

Bureau of Emergency Medical Services and Preparedness

EMS Vehicle and Equipment Grant Annual Report FY2020



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Bureau of Emergency Medical Services and Preparedness
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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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Executive Summary

Resulting from the 1999 Legislative session, the Bureau of Emergency Medical Services and Preparedness (hereafter referred to as “the Bureau”) was charged with the responsibility of distributing funds through the Emergency Medical Services (EMS) Account III Grant (Appendix A) to qualifying EMS agencies in the state of Idaho. These funds are collected from driver’s license fees. This grant program enables Idaho EMS agencies to acquire vehicles and patient care equipment for their communities that they might not have been able to afford otherwise.

To be eligible, EMS agencies must be either governmental or non-profit. Application information includes data points which, when evaluated and scored, give priority to agencies with larger proportions of volunteer personnel, larger response areas, and fewest existing resources. For FY2020, 81% of licensed EMS agencies were eligible to apply. From FY2016 – FY2020, forty ambulances and non-transport vehicles and nearly 1,000 pieces of equipment have been funded.

Background

In the late nineties, a conversation began in north central Idaho with local providers and state legislators addressing the need for EMS resources in rural areas. In 2000, the Idaho Legislature created the EMS Account III Grant, to provide vehicles and equipment for the use of EMS personnel in the performance of their duties. In 2001, the first grant funds were awarded to eligible Idaho EMS agencies.

The EMS Vehicle and Equipment grant is funded by a \$1 a year fee on each Idaho driver's license. To qualify, an agency must:

- Be a non-profit or governmental entity
- Hold a current license as an ambulance or non-transport service issued by the state of Idaho
- Demonstrate a need based on criteria established by the Bureau
- Submit application, documents, and narratives by the deadline

Each year, grant applications (Appendix B) are made available January 1st to eligible Idaho EMS agencies and are due back to the Bureau by April 1st. Applicants receive notification of their application status by July 1st and all money is distributed to awardees by September 1st.

Scoring Criteria

Two information sources are used for calculations associated with the scoring process, the grant application and the current agency licensure information records. Each request is scored and assigned a numerical score. For both vehicles and equipment, greater weight is assigned to those conditions which indicate greater need (Appendix C, D, and E).

FY2016 – FY2020 Report Changes and Additions

After equipment and vehicle awards were dispersed for the FY2019 grant cycle, the Idaho Legislature approved an additional \$300,000 budget appropriation. The additional spending authority allowed the release of existing funds to provide additional vehicle and equipment awards. Elmore County Ambulance, Lewiston Fire Department, and Syringa General Hospital Ambulance were recipients of awards attributed to the additional appropriation.

Due to changes in reporting and scoring methodology, previous reports may vary when compared to the current year. In order to minimize potential data reporting errors and to streamline naming conventions, the FY2016-FY2020 will reflect several changes in totals and will now include equipment figures for each fiscal year represented in the report.

Equipment data for each fiscal year was reviewed at great length and categories were determined based on recurring equipment type requests. The types of equipment could change from year to year due to item eligibility. For the current year's report, see the following page for each equipment category and the types of equipment that can be found in each.

Equipment figures for each fiscal year can be found on pages 15-17. The figures are comprised of actual equipment awards, the equipment category, the quantity awarded, and the monetary total for each equipment category. The quantity includes the actual number of pieces requested. For example, portable radios have been categorized under *Communication*; therefore, if an agency requested 10 portable radios and were awarded 10 portable radios, all 10 radios would be included in the total.

