

IDAHO EMS BUREAU FY2009 DEDICATED GRANT FUND III APPLICATION INSTRUCTIONS

REGIONAL CONSULTANT REVIEW:

While it is not required, we strongly recommend your application be reviewed by your EMS Bureau Regional Consultant. Your Regional Consultant will answer questions and resolve discrepancies which could have an adverse effect on your application. Schedule an appointment well in advance of the application final due date, May 31, 2008, for this review.

PENDING EMS LICENSE CHANGE:

- Agencies that have submitted an application to the EMS Bureau to upgrade their level of licensure may request a vehicle(s) or equipment necessary to meet the requirements of that level. This upgrade must have Bureau approval by May 31, 2008.
- Agencies must be licensed and qualified by May 31, 2008 to be eligible for consideration.

WHO IS ELIGIBLE TO APPLY?

- Nonprofit or governmental agencies that hold a current EMS license issued by the state of Idaho may apply for the FY2009 Dedicated Grant Program.
- Nonprofit agencies must be currently registered with the Idaho Secretary of State and this will be verified by the Bureau. An attached copy of this current registration document will be helpful.
- Only one application will be accepted from each eligible licensed EMS agency.

WHAT MAY I APPLY FOR?

Applicants may apply for EMS vehicles and EMS equipment.

- Requested vehicles must be for emergency medical service only and appropriate for the agency level of licensure. Ambulance funding will only be awarded to licensed transport agencies. Non-transport agencies may request vehicles for medical rescue, rescue extrication and/or other related purposes.
- Requested equipment must be appropriate for the agency level of licensure and associated scope of practice.
- Adult and pediatric Epinephrine auto-injectors may be requested as an '*Equipment*' item if your agency has completed and returned the *Epinephrine Auto-Injector Program Licensure Agreement*.
- Other disposable patient care supplies and training equipment are not eligible.
- **Fire fighting equipment, snowmobiles, boats, ATVs, trailers, etc. will not be funded.**

WHEN IS THE APPLICATION DUE?

Applications will be eligible for consideration only if postmarked, hand delivered, or faxed to the EMS Bureau Central Office no later than the end of the business day, May 31, 2008.

A “Receipt of Mailing” or EMS Bureau “Receipt Acknowledgement” should be retained until EMS Bureau Central Office has confirmed receipt of application. This confirmation is shown on the EMS Bureau web-site: www.idahoems.org. The web site section for Dedicated Grants has a table for Dedicated Grant Applications showing the state region number, agency name, date application was received at Central Office, and application status (if any). *Example: 4 Boise Ambulance 5/20/08 Accepted*

Late applications will be excluded from consideration for an award.

WHAT NEEDS TO BE TURNED IN?

Submit the completed FY2009 Application and any applicable attachments as listed on *FY09 Dedicated Grant Application*, page 5.

Applicable attachments and information are required for the application to be considered complete.

WHAT INFORMATION IS REQUIRED ON THE APPLICATION?

The required information is listed on “*FY2009 Dedicated Grant Application*”, page 5.

The “Agency Information” section below provides detailed instructions regarding the information requested on the application. Please fill in all requested information as accurately as possible. Each answer you provide will contribute information to a predetermined data point system that will assess your overall score. Inaccurate or incomplete information could result in a lower score or even loss of grant consideration.

WHAT IF I HAVE QUESTIONS?

Please read the entire application and the instructions before meeting with your Regional Consultant to review the application. (See addresses and phone numbers on the enclosed EMS Bureau map.) If your question is time-sensitive and you cannot reach your Regional Consultant, please telephone the EMS Bureau Central Office at (208) 334-4000 for assistance.

I. AGENCY INFORMATION

Annual Call Volume:

- Enter the number of requests for EMS services in Idaho received by your agency during the year 2007. This information was also requested on your most recent Agency Re-licensure application.
- Enter the number of patients your agency transported during the year 2007.

Population:

- Residents: Enter the estimated number of individuals who have resided in your primary response area in Idaho for thirty (30) days or more. **Your local Chamber of Commerce may be a source for this information.**

- **Migrants:** Enter the estimated number of individuals in your primary response area in Idaho who earn 50% or more of their income in agriculture related work within a twelve (12) month period and who cannot return to their home base on a daily basis due to the distance involved. **Your local Labor Department or Chamber of Commerce office may be a source for this information.**
- **Tourists:** Enter the estimated number of individuals whose final destination is in your primary response area in Idaho. This is not the number of individuals traveling through your area, such as highway traffic. This number should be expressed as visitor days, which is the number of tourists per day who travel to or stay at a destination within your primary response area in Idaho. The total number of tourists should be recorded as an annual estimated number. **Your local Chamber of Commerce office may be a source for this information.**

Primary 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.

