION OF A GRANT APPLICATION TO THE STATE BOARD OF EMERGENCY MEDICAL, FIRE, AND TRANSPORTATION SERVICES GRANT PROGRAM ADMINISTERED BY THE OHIO DEPARTMENT OF PUBLIC SAFETY, DIVISION OF EMERGENCY MEDICAL SERVICES, FOR FUNDING FOR EMS-RELATED EQUIPMENT, TRAINING AND/OR RESEARCH FOR THE HURON FIRE DEPARTMENT IN AN AMOUNT NOT TO EXCEED TEN THOUSAND AND XX/100 DOLLARS (\$10,000.00); AND FURTHER AUTHORIZING THE CITY MANAGER TO ACCEPT SAID GRANT AWARD IN AN AMOUNT NOT TO EXCEED TEN THOUSAND AND XX/100 DOLLARS (\$10,000.00), SHOULD THE APPLICATION BE SUCCESSFUL.**

**WHEREAS**, the City of Huron desires to seek grant funding from the State Board of Emergency Medical, Fire, and Transportation Services Grant Program administered by the Ohio Department of Public Safety, Division of Emergency Medical Services, seeking funding for EMS-related equipment, training and/or research for the Huron Fire Department;

**WHEREAS**, the City meets basic eligibility requirements for funding per the guidelines of the program;

**WHEREAS**, the City submitted its application prior to the April 1, 2026 deadline for the 2026 funding cycle;

**WHEREAS**, the City of Huron has the authority to apply for financial assistance and to administer the amounts received from the State Board of Emergency Medical, Fire and Transportation Services Grant Program; and

**WHEREAS**, the City of Huron must direct and authorize the City Manager, Stuart Hamilton, to act as the Authorized Representative for the application, if awarded.

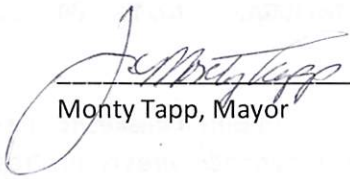
**NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF HURON AS FOLLOWS:**

**SECTION 1.** That the Council of the City of Huron hereby ratifies submission of a grant application to the State Board of Emergency Medical, Fire, and Transportation Service Grant Program administered by the Ohio Department of Public Safety, Emergency Medical Services, to become eligible for potential funding assistance relating to EMS-related equipment, training and/or research for the Huron Fire Department in an amount not to exceed Ten Thousand and xx/100 Dollars (\$10,000.00).

**SECTION 2.** If grant funds are awarded, the City Manager is further authorized and directed to execute an agreement for and on behalf of the City of Huron, Ohio with the State Board of Emergency Medical, Fire, and Transportation Service Grant Program administered by the Ohio Department of Public Safety, Emergency Medical Services, in the amount not to exceed Ten Thousand and xx/100 Dollars (\$10,000.00), and which agreement shall be in substantially in the form attached hereto as Exhibit "A."

**SECTION 3.** That this Council hereby finds and determines that all formal actions relative to the adoption of this Resolution were taken in an open meeting of the Council and that all deliberations of this Council and of its committees, if any, which resulted in formal action, were taken in meetings open to the public in full compliance with applicable legal requirements, including O.R.C. §121.22.

**SECTION 4.** That this Resolution shall go into effect and be in full force and effect immediately upon its passage.

  
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Monty Tapp, Mayor

ATTEST:   
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Council Clerk

ADOPTED: 14 APR 2026  
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**GRANT APPLICATION  
Priority One**

<b>AGENCY ID #:</b> 22-009	<b>EMS Organization Name:</b> Huron Fire Department		<b>FEDERAL TAX I.D.#</b> 34-6400671
<b>Mailing Address</b> 417 Main Street Huron OH 44839	<b>COUNTY</b> Erie	<b>Phone</b> (419) 433-3544	<b>Fax</b> (419) 433-3544
<p><b>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</b></p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>			
<b>Does your agency provide patient treatment services?</b> Yes	<b>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?</b> Yes		
<b>Does your agency provide patient treatment services?</b> Yes	<b>Does your agency submit data under a different agency than your own?</b> No		
<b>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?</b> Yes			
<b>Is your agency the Primary provider of EMS services for a political subdivision?</b> Yes Huron and Huron Township			
<b>AUTHORIZING OFFICIAL</b> kurt schafar		<b>TELEPHONE NUMBER</b> (419) 433-3544	<b>E-MAIL ADDRESS</b> fire.chief@huronohio.us
<b>MEDICAL DIRECTOR</b> Donald Spaner		<b>PHYSICIANS LICENSE #</b> 35.064010	<b>TELEPHONE NUMBER</b> (440) 552-6472
<b>Does your Medical Director meet the requirements as defined in section 4765-3-05 of the O.A.C?</b> Yes			
<b>CONTACT PERSON</b> kurt schafar	<b>TITLE</b> captain / ems coordinator	<b>TELEPHONE NUMBER</b> (419) 433-3544	<b>E-MAIL ADDRESS</b> fire.chief@huronohio.us

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

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

<b>Operating Budget</b> \$5,300,000.00	<b>Square miles covered</b> 47	<b>Population Covered</b> 14000	<b>Population Increase</b> 42000
<b>Number of stations</b> 2	<b>Number of EMS Runs</b> 1954	<b>Does your agency provide emergency medical transport services?</b> Yes	
<b>Number of emergency medical service transports reported to EMSIRS within your annual budget period</b> 1390		<b>Provide the number of each type of EMS transport vehicle your agency has?</b> <u>Frontline:</u> 3 <u>Reserve:</u> 0 <u>Total:</u> 3	
<b>Highest level of service provided</b> Paramedic <b>Volunteer %:</b> 0.00	<b>Describe your staffing</b> Full-Time Part-Time	<b>Agency member certification levels</b> <u>EMR:</u> 0 <u>EMT:</u> 11 <u>AEMT:</u> 1 <u>Paramedic:</u> 34	

**Please provide a brief description of your primary response area**

The Huron Fire Department covers both the City of Huron and Huron Township covering 47 square miles of land and up to 374 square miles of potential water area. We operate with three ambulances and every ambulance is an ALS unit with at least one paramedic on at all times. Huron is located on the shore of Lake Erie which results in our population tripling in the summer months .Huron Fire also operates a rescue boat covering a large area of the county extending to the Canadian border.