Table 1: Equipment Categories and Types

PATIENT TREATMENT	PATIENT MOVEMENT
<ul style="list-style-type: none"> • Splint/Splint Kit • Jump Kit • Transport Ventilator • Vital Signs Monitor • Pelvic Sling • Blood Glucose Meter • Pulse Oximeter • Stethoscope • Continuous Positive Airway Pressure (CPAP) • Equipment Bags • Triage Kit • Stop the Bleed Kit • Tourniquet • Suction Unit • Video Laryngoscope Kit • Oxygen Administration Kit 	<ul style="list-style-type: none"> • Gurney Load System • Upgrade Kit • Vacuum Immobilizer • Spine Board • Res-Q Trailer • Stair Chair • Stretcher • Bariatric Transfer Flat • Rescue Stretcher System
EXTRICATION	PERSONAL PROTECTIVE EQUIPMENT (PPE)
<ul style="list-style-type: none"> • Extrication Combi Package • Tools • Strut Kits • Edraulic Spreader • Extrication Pump • Stabilization Kit/Set • Batteries/Charger • Car Kit • Telescopic Ram Kit 	<ul style="list-style-type: none"> • Rescue PPE • Harness • Helmets • Coveralls • Vests • Boots • Pants • Jackets • Googles • Gloves • Hoods • Ice Rescue Package
Electrocardiogram (ECG)	OTHER
<ul style="list-style-type: none"> • ECG 	<ul style="list-style-type: none"> • Oxygen Cylinder • Thermal Imaging Camera • Vehicular Power Inverter • Scene Lighting • Light Box • Fire Extinguisher • Rearview Backing Camera • Liquid Suspension Retrofit • MME Battery Charger
Automated External Defibrillator (AED)	
<ul style="list-style-type: none"> • AED 	
CARDIAC MONITOR	
<ul style="list-style-type: none"> • Cardiac Monitor 	
MECHANICAL CPR DEVICE	
<ul style="list-style-type: none"> • Mechanical CPR Device 	
COMMUNICATION	
<ul style="list-style-type: none"> • Computer/Laptop • Pagers • Portable Radios • Mobile Router System 	

FY2016 – FY2020

For FY2020, of the 183 licensed agencies in Idaho, all but 16 were eligible to apply. Total vehicle and equipment grant funds for FY2020 was \$1,350,000. The total amount requested was \$3,079,589. The available grant funds were allocated 50% (\$675,000) for vehicle awards and the remaining 50% (\$675,000) for equipment awards. The difference between the total amount requested and the total amount awarded for vehicles and equipment was \$2,404,589.

Equipment requests totaled \$885,322 for the 2020 grant cycle. Awarded equipment funding totaled \$675,000. The difference between requests and awards totaled \$210,322. Seventy six percent of equipment requests were awarded and dispersed over 46 agencies. Equipment awards of power gurneys and load systems, portable radios, chest compression systems, monitor defibrillators, and mechanical CPR devices, consumed 86% of available equipment funds. The remaining 17% of equipment funds were available to award additional equipment requests.

Vehicle requests for the FY2020 grant cycle totaled \$2,194,267 and awards totaling \$675,000 were disbursed. The difference between requests and awards totaled \$1,519,267. Of the 19 agency vehicle requests, six agencies or 32% of vehicle requests were granted.

Ambulances generally cost more than medical rescue or extrication vehicles. Although a significant number of aging vehicles have been replaced during the 19 years of this grant program, there continues to be a significant need for emergency vehicle funding due to population growth, increased incident response, and the ever-rising cost of emergency vehicles.

The distribution of vehicle and equipment requests and awards are reported by year, from FY2016 – FY2020 (Table 2). Preceding Table 2, various figures, maps, and tables illustrate the following: vehicle requests and awards; equipment requests and awards; number and type of equipment items awarded; and monetary amounts requested and awarded per fiscal year.

Table 2. Distribution of Funds: FY2016 – FY2020

EMS Account III Grant Data	FY2016	FY2017	FY2018	FY2019	FY2020
Grant Requests for Vehicles and Equipment	\$2,947,140	\$2,818,614	\$2,944,434	\$3,059,690	\$3,079,589
Grants Awarded for Vehicles and Equipment	\$1,338,549	\$1,400,000	\$1,400,000	**\$1,700,000	\$1,350,000
# of Vehicles Requested	25	23	17	19	19
# of Vehicles Awarded	*11/9	9	7	7	6
Pieces (#) of Equipment Requested	168	354	378	437	263
Pieces (#) of Equipment Awarded	158	312	168	**221	126
# of Agencies Requesting Vehicles and Equipment	51	61	78	87	73
# of Agencies Awarded Funds for Vehicles and Equipment	47	55	63	69	52

*The fields highlighted in green indicate the number of vehicles awarded and actual awards after an award was declined or returned
 **The fields highlighted in yellow indicate a change in numbers previously reported due to the 2019 Legislative Session approving a \$300,000 budget supplemental. Elmore County Ambulance, Lewiston Fire Department, and Syringa General Hospital Ambulance were recipients of awards due to additional appropriation. The appropriation was approved during the legislative session and signed on March 28, 2019.

