**North Region EMS & Trauma Care Council
Injury Prevention Grant Application
2020-2021**

**Background:**According to the CDC, the total estimated lifetime medical and work loss costs associated with fatal and non-fatal injuries in the United States was $671 billion in 2013. More than 3 million people are hospitalized, 27 million people are treated in emergency departments and released, and over 192,000 die as a result of violence and unintentional injuries each year. To aid in injury prevention efforts, the North Region EMS & Trauma Care Council (NREMS) is providing funding for community-based injury prevention projects.

**Applicant Eligibility:**

All entities, including EMS and fire organizations, hospitals, health departments and law enforcement agencies are eligible to apply.

**Grant Award Consideration Criteria:**

* Grant must be for a new program that has not been previously funded by the North Region.
* Grant priority will be given to our leading causes of injury & injury deaths in the North Region:
	+ Older Adult Falls
	+ Motor Vehicle Traffic/Pedestrian
	+ Overdose/ Unintentional Poisonings
	+ Suicides
	+ Drownings
	+ Fire/ Flames
	+ Violence/Assault
	+ Other special areas of injury prevention may be considered based on funding availability and Regional Council recommendation
* Grants that include a partnering agency will be given priority. Suggested partnering agencies:
	+ Local Safe Kids Coalition
	+ Local Falls Prevention Coalition
	+ Hospital
	+ Health district
	+ Fire/EMS agency
	+ Tribal Government
	+ Other non-profit organizations
	+ Area Agency on Aging
* Grant awards funded up to $1000.

**Important Dates:**

**Application Deadline**: October 12th, 2021

**Grant Award Decisions**: October 19th, 2021

**Summaries Due:** June 1st, 2022

**Submit Grant Application via email to:** martina@northregionems.com Phone: 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.

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| **North Region EMS & Trauma Care Council Injury Prevention Grant Application 2021-2022** |
| **Contact Information** |
| Name of Applicant | [Type text] |
| Applicant Agency | [Type text] | Tax ID:  | [Type text] |
| Email Address | [Type text] | Telephone: | [Type text]  |
| Street Address | [Type text] |
| City, State Zip Code | [Type text] |
| **Project Name:**  [Type text] |
| Amount Requested: [Type text]  |
| Matching Funds: [Type text] |
| **Partnering Agencies:** (Please complete all requested information as we will contact the agency to verify partnership)**1. Agency Name**  [Type text]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:** Strategies/tasks to reach objective:1. 2. 3.**Objective 2:** Strategies/tasks to reach objective:12. 3. **Objective 3:** Strategies/tasks to reach objective:1. 2. 3.  |
| **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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| **North Region EMS & Trauma Care Council Injury Prevention Grant Application 2020-2021** |

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| **Description** | **North Region Mini-Grant** | **Matching/In-Kind****\*Include agencies providing support** | **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):

**2021-2022 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, 2022.**

**Submission Information:**

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

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

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| **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]

**For Accounting Purposes please list the agency information/person being reimbursed for the funds:**

**Name and Address:** [Type text]