



KINGSBURG HEALTHCARE DISTRICT

Kingsburg Healthcare District Grant Application

Please complete and return the documentation and information required under the District Grant Policy, Procedures, and Guidelines. **Submit a signed original plus a set of 7 copies using a binder clip.**

Provide the following information for the grant applicant, as well as for all partnering and/or subcontracting entities, if any.

Applicant Name Kingsburg Fire Department

Type of Organization Municipal Fire Department

Legal status of your business (LLP, nonprofit, etc.) Government

Subject of Request MTS Power Load Cot (ambulance gurney)

Total Amount Requested \$ 66,398.78 How many People Will Grant Serve? 20,000+

Is this intended as a one-time or ongoing project? One-time

Project timeframe 6-9 months Lump sum or periodic disbursement? Lump Sum

How will the grant be recognized by the recipient? _____

Total Years in business 112 # of Employees 22 Federal Tax ID # 94-6000353

Business Licenses, Certifications or Registration #: _____

Individual Accountable for Grant Funds:

Name Rodnie Roberts Title Fire Chief

Address 1460 Marion Street

City Kingsburg State CA Zip 93631

E-Mail kingsburgfireadministration@cityofkingsburg-ca.gov Phone Number 559 897-6531

By signing below, the undersigned hereby certifies under penalty of perjury that; (1) information contained within this application is true and correct to the best of my personal knowledge, information and reasonable belief; (2) the grant applicant has read and is familiar with all of the District's grant policies, procedures and guidelines; (3) the grant applicant hereby waives each and all claims and right(s), if any exist to, in any form, appeal or otherwise legally challenge each and all decisions of the Kingsburg Healthcare District about this grant application; and (4) the governing body of the grant applicant has duly authorized me to sign this grant application.

Signature  Date 2/26/26

Print Name and Title Rodnic Roberts Fire Chief

The following information is required in relation to the requested grant. Please use separate pages for each numbered item, titling and numbering each page as listed below. If a numbered item has no short response, you may combine them on one page if they are numbered and titled appropriately. We require one (1) signed copy of the grant application, with pages 1-8 completed and attached, and seven (7) additional copies.

1. **Project Overview:** Include the purpose of the grant request. Describe in detail how the funds will provide health and wellness services, as well as further the grant goal of fostering quality health services and programs that benefit the residents of the District.
2. **Project Cost:** Itemized budget with explanation of individual costs and need(s) of such and supporting documentation, such as official bids (which should be for 90 days), if any.
3. **Partner(s):** List all partners (if any) and their financial contributions for this specific project.
4. **Funding Sources:** List all funding sources for the past 5 years.
5. **Community Need:** Describe the specific needs of the district that your project will meet.
6. **Legal Status:** Please provide a copy of your W-9, business licenses, and certificates, as well as an IRS determination letter if you are a nonprofit.
7. **Contributions:** List previous and ongoing community contributions your organization has made within the past 5 years.
8. **Plans:** Provide drawings or pictures of the proposed project with footnotes for explanations.

Kingsburg Fire Department

Overview: The Kingsburg Fire Department, as both a fire and paramedic ambulance provider, is committed to delivering safe, professional emergency services to our community. Maintaining this standard requires access to reliable, high-quality equipment.

In 2024, our ambulance, referred to as “Medic 501” was involved in an accident. It was determined by the manufacturer’s that the ambulance could be repaired, but some replacement equipment would need to be purchased. One of the essential pieces of equipment was a new state-of-the-art **Stryker Power Pro Gurney XT**, as the previous gurney had been damaged and deemed unserviceable by the manufacturer. All our ambulances are standardized with the same gurneys to ensure a consistent, top-tier, safety-driven service. Delivering a professional, safe experience is a key factor in providing advanced medical care to our patients. The extensive safety features of the Stryker Pro Gurney make it a mission-driven choice for a gurney that keeps our patient-passengers safe during emergency transportation. This equipment also aids in injury prevention for our personnel by providing a powered loading feature for lifting patients into an ambulance. This unforeseen accident has caused financial strain on our operational budget. We respectfully request a grant to cover some of the cost(s) of our new essential Stryker gurney.



stryker®

Costs: The total cost of one Stryker Power-PRO XT is **\$66,398.78**. This amount includes the stretcher, cot system, rechargeable batteries, and the powered “assisted loading” system installed on the ambulance floor. While the cost is significant, this top-tier equipment is used multiple times daily to transport our community’s patients safely and efficiently. The investment directly supports patient safety, operational readiness, and injury prevention for our field personnel. An invoice has been attached for the purpose of identifying the exact cost for the item(s).



