

# Cyano Kits

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*2024 Tomball Regional Health Foundation Funding*

## ***City of Tomball Fire Department***

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Mr. Joe Sykora Jr  
1200 Rudel Dr.  
Tomball, TX 77375

jsykora@tomballtx.gov  
O: 281-351-7101  
M: 281-726-1111

## ***Mr. Joe Sykora Jr***

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1200 Rudel Dr  
Tomball, TX 77375

jsykora@tomballtx.gov  
O: 281-290-1063  
M: 281-726-1111

# Application Form

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## *Application Instructions and Information*

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### **Congratulations on your advancement to the application stage!**

- **Applications will be accepted until 11:59 p.m. on Friday, September 15, 2023.** Late or incomplete submissions will not be accepted. We encourage early submissions, especially if you anticipate needing technical support from TRHF.
- **Technical support will be available until 3:00 p.m. on Thursday, September 14, 2023.**

### **Using this application:**

Please complete the remaining sections of the funding application. The initial sections labelled "LOI" have been populated from your Letter of Interest and are included for reference and are "read only."

This electronic application is made up of multiple sections. To view any section of the form, click on the arrow at the left of the section header bar. Only one section of the form can be viewed at a time. Viewing a new section automatically closes any other. Required questions are marked by an asterisk (\*). If at any time you need to save your answers and complete the application later, click on the **SAVE APPLICATION** button at the bottom of this form. A message will appear at the top of your screen indicating the application has been saved.

**If you wish to save a PDF file of the questions,** use the Question List button at the top of the page.

**If you wish to save a PDF file of responses,** first save your application, then return to the form and click on the **APPLICATION PACKET** button.

To submit a completed Application, click the **SUBMIT APPLICATION** button at the bottom of this form. Once submitted, changes can no longer be made.

**QUESTIONS** may be directed to TRHF at 832.559.5511 or [info@trhfoundation.org](mailto:info@trhfoundation.org).

### **Collaborate Feature**

The Collaborate button at the top of the page can be used to invite other people to work on this request.

- From the Collaborate pop up, enter the email address of the person you wish to help you with the request.
- Set the Permission to either View (the collaborator can only view forms in the request), Edit (the collaborator can view and edit the request), or Submit (the collaborator can view, edit, and submit the request)
- Include a message about what you are asking your collaborator to do for you and select Invite.
- You can revoke permission at any time.

An email will be sent to the collaborator containing your message, their username, and a link to the log-on page. After clicking this link, they will be brought to the log-on page. If this is their first time logging onto the system, they will be asked to create a password.

After logging onto the system, the collaborator will see this request under the Collaboration Requests tab of their Applicant Dashboard. Here they can select the Edit Application link and complete your instructions.

Collaborate Video Tutorial (1:37)

## Organization Information (from LOI)

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### Tax Exempt Status:

Is your organization a 501c3 or 170c as designated by the IRS?

*Organizations applying for funds must be tax exempt under sections 501 (c)(3) or 170 (c) of the Internal Revenue Code and be classified as a public charity under section 509 (a) of the Code.*

Yes

### Organization Emphasis

How does your organization meet the mission of the Tomball Regional Health Foundation:

"To promote wellness and improve health status for all residents in our communities through programs that enhance the access to health care, preventative care, and health education?"

Select which area(s)

Other

### Other Emphasis

If you selected "Other" emphasis, please define it here.

First Response Emergency Medical Care of the Sick and Injured

### Mission Statement

Enter your organization's mission statement.

The mission of the Tomball Fire Department is to serve the Tomball Community by protecting life, property and the environment.

### Description/Background

- Describe your organization including year founded, staff, volunteers (other than board members), purpose, core services, clients served annually by organization and major accomplishments.
- What is your organization's vision for the next five years?

The Tomball Volunteer Fire Department was founded in 1934, born out of a need to serve the citizens needs for safety and fire suppression. Over the years there have been many changes to the department, beginning in 2002 with the first part-time firefighters being hired. Over the course of the last 21 years the department has evolved into a full-time career fire department staffing a minimum of twelve firefighters per day overseen by one Battalion Chief. Overall the citizens of the City of Tomball and Harris County Emergency Services District 15 have 43 suppression, prevention, and administrative employees ready to protect life, property and the environment. Annually, the department responds to over 2500 calls for service in the 34 square miles that it protects. With the influx of development both inside and outside of the city we expect this number to rise by a minimum of 50% over the next 2 years. The vision of the fire department is to expand with the community's diverse and growing needs. With this vision it constantly allows the administrative staff to evaluate the department, city and extra territorial jurisdiction, weigh the risks and anticipate growth of not only the community, but the department as well.