Contact Information:

- Enter the phone number for your agency’s primary grant contact person.
- Enter alternate method for reaching your agency’s primary grant contact person (cell phone, pager, e-mail address, fax, etc.).

Agency Tax Identification Number:

Enter the Federal Tax Identification Number for your agency. This number should be the same as the number listed on your *Agency Licensure Application*. Complete and return the enclosed *Request for Tax Identification and Certification*, W-9, form with your application.

II. FISCAL INFORMATION

From: Month – Year -- Through: Month – Year:

This section has disqualified several applications in the past because agencies have responded with information that was projected (past the final application date), the period is not for a full twelve (12) month period, the information is not the most current available, or is inaccurate or incomplete.

- Information in this section should cover the agency’s official financial data which includes both income and expenditures. If government entities (i.e., cities, counties) or taxing districts (i.e., ambulance, fire, hospital) maintain the official financial record for agencies, please use information from that source. Agencies maintaining small accounts separate from the official fiscal record should not report that information.
- Use the most recently completed twelve (12) month period, annual or fiscal, of financial information available for your agency. Do not use projected information.
- Enter the beginning month and year and the ending month and year used for that twelve (12) month period. (i.e., *Month: Jan. Year: 2007 Through: Dec. Year: 2007*)
- Use the same reporting period for both the ‘Income’ and ‘Expense’ tables. Information must be for a full twelve (12) month period and shall include all funds contributed to or expended on behalf of the agency even if the agency did not actually have possession of the funds.

- Funds entered as “Donations” or “On Hand” during the current reporting period designated for specific purposes should include a notation of explanation.

Income:

Enter the appropriate amount in each revenue category. Enter "0" if no funds are received from a specific category:

- Ambulance Taxing District: If your agency received funding from any ambulance-taxing district, enter that amount.
- Fire Taxing District: If your agency received funding from any fire-taxing district, enter that amount.
- Hospital Taxing District: If your agency received funding from any hospital-taxing district, enter that amount.
- General Fund: Enter the amount received from your city or county general fund.
- State Motor Vehicle Funds: Enter the amount received from the Idaho Motor Vehicle Registration fund. **(Your county clerk should have this information).**
- Grant Funds: Enter grant funds received. This should include EMS Dedicated and Training Grant funds and grants from other sources, such as Bureau of Homeland Security, Transportation Department, etc..
- Patient Billing: Enter the amount collected from patient billing.
- Donations / In Kind Contributions: Enter the amount received from donations and contributions. If these funds are for a specific purpose, enter an explanation.
- Cash on Hand: Enter the amount available at the end of the year being reported. If these funds are for a specific purpose, enter the explanation.
- Investment Income: Enter the income received from any investments, such as interest or dividends.
- Other: Enter and identify any other income amount not previously declared.
- Total: Enter the total income from the above column.

Expenses:

- Personnel: Enter the total amount of personnel related expenses.
- Operating: Enter the total amount of operating expenses.
- Capital: Enter the total amount of capital equipment or improvements.
- Other: Enter and identify any other expense from categories not listed above.
- Total: Enter the total expenses from the above column.

Fiscal Verification Contact:

- Enter the name of the person who maintains your financial information and can verify the information submitted on the application.
- Enter the phone number for this person.
- Enter an alternate means for reaching this person (cell phone, pager, e-mail address, fax, etc.).

III. EMERGENCY VEHICLE APPLICATION INFORMATION

Complete only if you are applying for vehicle grant funding. Vehicle must be appropriate for use as defined in agency license and used primarily for emergency medical service.

- Ambulance funding will only be awarded to agencies licensed to transport.
- Agencies that have submitted an application to the EMS Bureau to upgrade their level of licensure may request a vehicle necessary to meet the requirements of that level. EMS Bureau approval for the upgrade must be obtained by May 31, 2008.
- Non-transport vehicle requests must correspond to EMS related needs.