City of Kingsburg
 1401 Draper Street
 Kingsburg, CA 93631-1908
 (559)897-5821

PURCHASE ORDER
 No. 2017014880

VENDOR:

 STRYKER SALES LLC
 21343 NETWORK PLACE

 CHICAGO, IL 60673-1213

SHIP TO:

 City of Kingsburg

 1401 Draper St

 Kingsburg, CA 93631

BILL TO:

 City of Kingsburg
 1401 Draper St

 Kingsburg, CA 93631

VENDOR NO.	VENDOR PHONE NUMBER	TERMS	DATE	REQUIRED DELIVERY DATE			
3485		0	01/12/2026				
SHIPPING INSTRUCTIONS							
(none)							
ITEM	QTY	U/M	DESCRIPTION/LASK	PRD CODE	ACCOUNT	UNIT PRICE	AMOUNT
1	000		MTS POWER LOAD/6506 MTS PWRPRO COT MID CONFIG		320-6100-539-5701	66,398.78	66,398.78

SUBTOTAL 66,398.78
 TAX 0.00
 SHIPPING 0.00

TOTAL: 66,398.78

TAXABLE No
 CONFIRMING

 City Mgr
 AUTHORIZED SIGNATURE

Partner(s): The City of Kingsburg Fire Department will be partners in this purchase. The city will be covering \$15,030.00 for the maintenance plan. We have worked directly with Stryker Corporation to ensure the most appropriate and cost-effective equipment selection for our operational needs. Stryker has assigned a local representative who has worked closely with our department throughout the evaluation and purchasing process. The representative provided detailed product information, pricing support, and technical guidance to ensure we selected the most appropriate equipment for our perspective apparatus. They also assist our agency with ongoing equipment purchases and inquiries for additional gurneys.



Funding Sources: Kingsburg Health Care District and the Kingsburg Ambulance Fund have been used in the last five years to fund ambulances and equipment. Insurance did not cover this expenditure, making it an unexpected financial strain. The new **Stryker Power-PRO XT** was recently purchased and fully funded through the department's ambulance operational budget.



Community Need: Reliable, state-of-the-art medical transport equipment is essential to delivering high-quality pre-hospital care within our community. The **Stryker Power-PRO XT** provides advanced safety features, including enhanced patient stability, secured transport positioning, and a powered lift-and-load system that reduces manual handling. Back injuries are statistically one of the most common on-the-job injuries in EMS. As our crew routinely lifts, loads, and unloads patients, we would like to ensure they have modernized equipment that helps prevent back-related injuries, such as the Power Pro system.

These premier features also directly impact paramedic care inside the ambulance. Improved stability allows providers to perform critical interventions, such as airway management, cardiac monitoring, medication administration, and IV therapy, safely and efficiently during transport. The powered loading system also reduces the risk of back injuries to EMS personnel, helping maintain a healthy workforce ready to respond to emergencies. By ensuring both patient safety and provider protection, this equipment strengthens our ability to deliver reliable, professional, and advanced emergency medical care to the community we serve.



Legal Status: As requested, a completed copy of our W-9 form has been attached to this proposal.

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification Go to www.irs.gov/FormW9 for instructions and the latest information.	Give form to the requester. Do not send to the IRS.
Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.		
1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	City of Kingsburg	
2 Business name/disregarded entity name, if different from above	Same	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small> <input checked="" type="checkbox"/> Other (see instructions)	Municipality	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.	<input type="checkbox"/>	
4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3). Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <small>(Applies to accounts maintained outside the United States.)</small>		
5 Address (number, street, and apt. or suite no.). See instructions. 1401 Draper	Requester's name and address (optional)	
6 City, state, and ZIP code Kingsburg, CA 93631		
7 List account number(s) here (optional)		
Part I Taxpayer Identification Number (TIN)		
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.		
		Social security number _____ - _____ - _____
		or Employer identification number 9 4 - 6 0 0 3 5 3
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.		
Part II Certification		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and		
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and		
3. I am a U.S. citizen or other U.S. person (defined below); and		
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.		
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.		
Sign Here	Signature of U.S. person 	Date 4/14/25
General Instructions		
Section references are to the Internal Revenue Code unless otherwise noted.		
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9 .		
What's New		
Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.		
Purpose of Form		
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they		
Cat. No. 10231X Form W-9 (Rev. 3-2024)		

Contributions: The Kingsburg Fire Department is always actively and directly involved with community events and contributions. Beyond emergency response, our department actively contributes to the community's safety and well-being by participating in city events, public education initiatives, and community risk reduction programs. Personnel provide CPR and first-aid training, fire prevention education, school outreach, and public safety demonstrations throughout the year. We also participate in local events to strengthen community relationships and promote emergency preparedness.

We frequently host school visits and station tours, where students and community members learn about ambulance operations, emergency preparedness, and patient transport equipment, including the **Stryker Power-PRO XT**. Oftentimes, we demonstrate how both the gurney and loading system work while allowing students to use the technological features. These interactions create opportunities to educate the public about when and how ambulances are used, while reinforcing important home/vehicle safety practices.

Kingsburg Fire takes great pride in maintaining premier apparatus and equipment, reflecting our vision of being a *premier* fire, EMS, and rescue agency within the Central Valley, and our continued commitment to serving the community at the highest level.



Plans: Below are several pictures of the gurney, power loader, and ambulance set up. All frontline ambulances are equipped with standardized **Stryker Power-PRO XT** stretcher systems integrated with power loaders to enhance provider safety and operational efficiency. Standardization across the fleet ensures consistent training, reduces equipment variability, and improves continuity of patient care. Each stretcher is fully outfitted with an ALS medication bag, portable oxygen kit, and a **Zoll X Series** advanced cardiac monitor/defibrillator. This configuration allows crews to deliver immediate advanced life support interventions at the point of patient contact and throughout transport.

