

**North Region EMS & Trauma Care Council**

**2021-2022 Grant Application Packet**

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**Grant Timeline**

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| July 1st, 2021 | Grant Application Period Opens |
| July-October | **Grant Applications are submitted to the Local Councils from July 2021-October 2021.** |
| Local Councils will review and assess applications according to the Regional Council approved criteria and make recommendations to the Regional Council. Local Councils may set their own deadline for review. |
| **October 25th, 2021** | Applications are due to the Regional Council in preparation for the Council meeting on November 4th, 2021. Local EMS offices will forward applications electronically to [Martina@northregionems.com](mailto:Martina@northregionems.com) |
| November 4th, 2021 | Regional Council reviews applications for funding. Award letters are signed, and recipients notified via email. |
| June 1st, 2022 | Reimbursement request and report due to Regional Council office by 5pm. |

**Mailing Information**

**Please send your application to your Local EMS Council Office listed below:**

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| **Island County EMS Council**  **Attn: Rusty Palmer**  **chief@swfe.org**  5535 Cameron Road  Freeland, WA 98249 | **San Juan EMS Council**  **Attn: Lainey Volk**  **lvolk@sanjuanems.org**  P.O. Box 2178  Friday Harbor, WA 98250 |
| **Skagit EMS**  **Attn: Freya Peebles**  **freyaxp@co.skagit.wa.us**  2911 East College Way, Ste. C  Mount Vernon, WA 98273 | **Snohomish Council EMS**  **Attn: Kelly Fox**  **Kelly.fox@snocountyems.org**  **PO Box 214,**  **Marysville, WA 98270** |
| **Whatcom County EMS Council**  **Attn: Andrea Doll**  **Andrea@whatcomcountyems.com**  1212 Indian St/ PO Box 5125  Bellingham, WA 98227 |  |

*If you are unsure of what Local EMS Council you belong to, please contact the Regional EMS office by email:* [*martina@northreigonems.com*](mailto:martina@northreigonems.com) *or by phone: 360-708-2454.*

**Guidelines and Application Instructions**

According to RCW 70.168.130 (1) and (2), the State Department of Health provides disbursement of funds to regional emergency medical services and trauma care councils. *~Part of the funds budgeted by the North Region EMS & Trauma Care Council are for an Annual Community Based Training (CBT) Grant.*

Grants are awarded to Prehospital Agencies, within the North Region, for the purpose of assisting the provision and support of community-based prehospital education as part of the regional EMS and Trauma System. This year grants will also be award to applications that enhance existing quality of prehospital EMS activities or services, decrease patient mortality and morbidity; or expand the extent, size or number of existing prehospital activities or services

In an effort to best serve the most EMS Providers, grants are awarded based on need and benefit to the Region. Applicants may choose to coordinate the training through their County EMS Council or their Agency. The intent is that the Regional Council will provide the opportunity for individual agencies to voice their need and apply for funding support.

This year, grants will be reviewed according to the Regional Council’s Grant Criteria and based on the overall benefit to the Region. Depending on the number of and types of requests in these grant submissions, the Regional Council may fund different amounts per county. Future funding will likely be tied to participation in the Regional Council.

**Information about the grant application**:

**Eligible applicants**:

Local EMS Agencies and Trauma Designated Facilities in the North Region.

**Deadline:**

Your application must be received by your local EMS before their designated review deadline date. You may submit your application by email. No faxed applications will be accepted.

**Available funds**:

There will up to $40,000.00 available to fund local EMS projects or training.

**Project period**:

July 1, 2021 – June 30, 2022

(All charges occurring within FY21-22 may be submitted if you have been awarded the grant)

**Reimbursement Requirements:**

You may submit expenses and equipment purchases consistent with your grant from July 1st, 2021, until June 1st, 2022. Please submit your reimbursement invoice in one package (all at once) to avoid any confusion or missed invoices, and clearly state what Hospital or EMS Agency the reimbursement check is to be made to.