Vehicle(s) Requested Table

Complete the table listing the vehicle(s) you are applying for:

- **Priority:** If your agency is applying for more than one vehicle, enter each request. The first entry will be considered your first priority.
- **Make:** Enter the manufacturer name of the vehicle(s) chassis (*i.e., Ford, Dodge, etc.*).
- **Model:** Enter the model name of the vehicle(s).
- **Purpose:** Indicate what the requested vehicle(s) primary purpose will be from this list:
 - **Ambulance:** A vehicle designed to respond to the scene and transport patients by agencies licensed to do so.
 - **Medical Rescue:** A vehicle designed to respond to the scene of injury or illness, to carry personnel and equipment, but not intended to transport patients.
 - **Rescue Extrication:** A vehicle designed to respond to the scene of an emergency, to carry personnel and provide extrication or other rescue functions in addition to the provision of medical care, but not intended to transport patients.
- **Configuration:** Enter one of the following:
 - **Type I Ambulance:** Box ambulance mounted on a truck chassis.
 - **Type II Ambulance:** Raised roof van ambulance.
 - **Type III Ambulance:** Box ambulance mounted on a van chassis.
 - **Mini Mod Ambulance:** A modified minivan commonly used for transfers.
 - **Modified Truck:** A pickup or other truck configured to meet the purpose with items such as a service body.
 - **Modified SUV:** A sport utility vehicle configured to meet the purpose (*i.e., Suburban*).
 - **Modified Van:** A van configured to meet the purpose.
 - **Other:** For any other configuration, describe in the narrative section.
- **4x4:** If the vehicle(s) will have four-wheel drive capability, enter "Yes".
- **Base Price:** Enter the base price of the vehicle(s) based on the vendor's price quote.
 - Do not include the price(s) of radios and gurneys. Funding for vehicle radio and gurney will be added to the ambulance award. Funding for vehicle radio will be added to the non-transport vehicle award.
 - If four-wheel drive is included in the base price, be sure to indicate this.
- **\$ Request:** Enter the amount of funding requested for each vehicle. This amount should be the base price less any local available funds. If no local funds are available, the amount requested should be the same amount as the base price.

Total Number of Vehicles in Entire Fleet:

Enter the total number of licensed vehicles in your agency's entire fleet currently being used for emergency medical services. This should match the information included in your most recent agency licensure inspection.

Similar Vehicle(s) Currently in Use:

Complete the table listing all licensed vehicles similar in purpose to the one(s) being requested and currently in active use for the indicated purpose. This vehicle must be owned by the requesting agency. Refer to the category descriptions in the vehicle request table listed above.

- **Years of Use:** Enter the number of years this vehicle has been used for this purpose.
- **Mileage:** Enter the mileage of each similar vehicle as of the application date.
- **License #:** Enter the license number of each similar vehicle in your fleet.
- **VIN #:** Enter the vehicle identification number of each similar vehicle in your fleet.

Vehicle(s) to be Replaced:

Complete this table only if your agency plans to take a similar vehicle(s) out of service upon award of a new vehicle(s).

- Vehicles listed here should also be listed in the previous table.
- Vehicles designated as being replaced must be donated, sold, or reassigned to a different purpose (i.e., from transport ambulance to medical rescue, rescue extrication, etc.).
- A vehicle being replaced may not be considered in future applications, whether it is sold or donated to another agency or retained and reassigned to a different purpose.
- Documentation showing disposition of the replaced vehicle must be provided to the EMS Bureau within ninety (90) days of receipt of new vehicle.
- If the narrative form states the vehicle to be replaced is very unreliable or unsafe, it should not be sold, donated to another agency, or reassigned to a different purpose to be used for emergency medical services if a new vehicle is awarded.
- **Priority #:** Enter the corresponding priority number from the requested vehicle table.
- **Condition:** Enter the condition of the vehicle(s) to be replaced using one of these descriptions:
 - ***“Excellent”*** – The vehicle looks new, is in excellent mechanical condition and needs no reconditioning. This vehicle has never had any paint or body work and is free of rust. The vehicle has a clean title history and will pass a smog and safety inspection. The engine compartment is clean with no fluid leaks and is free of any wear or visible defects. The vehicle also has complete and verifiable service records.
 - ***“Good”*** – The vehicle is free of any major defects. This vehicle has a clean title history, the paint, body and interior have only minor (if any) blemishes, and there are no major mechanical problems. There should be little or no rust on this vehicle. The tires match and have substantial tread wear left. A “good” vehicle will need some reconditioning.
 - ***“Fair”*** – The vehicle has some mechanical or cosmetic defects and needs servicing but is still in reasonable running condition. This vehicle has a clean title history, the paint, body and/or interior need work performed by a professional. The tires may need to be replaced. There may be some repairable rust damage.
 - ***“Poor”*** – The vehicle has severe mechanical and/or cosmetic defects and is in poor running condition. The vehicle may have problems that cannot be readily fixed such as a damaged frame or a rusted through body. A vehicle with a branded title (salvage,

flood, etc.) or unsubstantiated mileage is considered “poor”. A vehicle in poor condition may require an independent appraiser to determine its value. The vehicle value in this category varies greatly.

