### SAINT PAUL POLICE FOUNDATION

Restricted Funds P O Box 65625 Saint Paul, MN 55165

ANCHOR T BANK. www.anchorlink.com AnchorLine® 952-808-8083 75-1523-960

6/13/18

PAY TO THE ORDER OF

Saint Paul Police Department

\*\*24,380.00

**DOLLARS** 

Saint Paul Police Department

**МЕМО** 

LAP T PAUL POLICE FORMOUTEN

100 Club/SPPF Grant #2018-03 Patrol Medic Kits

AUTHORIZED SIGNATURE

"OO5306" CO96015232 11100051630"

SAINT PAUL POLICE FOUNDATION RESTRICTED FUND

5306

Saint Paul Police Department

Date 6/13/18 Type Reference Bill

- Paladarwani - rat

Original Amt. 24,380.00 Balance Due 24,380.00 6/13/18 Discount

Payment 24,380.00 24,380.00

Check Amount

Restricted Checking -100 Club/SPPF Grant #2018-03 Patrol Medic Kit

24,380.00

Federation defined

## 5307

# SAINT PAUL POLICE FOUNDATION

Restricted Funds P O Box 65625 Saint Paul, MN 55165

www.anchorlink.com AnchorLine® 952-808-8083 75-1523-960

6/13/18

AY TO THE RDER OF

Saint Paul Police Department

\*\*25,000.00

Saint Paul Police Department

**DOLLARS** 

**IEMO** 

100 Club/SPPF Grant #2018-02 Training Equipment

#\*OO5307#\* ##O96015232##100051630#

IT PAUL POLICE FOUNDATION RESTRICTED FUND

Saint Paul Police Department

5307

Date 6/13/18 Type Reference Bill

Original Amt. 25,000.00 Balance Due 25,000.00

6/13/18 Discount

Payment 25,000.00

Check Amount

25,000.00

Restricted Checking - 100 Club/SPPF Grant #2018-02 Training Equip

25,000.00

Saint Paul Police F	oundati	on Grant Apբ	olication	
Date of Application 01.22.18	Received by Foundation	Fdn Use	Grant Fdn Use Number	
Name of Project / Initiative Patrol Medic Kits				
SPPD Unit Requesting Grant Patrol				
Contact Person Chris McGuire		Title Officer		
Phone 651-734-5929	Email chris.mcguire@ci.stpaul.mn.us			
Mailing Address 367 Grove Street; Saint Paul,	MN 55101			
Please check the Police Foundation grant-making Community Engagement Technology to Reduce, Deter or Solve of Training to Improve the Safety of Office Other - (If "Other, please explain specifics Please describe the situation, issue or need for	Crimes ers and the Pub of request):	·		
During many high risk situations when Medica is secure. It's during these crucial minutes that may need to act to save the life of our fellow of handle life threatening injuries (knife/stab wou when Medics are delayed.  SPPD is requesting grant funds through the 1 required training to deploy them.	at sometimes m officer or citizen unds, gunshots,	ean the difference betwee . It is imperative that we h or other serious bleeding	en life and death. At some point, we have officers trained and equipped to injuries including arterial bleeding)	
Please describe the specifics of the project, ho	w it will be carri	ed out, and goals to addre	ess the situation above:	
SPPD is requesting funding for individual Patr	ol Medic Kits.			
The Medic kit was created with the help of SP (can be affixed to plate carrier vest) and is detected by Each KIT contains the following items: 1-Tacti dressing,1-Hyfin Chest Seal twin pack, 1-Compacks (2 gloves per pack) 1-Surgical tape roll Every Patrol Officer will be trained by SPFD donce trained and equipped Officers will be abdelayed.	signed for rapid ical Operators I nbat Tourniquet – 2 inch, 2-ABI uring in-service	access to control bleedin Response Bag – black, 1-6, 1-Trauma shears – black D dressing 8 x 10, and 1-5 e training or roll call prior to	cg and control airway management.  CPR Microshield,1-4 InNAR trauma k,1-Nasal airway 28 fr, 2-Glove 5 rolled gauze 4.5 x 4.1 yard.  O deploying with the Kit.	
Project Start Date:	Proje	ect Completion Date:		