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| **North Region EMS & Trauma Care Council**  **Community Based Training Grant Application** | | | |
| **Application must be submitted and reviewed by your Local EMS Council Office.** | • Applications must be evaluated by your Local EMS Council to be eligible. Your local council may have a more specific deadline. Late or incomplete applications will not be accepted.  • **Answer all questions** *in the spaces and format provided.* **Do not use smaller than 10 point type**.  • Signature of the applicant and/or authorized representative is required.  • Submit **support materials behind the application** (brochures, references, samples, equipment descriptions, etc.). | | |
| **1. Contact**  **Information** | Organization: [Type text] | | |
| Primary Contact: [Type text] | | |
| Address: [Type text] | | |
| City: [Type text] | | Phone: [Type text] |
| Zip: [Type text] | | Fax: [Type text] |
| E-mail: [Type text] | | Website: [Type text] |
| Federal Tax ID#: [Type text] | | |
| Fiscal Year End Date: [Type text] | | |
| County: [Type text] | | |
| **2. Summary** | Project/Equipment/Grant Title: [Type text] | | |
| **Short Description (Limit 5 Lines):** [Type text] | | | |
| **Project Budget: $** [Type text] | | **Amount Requested: $** [Type text] | |
| **3. Detailed Description:** Explain the proposal/activity/project/training and how it benefits the North Region. How will you spend the money?What do you plan to do? When? Where? Include specific information regarding cost, dates, location, and activities, as well as general information regarding the content and significance of the proposal. | | | |
| [Type text] | | | |
| **Detailed Description – *continued***  [Type text] | | | |
| **4. Summarize the Three Principal Objectives**: | | | |
| 1. [Type text] 2. [Type text] 3. [Type text] | | | |
| **5. Agency Information:** Describe the mission and/or goals of your organization. How does the proposed project relate to and enhance them? Why is the proposed funding request a priority at this time? | | | |
| [Type text] | | | |

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| **6. BUDGET: Expenditures and Income** | | | |
| **Description** | **North Region Grant** | **Matching/In-Kind**  **\*Include agencies providing support** | **Grand Total** |
| **Meetings/Events/Education**  (e.g. room rental, mileage, travel expenses) | [Type text] | [Type text] | [Type text] |
| **Equipment**  (e.g. safety devices, manikins, educational supplies & materials) | [Type text] | [Type text] | [Type text] |
| **Contractual Services**  (e.g. printing, postage, ads/media) | [Type text] | [Type text] | [Type text] |
| **Other Expenses**  (describe) | [Type text] | [Type text] | [Type text] |
| **Other Expenses**  (describe) | [Type text] | [Type text] | [Type text] |
| **Grand Totals** | [Type text] | [Type text] | [Type text] |
| **7. Budget Narrative:** Use this space to provide additional information about your budget and expenses. Is this a continuing project? If so, how will it be funded in the future? | | | |
| [Type text] | | | |
| **8. Signature:** The signatory declares that she/he is an authorized official of the applicant and is authorized to make this application. She/he will assure the funds received as a result of this application are used only for the purposes set forth herein. | | | |

Signature of Applicant or Authorized Signer Date

**Application Review Criteria**

Application will be reviewed for funding recommendation according to the following ranking criteria as listed in the Criteria Matrix. The Criteria Matrix is as follows:

1. Eligibility as a licensed EMS Provider in the North Region (licensed EMS providers, first responder organizations, injury prevention organizations, EMS training centers, academic institutions and others related to EMS).
2. Purpose- Does it improve the existing quality of prehospital EMS activities or services, decrease patient mortality and morbidity; or expand the extent, size or number of existing prehospital activities or services?
3. Does it provide for countywide or multiple agency application/participation?
4. Does the project include written, measurable, obtainable objectives?
5. The project is clearly described.
6. There is strong evidence that the project is responsive to the defined need and is service driven rather than agency driven.
7. The work plan is clearly identified/ defined.
8. There is strong indication the project is not replacing or unnecessarily duplicating existing equipment and is for only those items necessary to accomplish the objectives.
9. The budget is reasonable.
10. The project application, overall, is clear and complete.