- “*Very Poor*” – Vehicle is barely able to function and is generally deemed to be un-repairable. This vehicle should not be donated or sold to another EMS agency without major repairs or is considered safe for EMS use.
- Age: Enter the age in years since the vehicle was new or the most recent re-chassis date.
- License #: Enter the license number of the vehicle(s) your agency will replace if receiving an award for a new vehicle(s).

4x4 Needed:

Check one box for the percentage of responses on an annual basis which require four wheel drive capabilities to safely respond.

Photos of Vehicle(s) to be Replaced:

Send photos in electronic format (3/4 view from back and 3/4 view from front) of each vehicle. These may be sent to: thrasher@dhw.idaho.gov

Copy of Registration or Title to Vehicle which will be Replaced

County or City to be Named on New Vehicle Title:

- Enter the name of the county or city to be named on the title to the new vehicle(s), see Idaho Code 56-1018B. This governmental entity must have endorsed your application.
- Vehicles may not be purchased through a Lease agreement.

IV. EMS EQUIPMENT APPLICATION INFORMATION

Complete only if you are applying for equipment grant funding.

- Items requested must be appropriate to the agency level of licensure, training, and associated scope of practice.
- Disposable EMS supplies are not eligible except in the case of Epi-Pens for agencies enrolled in the Epi-Pen program (see page 1).
- **Specialized equipment such as snowmobiles, boats, ATVs, trailers, etc., will not be funded.**
- **Training and fire fighting equipment is not eligible.**

Equipment Requested:

- Priority: If your agency is applying for more than one equipment item, **enter each request on a separate line**. Enter the items by priority as indicated in the table.
- Description: Enter the name of the equipment item requested.
- Quantity: Each item that functions independently must be listed separately. Items that come in a set or work together to accomplish a single task (i.e., **extrication package**: hoses, tools, generator, etc.; **oxygen delivery**: O2 bottle & regulator; or **spinal immobilization**: backboard, spider straps & headbed) may be entered as ‘*I*’ [set].) Use total price of all necessary components.
- Purpose: Enter the purpose of the requested patient care equipment as one of the following categories:
 - **Airway Management**: any equipment associated with airway and breathing

- **Automatic External Defibrillator (AED):** for BLS and ILS agencies to be used for cardiac arrest patients
- **Cardiac Monitor/Defibrillator:** for ALS agencies only, to be used for defibrillation and monitoring of cardiac patients
- **Communications:** any communications equipment, such as radios, utilized for patient care purposes
- **Extrication:** any equipment designed to be used to extricate a patient
- **Patient Assessment:** any equipment associated with patient assessment
- **Patient Moving:** any equipment associated with patient moving
- **Safety:** any equipment used for a patient or provider or scene safety equipment
- **Spinal Immobilization:** any type of equipment designed to provide spinal immobilization
- **Splinting:** any equipment associated with extremity splinting
- **Vital Signs Monitoring:** any equipment associated with vital signs monitoring
- **Wound Care:** any equipment associated with wound care
- **Other:** state actual purpose in the narrative section of the application
- **Anticipated Use:** Enter an estimate of the number of times **annually** your agency anticipates patient conditions which will require the use of the equipment item being requested.
- **Time Per Use:** Enter the average number of **minutes** per call that the equipment would actually be in use per event.
- **Base Price:** Enter the base price per item based on the vendor's price quote.
- **\$ Request:** Enter the amount of funding requested for each item. This amount should be the base price less any local available funds. If no local funds are available, the amount requested should be the same as the base price.

Similar Equipment Currently in Use:

- **Description:** Enter each equipment item that you own that is similar in purpose to the item being requested.
- **Purpose:** Refer to categories in the "Purpose" list above.
- **Condition:** Enter the condition of the equipment using one of these descriptions:
 - *"Excellent"* - equipment looks new, is in excellent mechanical condition and needs no reconditioning
 - *"Good"* - equipment is free of any major defects
 - *"Fair"* - equipment has minor defects and may need some servicing but is still in reasonable condition
 - *"Poor"* - equipment has severe operating defects and may not be usable
 - *"Very Poor"* - equipment is not usable and should be disposed of. May have parts which could be used to service equipment in the above categories or be used for training purposes
- **Age:** Enter the age in years since equipment was new or reconditioned.
- **Distance:** Enter the distance in **miles** the equipment is from your response station. If you have the equipment on your vehicle, enter "0". If the equipment is available from another

source, such as another station or mutual aid agency, enter the number of miles it is from your response station.

