

North Region EMS & Trauma Care Council Injury Prevention Mini Grant Application 2023- 2024

Background:

The North Region mini grants support the further develop of injury prevention programs that address the top three leading mechanisms of injury in the Region, in alignment with the goals of the Strategic Plan. Based on data provided by DOH from 2016-2020, the three leading causes of injury, hospitalizations and/or deaths are:

- **Poisonings** – specifically focusing on providing education regarding overdose/overuse of prescription medication by adults.
- **Falls**- specifically focusing on fall prevention in the elderly population.
- **Suicide Prevention**- specifically focusing on suicide prevention and firearm safety issues.

Applicant Eligibility:

All entities, including EMS and fire organizations, hospitals, health departments and law enforcement agencies are eligible to apply in the North Region five counties of Island, Skagit, San Juan, Snohomish and Whatcom.

Grant Award Consideration Criteria:

- Grant must be for a program that has not been previously funded by the North Region.
- Grant projects will be given most consideration which address any of the top three leading causes of injury, hospitalizations and/or death in the North Region, which is consistent with our strategic plan and current data.
 - Fall Prevention
 - Poisonings/ Overdoses- narcotics/opioids / prescription medications misuse
 - Suicide Prevention/ firearm safety
- Grants **MUST** have partnering agencies
 - Local Falls Prevention Coalition
 - Hospital
 - Health district
 - Fire/EMS agency
 - Tribal Government
 - Other non-profit organizations
- Mini Grant awards funded up to \$600

Important Dates:

Application Deadline: November 10, 2023 **Grant Award Decisions:** November 16, 2023 **End of Grant Summaries Due:** June 1, 2024

Submit Grant Application via email to: nadja@northregionems.com Phone: [360-708-2454](tel:360-708-2454)

A confirmation email will be sent upon receipt of application.

DISCLAIMER:

Applications will be reviewed and approved by majority vote of the NREMS Injury Prevention Committee and at the discretion of the Regional Council.

North Region EMS & Trauma Care Council Injury Prevention Grant Application 2023-2024

Contact Information

Name of Applicant			
Applicant Agency			
Email Address		Telephone:	
Street Address			
City, State Zip Code			

Project Name:

Amount Requested:

Matching Funds:

Partnering Agencies: (Please complete all requested information as we will contact the agency to verify partnership)

1. Agency Name

Contact Person Name [Type text]

Contact Person Phone [Type text]

Contact Person Email [Type text]

2. Agency Name [Type text]

Contact Person Name [Type text]

Contact Person Phone [Type text]

Contact Person Email [Type text]

3. Agency Name [Type text]

Contact Person Name [Type text]

Contact Person Phone [Type text]

Contact Person Email [Type text]

Project Summary:

Briefly describe the problem (include any pertinent local data, state data or other statistics that support your project)

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Project Description:

Briefly state your overall goal (*Example: The goal of this project is to educate families on the WA state law “under 13 in the back seat”*)

State how you plan to meet the overall goal: (3 objectives required; should be specific, measurable, attainable, realistic and time based)

Objective Example: Determine the number of children inappropriately riding in the front seat.

Strategy/Tasks Example: Observational study of elementary school children being dropped off by parent/caregiver.

Objective 1: training

Strategies/tasks to reach objective:

1. [Type text]
2. [Type text]
3. [Type text]

Objective 2: public education

Strategies/tasks to reach objective:

1. [Type text]
2. [Type text]
3. [Type text]

Objective 3: operations

Strategies/tasks to reach objective:

1. [Type text]
2. [Type text]
3. [Type text]

Project Evaluation:

Describe how you will evaluate each of the above objectives for effectiveness.

Example: Upon follow up observation we will show a decrease of 10% riding inappropriately.

Objective 1:

Objective 2:

Objective 3:

How will you sustain this project after the mini-grant funding has ended:

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Description	North Region Mini-Grant	Matching/In-Kind <small>*Include agencies providing support</small>	Grand Total
Meetings/Events/Education (e.g. food, room rental, mileage, travel expenses)	[Type text]	[Type text]	[Type text]
Equipment (e.g. safety devices, 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]
Grand Totals	[Type text]	[Type text]	[Type text]

Statement of Understanding –

- I understand that this is a reimbursement grant; my agency/organization is responsible for all upfront expenses.
- I understand that my agency/organization is responsible for all costs not covered by the awarded amount.
- I understand that I am responsible for submitting all of the required documentation prior to the funds being released to my organization/agency. **Required documentation can be found on the following page (s).*

Applicant Full Name (first, initial, last):

Date Application Submitted:

Applicant Initials: (indicates that you agree to the above understanding):

2023-2024 North Region Injury Prevention Grant Summary

Due Dates: Grant summary and receipts for reimbursement are due in the North Region office no later than June 1st, 2024.

Submission Information:

Attn: IP Mini-Grant Administrator **Email:** Nadja@northregionems.com **Phone:** 360-708-2454

<p>Project Summary: Briefly describe your project experience. Include successes, challenges and future plans associated with the grant.</p>
<p>Objectives: Briefly state how you met your overall goals using the objectives stated in your application.</p> <p>Objective 1: [Type text] [Type text]</p> <p>Objective 2: [Type text] [Type text]</p> <p>Objective 3: [Type text] [Type text]</p>
<p>Project Evaluation: Briefly describe the outcome of your evaluation using the objectives stated in your application.</p> <p>Objective 1: [Type text] Objective 2: [Type text] Objective 3: [Type text]</p>

Budget			
Description	North Region Mini-Grant (actual cost/dollar amount)	Matching/In-Kind (actual cost/dollar amount)	Total
Meetings/Events/Education [Type text]	[Type text]	[Type text]	[Type text]
Equipment [Type text]	[Type text]	[Type text]	[Type text]
Contractual Services [Type text]	[Type text]	[Type text]	[Type text]
Other expenses [Type text]	[Type text]	[Type text]	[Type text]
Grand Totals	[Type text]	[Type text]	[Type text]

Please attach any Receipts/invoices as they are required for reimbursement.

Applicant Full Name (first, initial, last): [Type text]

Date Summary Submitted: [Type text]