



**Idaho EMS Bureau**  
 Idaho Department of Health and Welfare  
 P O Box 83720  
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**FISCAL YEAR 2008 TRAINING GRANT INSTRUCTIONS**

1. All EMS agencies licensed in Idaho are eligible to apply.
2. Applications will be eligible for consideration only if postmarked or hand delivered to the EMS Bureau no later than the end of the business day **September 24, 2007**.
3. Only one application will be accepted from each EMS agency licensed in Idaho.
4. Requests for up to 2 eligible courses with predetermined maximum dollar amounts will be considered for awards.
5. The Bureau encourages agencies to consolidate courses to maximize grant funding. (One agency may sponsor a course with six or more students and accept other agencies' students under the Tuition program. See below for benefit example.)

**Example:**

<b>Agency Sponsored Course Type</b>	<b>Maximum Request</b>	<b># Students</b>	<b>Potential Funding Total</b>	<b>Process</b>
EMT-B Initial	\$2500	8	<b>\$2500</b>	After completion of course, agency submits *course completion documentation to Bureau for reimbursement of award, \$2500.

<b>Agency Sponsored Course Type with Tuition Students</b>	<b>Maximum Request</b>	<b># Students</b>	<b>Potential Funding Total</b>	<b>Process</b>
EMT-B Initial	\$2500	8	<hr style="width: 20%; margin: 0 auto;"/> <b>\$3700</b>	After completion of course, sponsoring agency submits *course completion documentation to Bureau for reimbursement of award, \$2500.
<i>Tuition Students</i>	\$800	2		<ul style="list-style-type: none"> <li>▪ Sponsoring agency bills student's agencies for tuition, \$800 and \$400.</li> <li>▪ Tuition student agencies submit documentation (copy of sponsoring agency billing and proof of payment) to Bureau for reimbursement of awards, \$800 and \$400.</li> </ul>
<i>Tuition Student</i>	\$400	1		

**\*Required course completion documentation:**

- |                              |                               |
|------------------------------|-------------------------------|
| 1. "Beginning Course Roster" | 2. "Course Completion Record" |
| 3. Copy of Invoice(s)        | 4. Proof of payment           |

Award payments will be made to agency after course completion and receipt of supporting documentation.

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## I. AGENCY INFORMATION

- **Agency Name:** Enter your agency name as listed on your agency license.
- **EMS License #:** Enter the 4 digit EMS agency license number which the EMS Bureau has assigned to your agency.
- **Federal Tax ID #:** Enter your agency Federal Tax Identification Number (TIN). You may be asked to complete a *Request for Taxpayer Identification Number and Certification (W-9)* before payments can be made to your agency.
- **Primary Training Grant Contact:** Enter the name of the primary grant contact person for your agency. Correspondence will be addressed to this person at the agency address.
- **Grant Contact Phone #:** Enter the phone number for your agency's primary grant contact person.
- **Alternate # or Email:** Enter an alternate number for reaching your agency's primary grant contact person. (Cell phone number, pager number, e-mail address, etc.)
- **Agency Clinical Designation:** Enter the level of certification for your agency.
- **Annual Call Volume:** Enter the total number of EMS calls your agency received during the 2006 calendar year. List only the calls occurring in Idaho. Include all dispatches for EMS service including canceled and non-transport calls.

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## II. SIGNATURE

- **Authorized Signature:** The person authorized to sign this grant for your agency (i.e., Director, Agency President, CEO, etc.) should sign on the line indicated.
- **Name and Title of Signer:** Enter the printed name and title of the person who has signed the grant application.
- **Date:** Enter the date the application is signed.

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## III. TRAINING COURSE APPLICATION

Complete this section for initial and/or refresher training courses.

- Priority one (1) (most important) courses have been partially funded at approximately 70% of requested amount during the past two years; however, you may request grant assistance for two (2) eligible courses. This may be a combination of either course

expense to you as a sponsoring agency or tuition expense for students that are affiliating with your agency but training at another location.

- Eligible courses and related maximum amounts are listed on the application.

#### **For Six (6) or More Students**

**Course Requests:** If your agency anticipates six (6) or more students, you are eligible to apply for course funding. Eligible course expenses may include the following:

- **Personnel:** Wages for instructor(s) and/or guest lecturer(s).
- **Student Expenses:** Textbooks, workbooks, copies, disposable safety supplies, testing fees, certification fees and Criminal History Background Checks. Ineligible items include patient care equipment, diagnostic equipment and personal items.
- **Associated Expenses:** Facility rental, class insurance, office supplies, and travel expenses associated with course or testing.
- **Maximum \$ Available:**
  - **Course:** A course maximum is predetermined. At least six (6) students must be listed on the “Course Beginning Roster” for payment of this amount.
- **Priority:** You may choose any combination of up to two (2) course or tuition options. Prioritize your requests using “1” or “2”, with “1” being the highest priority. Use each number only once.
- **Number of Students:** Enter the number of anticipated students. For course funding, there must be a minimum of six (6) students on the "Course Beginning Roster". For an agency sponsored course with five (5) or less students on the “Course Beginning Roster”, we will apply per student rates (see Tuition rates).
- **Amount Requested:** Enter the total amount requested for each course request. The amount requested cannot exceed the maximum amount available for that course.

#### **For Less Than Six (6) Students**

**Tuition Expense:** If your agency anticipates less than six (6) students, apply for tuition expense.

- **Maximum \$ Available:**
  - **Tuition:** A “per student” amount is predetermined for up to five (5) students. If an agency chooses to host a course for less than six (6) students, or to send students to a class outside the agency, the tuition/per student maximum will apply.

- **Priority:** You may choose a combination of up to two (2) course or tuition options. Prioritize your requests using “1” and “2” with “1” being the highest priority. Use each number only once.
  - **Number of Students:** Enter the number of students. For tuition reimbursement, there must be five (5) or less students. If an agency has more than five (5) students, we will apply course maximums.
  - **Amount Requested:** Enter the total amount requested for each tuition expense request. This amount is the number of students times the per student maximum minus any available agency funds. The amount requested cannot exceed the course maximum.
- Total Amount Requested:** Add all course/tuition requests.
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#### **IV. TRAINING GRANT NARRATIVE:**

- Please complete a written narrative that explains anticipated benefit of training and justifies the need for training fund assistance.
- Include the following in your narrative(s) as appropriate:
  - a. The purpose of the request
  - b. The specific needs to be met with the grant
  - c. The expected outcome or service impact expected and information concerning current and anticipated agency staffing needs.
- A description of what other funding sources have been explored or used to generate funds to cover the training cost should also be included.
- Each separate course request requires a separate narrative page and should be titled by priority number for that course. (No more than two (2) requests will be considered.)
- The length of the narrative is to be no longer than one page per course request.

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#### **V. REIMBURSEMENT PROCESS**

- In order to be reimbursed after course completion, “Beginning Course Roster” and “Course Completion Record” forms, copy of the invoice(s) and proof of payment must be submitted to the EMS Bureau within 10 days of course completion.
- Proof of payment must be a copy of the check, front and back; copy of bank statement showing payment of check; or a vendor generated statement indicating received payment.
- The invoice(s) must justify award amount.