Figure 1. Five Year *Vehicle* Requests and Awards

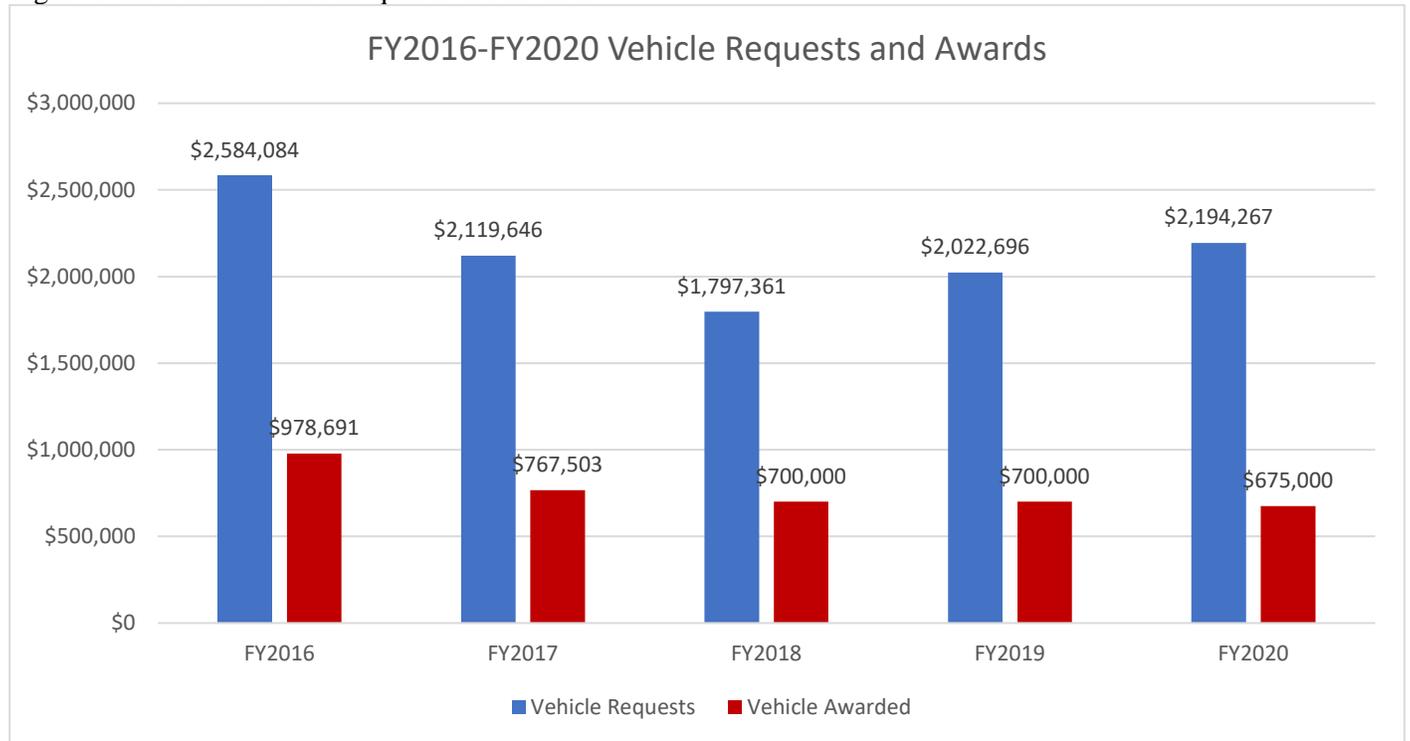
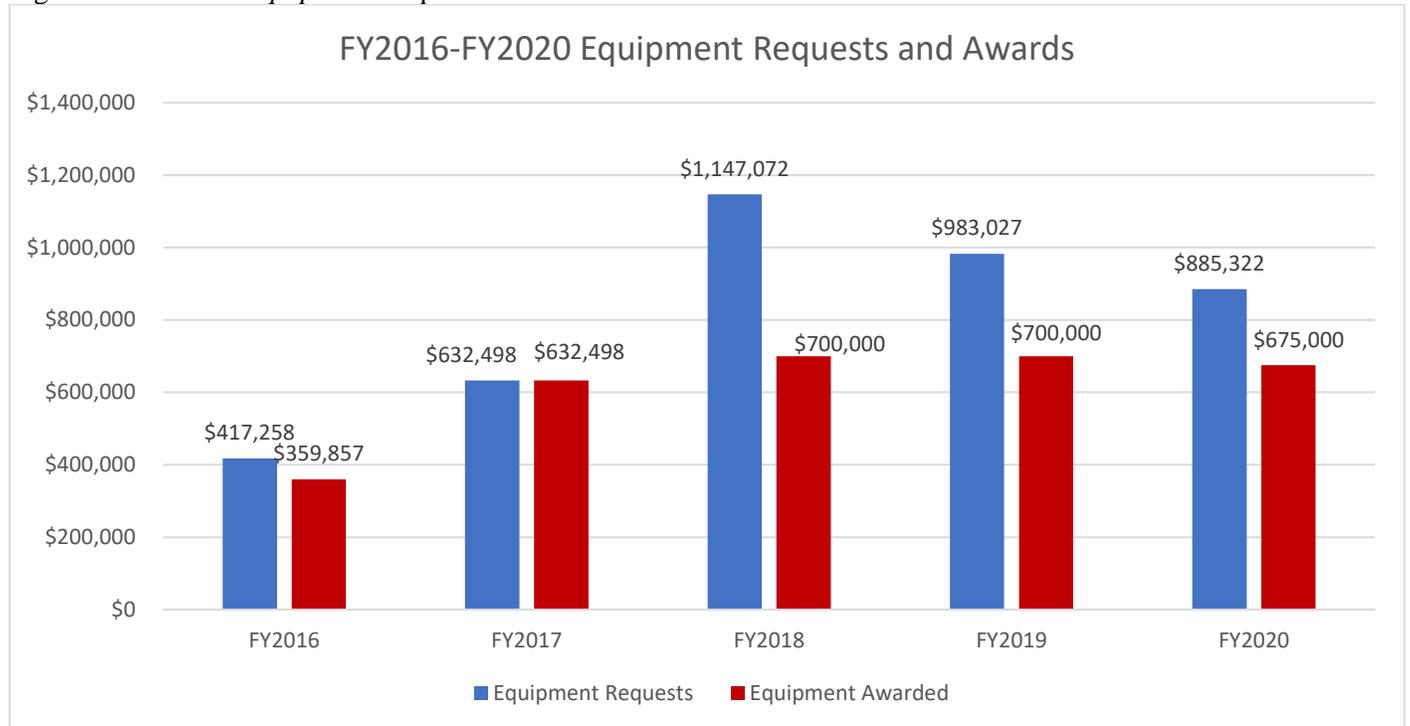