### Total Annual Operating Budget

Please provide the total annual operating budget for your organization's current fiscal year.

\$6,454,450.00

## *Project Overview (from LOI)*

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### **Project Name\***

Cyano Kits

### **Amount Requested**

\$10,200.00

### **Total Project Budget**

\$10,200.00

### **New or Existing Project**

Please select if this is a new or existing project.

New

### **Project Start Date**

02/01/2024

### **Project End Date**

02/29/2024

### **Project Description**

If your project is split into multiple requests, please describe each request including the dollar amount per request.

This project is for the initial stock of much needed CyanoKits in the Fire Department. In modern construction, structure fires produce many different chemicals which are emitted within the smoke; one of the most dangerous being cyanide. The products of combustion are emitted not only while the fire is active, but after the fire has been extinguished by our personnel. These toxins are not only dangerous to our firefighters, but the victims of the fire as well. A victim of a structure fire is more likely to die from the toxins emitted in the smoke from the heat of the fire itself.

In the days of old, firefighters and paramedics were provided limited tools and treatment methods for fire victims and firefighters who had suffered from smoke inhalation. In December of 2008, god placed me, as firefighter, in the same room as 3 children, who had accidentally set their kitchen on fire. These 3 children gathered in a bedroom on the opposite side of the house from the kitchen, and were only affected by the smoke. All 3 unconscious children were found by myself and my crew, removed from the house and medical care began in the front yard. During transport they were each administered hydroxocobalamin, better known as a Cyanokit, which is injected via intravenous measures. In the short time from the house to the hospital, each of these children regained consciousness.

### Service Delivery Location

Where will services be delivered/provided? (e.g. at your organizations main office, within school district, within clients' homes, etc.)

These cyanokits will be distributed to all supervisor vehicles to ensure that there is always a kit at any scene in which a Tomball Firefighter responds to.

### Project Focus Area

Please select all focus areas that apply to your project.

- Children
- Health & Wellness
- Medical/Dental

### Other Focus Area

If you chose other above, please define it here.

### Goals and Expected Outcomes

Please list the goals and expected outcomes of this project. Include what positive results you anticipate to see in your clients and/or the community due to this program.

It is expected that any patient served by this medication will have an increased likelihood of survival.

## *Prior TRHF Funding (from LOI)*

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### Previous Funding

Has your organization ever received TRHF funding?

Yes

## *Prior TRHF Funding List (from LOI)*

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### Previous TRHF Funding Requests

Please list previous funding requests, year applied, approved or declined, and amount awarded if selected. State purpose of previous requests.

Year Requested	Approved/Declined	Amount Awarded	Project Name/Purpose


## *Additional Organization Information*

### **Board Roster\***

Please provide your most current board roster. Limit the information included to the person's name, number of years on board, city of residence, and officer positions (if applicable) for each board member. **e.g. John Garza, 5 years, Tomball, Secretary**

- Lori Klein Quinn, 9 Years, Tomball, Mayor
- John Ford, 5 Years, Tomball, Councilman Position 1
- Mark Stoll, 14 Years, Tomball, Councilman Position 2
- Dane Dunagin, 1 Year, Councilman Position 3
- Derek Townsend Sr., 14 Years, Councilman Position 4
- Randy Parr, 1 Year, Councilman Position 5

### **Board Chair Contact Info\***

Please provide the phone number for your organization's board chair. (e.g. 555-555-5555)  
281-351-5484

### **Board of Director Minutes\***

Please upload the minutes from your organization's most recent board meeting.  
MEET-Minutes-81cae99685b94506b86853286303f79c.pdf

### **Full Time Staff\***

Please indicate the total number of full time paid staff for the organization.  
44

### **Part Time Staff\***

Please indicate the total number of part time paid staff for the organization.  
18

## *Narrative Questions*

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Please review all questions before answering to avoid redundancy.

### **Problem or Need\***

- Describe the problem or need your funding request will address.

At this time the fire department does not carry the CyanoKits that are utilized in the event of a smoke inhalation incident with a firefighter or a citizen. This grant fund request would allow for the initial stock of these kits to be utilized by the department in the event of a firefighter or citizen fire victim.

### **People to be Served\***

- Describe the population to be served by this request and list the challenges to serving this population.

The population to be served by this grant funding request includes both firefighters and citizens who fall victim to a fire or the products of combustion.

### **Project Administration\***

Describe how you will operate/administer your project?

