**North Region EMS & Trauma Care Council
Injury Prevention Grant Application
2014-2015**

**Background:**According to the CDC (2011) more people die from injuries each year than from any other cause. Injuries are the leading cause of death for people of all ages and cost more than $406 billion annually in medical care and lost productivity. 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:**

Mini-grant projects must focus on leading causes of injury or death in the North Region—Older Adult Falls, Motor Vehicle, Poisonings, and Fire/ Flames. Grant awards funded up to $1000.

**Important Dates:**

Application Deadline June 15, 2014 Grant Award Decisions June 30, 2014 Summaries Due June 1st, 2015

**Submit Grant Application via mail or email to:**

1130 E. Fairhaven Ave.

Burlington, WA 98233

or

Email: request@northregionems.com

Phone: 360-428-0404

**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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| **Contact Information** |
| Name of Applicant | [Type text] |
| Applicant Agency | [Type text] |
| Email Address | [Type text] | Telephone: | [Type text] |
| Street Address | [Type text] |
| City, State Zip Code | [Type text] |
| **North Region EMS & Trauma Care Council Injury Prevention Grant Application 2014-2015** |
| **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)[Type text] |
| **Target Population:** Specific age groups, male/female, ethnic group, etc.[Type text] |
| **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”)*[Type text] |
| **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:** [Type text]Strategies/tasks to reach objective:1. [Type text]2. [Type text]3. [Type text]**Objective 2:** [Type text]Strategies/tasks to reach objective:1. [Type text]2. [Type text]3. [Type text]**Objective 3:** [Type text]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: [Type text]Objective 2: [Type text]Objective 3: [Type text] |
| **How will you sustain this project after the mini-grant funding has ended:**[Type text] |
| **Budget** |
| **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] |

**North Region EMS & Trauma Care Council Injury Prevention Grant Application 2014-2015**

**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):** [Type text]

**Date Application Submitted:** [Type text]

**Applicant Initials:** (indicates that you agree to the above understanding): [Type text]



**2014-2015 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, 2015**.

**Submission Information:**

**Attn:** Heather Goding **Email:** request@northregionems.com **Fax:** 360-336-9236 **Phone:** 360-428-0404

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| **Project Summary:** Briefly describe your project experience. Include successes, challenges and future plans associated with the grant.[Type text] |
| **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]