Grant Request Budget Plan - Required For All Grant Re	quests
Funding for this request is: (check one) One-Time Request On-Going or Annual Support Restri	cted Fund Project
Project-Related Expenses (Do not include any personnel-related costs, benefits or overtime)  Description of Expenses  See attached	Amount \$24,380
Total Project-Related Expenses (Add lines above and enter total here):	\$
Other Funding Sources (Including SPPD funding with the EXCEPTION of personnel-related cost Description of Other Funding Sources (i.e. agencies, institutions, grants, foundations, private funding, etc.) not applicable.	s, benefits or overtime) _Amount
Total Other Funding Sources (Add lines above and enter total here):	\$
Amount of Remaining Funding Needed	\$ \$24,380
Amount of Grant Request to Saint Paul Police Foundation	\$ \$24,380
Personnel Costs, Benefits or Overtime Pay provided by St. Paul Police Department  Description of Expenses  not applicable.	Amount
Total Value of Personnel Costs Provided by SPPD (Add lines above and enter total here):	\$
Planning For Future Expenses: If this request is for start-up or annual support of programs or how the department will fund these expenses in future years. If this request is for equipment or describe the department's financial plan for maintaining, replacing and making upgrades to this expenses.  The Kits have no expiration dates and no maintenance is needed.	technology, please

Community Impact - Required For All Grant Requests
Please indicate populations that will be served by this project / funding: (check all that apply)  Children Adults Businesses Teenagers Persons with Disabilities Families Retirees / Elderly Officers (Qty: 400 )  Communities of Color: (Please List)
How will this project benefit the community, reduce crime, or improve safety of officers and the public:
Once Officers are trained and the Kits are deployed on the street they have the potential to save the lives of Officers and citizens.
Please list other agencies, organizations, businesses, or institutions that will be involved in this project:  SPFD
Department Authorization - Required For All Grant Requests
The Saint Paul Police Department authorizes this grant request to be submitted to the Saint Paul Police Foundation.  The Department agrees to submit a final report upon completion to the Police Foundation to share with donors and the community. Our ratings below represent alignment to the Department's strategic plan (1 = Low / 5 = High).
Commanding Officer Name / Signature 1940 Date 1-25-18
Comments Rating 5
Chief of Police Name / Signature * Under Signature * Date / -2-5-/-8
Comments Rating * Denotes received in Chief's Office

# **HENRY SCHEIN EMS**

Bill Beetschen EMT-P Midwest Field Sales Consultant Cell - (847)366-7989 (24/7)

Email-bill.beetschen@henryschein.coM

## QUOTATION

January 11, 2018

St. Paul Police Department

ATTN: Officer Chris McGuire

St. Paul, MN

400 ea - Tactical Medical Response Kit including the following:

1-Tactical Operators Response Bag - black

1-CPR Microshield

1-4 In. NAR trauma dressing

1-Hyfin Chest Seal twin pack

1-Combat Tourniquet

1-Trauma shears - black

1-Nasal airway 28 fr

2-Glove packs (2 gloves per pack)

1-Surgical tape roll - 2 inch

2-ABD dressing 8 x 10

1-S rolled gauze 4.5  $\times$  4.1 yard

Kit Price- \$60.95 ea Total(400 kits) - \$24,380.00

Saint Paul Police Fo	oundatio	on Grant Application	
Date of Application 11.2.17	Received by Foundation	Fdn Use Grant Fdn Use Number	
Name of Project / Initiative Training Equipment	-Scenario Base	d Training	
SPPD Unit Requesting Grant Supportive Service	ces		
Contact Person Cohlman Rutschow		Title Officer	
Phone 1-813-504-3040	Email cohlman.rutschow@ci.stpaul.mn.us		
Mailing Address 367 Grove Street; Saint Paul,	MN 55101		
Please check the Police Foundation grant-making Community Engagement Technology to Reduce, Deter or Solve Community Engagement Training to Improve the Safety of Office Other - (If "Other, please explain specifics of the safety	Orimes rs and the Publi		
This includes protective gear, training mats, be level the equipment provides additional protection. Equipment used during officer training will adverequires that officers remain in a composed stellement of surprise. This ensures officers are of violence. At times, officers are given clues to being the only officer to receive safety equipment involved in the scenario, the trainee, trainer, a equipment. It does not provide for the full speciency that training techniques emphasize definitions.	quipment to advallistic gear and stion and officer ance critical this ate of mind, and not trained to be that their next trainent. The addition the role play ctrum of scenaricescalation as a	nking and scenario based training. High quality training if therefore situational based training must maintain an e 'hyper vigilant' and overly sensitive to any perceived threat aining scenario will include a life threatening situation just by mal equipment will allow SPPD to equip every officer ers. As its stands now, training is limited by the lack of os that officers would encounter in a real life scenario. This a possible response for officers during incidents.	
SPPD is requesting funding for equipment that Development Institute. The request support to department.  - Training and Education: SPPD has a robust practices around deescalation, crisis intervent.  - Officer Wellness and Safety: SPPD understate support are better prepared to keep our common to the common terms of the common	t will support on vo of the 6 defir training progran ion, implicit bias ands that officers nunity and each	s who have exceptional training, skills, knowledge, and other safe.	
Project Start Date:	Project	ct Completion Date:	