Once purchased the CyanoKits will be distributed to all apparatus and supervisor vehicles for use on scenes within the response jurisdiction of the Tomball Fire Department.

### **Project Outcomes\***

- Describe how you will track the outcomes of this project.

This project is for the initial stock of much needed CyanoKits in the Fire Department. In modern construction, structure fires produce many different chemicals which are emitted within the smoke; one of the most dangerous being cyanide. The products of combustion are emitted not only while the fire is active, but after the fire has been extinguished by our personnel. These toxins are not only dangerous to our firefighters, but the victims of the fire as well. A victim of a structure fire is more likely to die from the toxins emitted in the smoke from the heat of the fire itself.

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## *Financial Information*

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### **Audited Annual Financial Report\***

If your organization has an audited annual financial report, please upload here. If not, please explain.

FY 2021-2022 Annual Financial Report (PDF)\_202306061435198416.pdf

Please see the attachment.

### Fiscal Year Financial Statement\*

Please upload a copy of your last full fiscal year balance sheet and profit & loss statement as one pdf file. *Depending on the timing of your audit, your fiscal year financial statement may be the same as your audited financial statement. If your most current audited statement is older, then it is very important to attach your last fiscal year financial statement.*

Budget Report 08.31.2023.pdf

### Current Financial Statement\*

Please upload a copy of your most current balance sheet and profit & loss statement as one pdf file. *This will be a partial year financial statement.*

Budget Report 08.31.2023.pdf

### Financial Statement Explanation

Is there any additional explanation you would like to share regarding your financial statements? For example, your organization has a large budget surplus, but those funds are about to be used for a major facility upgrade.

The entire city financial statement is provided. Please focus on the Fire Department and ESD #15 budgets which can be found on pages 10 and 12 respectively.

### Project Budget\*

Please upload a copy of the project budget.

Cyanokit Prices - U.S. & International \_ PharmacyChecker.com.pdf

### Budget Narrative\*

Describe in detail how the funds will be used.

The attached prices reflect consumer purchases from local pharmacies. This project however, will utilize the government cooperative purchasing agreements in place with the City of Tomball to find the most economical solution for the grant funded purchase.

### Fees\*

Does your organization charge for any of the services related to this project?

No

## Supporting Documentation

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### IRS Form 990\*

Please upload your organization's most recent IRS Form 990. If there are any significant changes to the positive or negative in your funding sources since filing Form 990, please describe below.

IRS Determination letter and Notarized Statement.pdf Please see the attached statement.



### IRS Determination Letter\*

Please upload your organization's IRS determination letter certifying your tax exempt status.

IRS Determination letter and Notarized Statement.pdf

### Notarized Statement\*

Please upload a notarized statement affirming your organization is not a 509(a)(3) Type III supporting organization, signed by the board chair, executive director, or chief executive officer.

IRS Determination letter and Notarized Statement.pdf

### Tax Exempt Status Confirmation\*

Please upload a signed statement from your board chair, executive director, or chief executive officer certifying your IRS tax-exempt status has not changed and affirming that IRS Form 990 submitted is identical to the one submitted to the IRS.

2023 COT Tax Exempt Certificate.pdf

### Project Summary\*

Please upload a one-page executive summary of your project for review by the TRHF Board of Directors.

Executive Summary - CyanoKits.docx

### Optional Attachments

Please attach any letters of support, Memoranda of Understanding (strongly encouraged for collaborative programs/projects), or other supporting documents here. *\*If you have multiple documents, they will need to be combined into a single file before uploading.*

## Submission Information

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#### End of form information:

- **Note: Once you submit your application, you cannot edit the form. Please review your answers before submitting.** You can click **Save Application** if you need time to review.
- Once submitted, applications will be reviewed, and you will be contacted with any questions.
- You'll be notified early **December 2023** whether your project has been approved for funding.

After you submit this application, please check your email for the submission confirmation.

## File Attachment Summary

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### *Applicant File Uploads*

- MEET-Minutes-81cae99685b94506b86853286303f79c.pdf
- FY 2021-2022 Annual Financial Report (PDF)\_202306061435198416.pdf
- Budget Report 08.31.2023.pdf
- Budget Report 08.31.2023.pdf
- Cyanokit Prices - U.S. & International \_ PharmacyChecker.com.pdf
- IRS Determination letter and Notarized Statement.pdf
- IRS Determination letter and Notarized Statement.pdf
- IRS Determination letter and Notarized Statement.pdf
- 2023 COT Tax Exempt Certificate.pdf
- Executive Summary - CyanoKits.docx