- **Time:** Enter the time in **minutes** the equipment is from your response station. If you have the equipment on your vehicle, enter "0". If the equipment is available from another source, such as another station or mutual aid agency, enter the number of minutes it is from your response station.
- **Replace ?:** Indicate "Yes" or "No" if the similar equipment will be replaced if the requested item is awarded.
 - Equipment being replaced may not be considered in future applications whether it is sold or donated to another agency or reassigned to a different purpose (such as training)
 - If the narrative form states the equipment to be replaced is very unreliable or unsafe, it should not be sold or donated to another agency to be used for emergency medical services if new equipment is awarded

Follow the above instructions for each equipment item requested, in priority order.

Total Amount of Equipment Requested: Enter the total dollar amount of all requested items.

V. SIGNATURE

Authorized Signature:

The person authorized to sign for your agency on most recent *Agency Licensure Application* should sign on the line indicated.

Name and Title of Signer:

Enter the name and title of the person who has signed the grant application.

Date:

Enter the date the application is signed.

Required Attachments:

TIN Request for Taxpayer Identification Number and Certification (W-9)

Complete form and return with your agency application.

County and/or City Endorsement:

- Attach a letter of endorsement of your agency's application from a city or county in Idaho within your agency's primary response area.
- At least one endorsement is required to maintain grant eligibility.
- For maximum scoring points, a letter of endorsement from **all** cities and counties in Idaho within your agency's primary response area should be attached.
- The letter should be on official letterhead and signed by the county or city representative.
- Letter(s) should acknowledge need of item(s) requested and support the request.
- Letter(s) of endorsement from entities other than counties or cities will not count in the scoring process.

Price Quotes – Vehicle:

Attach a price quote for the vehicle(s) being requested. Price quotes should consist of, at a minimum:

- Vendor name and address,
- Date of the price quote,
- Description of vehicle showing make, model, configuration, and if it has 4x4 capability,
- Base price for a complete vehicle including delivery and modifications for it to be functional for the intended use. Do not include price of radio or gurney, and
- Description and price of all optional items to be included in vehicle package.

Photos of vehicle(s) to be replaced, if applicable:

Electronic photos showing 3/4 view from back and 3/4 view from front.

Send to: thrasher@dhw.idaho.gov

Copy of registration or title of vehicle to be replaced, if applicable.

Narrative of Need – Vehicle:

The written narrative requires two parts:

- The first part describes the need for the vehicle(s). This could include reference to specific events that justify your request and the expected patient care outcome or service impact your agency would expect to experience if an award is received. Explain how this outcome would be determined. If the request is a result of a change in agency operation, this should be detailed. Each separate vehicle request requires a separate narrative.
- The second part is a description of other funding sources and the outcome and availability of these funds. If applicable, describe the lack of available funds from other sources and description of what other funding sources have been explored or used to generate funds to purchase the vehicle(s).
- Each narrative is to be no longer than one page in length if computer generated or, if handwritten and necessary, use up to two pages. Use the supplied *Narrative Form* or similar format (make as many copies as needed).

Price Quotes – Equipment:

Attach a vendor price quote for each equipment item being requested. Price quotes should consist of, at a minimum:

- Vendor name and address,
- Description of equipment showing make and model,
- Description of any optional items to be included, and
- Base price including delivery.

Narrative of Need – Equipment:

Each separate equipment item request requires a separate narrative. The written narrative requires two parts:

- The first part describes the need for the equipment item(s). This could include reference to specific events that justify your request and the expected patient care outcome or service impact your agency would expect to experience if an award is received. Indicate how this outcome would be determined. If the request is a result of a change in agency operation, this should be detailed. If applicable, explain why the purpose of the requested equipment is indicated as ‘*Other*’ (page 7 of these instructions).

- The second part is a description of other funding sources and the outcome and availability of these funds. If applicable, describe the lack of available funds from other sources and description of what other funding sources have been explored or used to generate funds to purchase the equipment item(s).
- Each narrative is to be no longer than one page in length if computer generated or, if handwritten and necessary, use up to two pages. Use the supplied *Narrative Form* or similar format (make as many copies as needed).

Required Information:

- All **information** required for the ten (10) categories listed at the end of the application form must be supplied to maintain eligibility for this grant.
- Providing false or incomplete information on any application or document being submitted is grounds for declaring the applicant ineligible.
- Applications will be eligible for consideration only if postmarked or hand delivered to the EMS Bureau Central Office no later than the end of the business day **May 31, 2008**.
- Late applications will be excluded from consideration for any award.