Grant Request Budget Plan - Required For All Grant Requests				
Functing for this request is: (check one) On-Going or Annual Support Restriction	ted Fund Project			
Project-Related Expenses (Do not include any personnel-related costs, benefits or overtime)  Description of Expenses  See attached	Amount \$25,000			
Total Project-Related Expenses (Add lines above and enter total here):	\$			
Other Funding Sources (Including SPPD funding with the EXCEPTION of personnel-related costs,  Description of Other Funding Sources (i.e. agencies, institutions, grants, foundations, private funding, etc.)  not applicable.	, benefits or overtime) _Amount			
Total Other Funding Sources (Add lines above and enter total here):	\$			
Amount of Remaining Funding Needed	\$ \$25,000			
Amount of Grant Request to Saint Paul Police Foundation	\$ \$25,000			
Personnel Costs, Benefits or Overtime Pay provided by St. Paul Police Department  Description of Expenses  not applicable.	Amount			
Total Value of Personnel Costs Provided by SPPD (Add lines above and enter total here):	\$			
Planning For Future Expenses: If this request is for start-up or annual support of programs or thow the department will fund these expenses in future years. If this request is for equipment or the describe the department's financial plan for maintaining, replacing and making upgrades to this expenses in the creation and advancement of the Professional Development is supplementing an \$18,000,000 project preparing the department for success for many	echnology, please quipment in future years.			

## SAINT PAUL POLICE DEPARTMENT 100 CLUB BUDGET

### 11.2.17

	-			
Safety	Fau	iinm	ont	lict
SOILCEA	Em 64 6	411411		6106

Mark Pro Gear			
<b>Groin Protection</b>	44.99	6 \$	269.94
<b>Neck Protection</b>	37.99	6 \$	227.94
Force on Force Pro He	90	20_\$	1,800.00
		\$	2,298
GSC Training Ultimate			
Training Mats 6 x 12	340	21 \$	7,140.00
Ballistic Gear			
Hard Shield		Ş	2,500.00
ballistic blanket	2250	3_\$	6,750.00
		Ş	9,250.00
Less Lethal Launcher			
Single Shot	904	3 \$	2,712.00
Muti Shot	1800	2 5	3,600.00
		5	6,312.00

\$ 25,000

Community Impact - Required For All Grant Requests
Please indicate populations that will be served by this project / funding: (check all that apply)  Children Adults Businesses  Teenagers Persons with Disabilities Families Retirees / Elderly Officers (Qty: 615 )  Communities of Color: (Please List)
How will this project benefit the community, reduce crime, or improve safety of officers and the public:
With the changes of the diverse encounters police see every day, evolving our training is essential to continue to provide top quality service to the community. This equipment for officer safety and training helps do exactly that.
Please list other agencies, organizations, businesses, or institutions that will be involved in this project:
Not applicable.
Department Authorization - Required For All Grant Requests
The Saint Paul Police Department authorizes this grant request to be submitted to the Saint Paul Police Foundation. The Department agrees to submit a final report upon completion to the Police Foundation to share with donors and the community. Our ratings below represent alignment to the Department's strategic plan (1 = Low / 5 = High).
Commanding Officer Name / Signature Date Duckies Date 11-11-17
CommentsRating
Chief of Police Name / Signature * Date Date
* Denotes received in Chief's Office