Figure 2. Five Year *Equipment* Requests and Awards



The following tables display vehicle requests and awards by county. Immediately following, state of Idaho maps for each fiscal year display the same information.

Table 3. FY2016 Vehicle Awards and Disbursement

FY2016			
County	EMS Agency Awarded	\$ Awarded and Disbursed	Type
Bannock	Bannock County Ambulance District <i>(Awarded, funded, and returned)</i>	\$70,000	Ambulance
Bear Lake	Bear Lake County Ambulance Service	\$117,000	Ambulance
Boise	Garden Valley Fire Protection District	\$113,500	Ambulance
Bonner	Northside Fire District	\$35,584	Medical Rescue
Bonner	Newport Ambulance	\$118,500	Ambulance
Gem	Gem County Emergency Medical Services	\$118,000	Ambulance
Latah	Deary Ambulance	\$122,000	Ambulance
Latah	Genessee Community Ambulance	\$122,000	Ambulance
Lewis	Kamiah Ambulance	\$114,500	Ambulance
Minidoka	Minidoka County Fire Protection District <i>(Awarded, funded, and returned)</i>	\$4,607	Medical Rescue
Washington	Weiser Ambulance District	\$113,000	Ambulance
Total		\$974,084	

Table 4. FY2017 Vehicle Awards and Disbursement

FY2017			
County	EMS Agency Awarded	\$ Awarded and Disbursed	Type
Adams	Council Valley Ambulance	\$68,422	Ambulance
Bannock	Bannock County Ambulance District	\$108,500	Ambulance
Blaine	Hailey Fire Department	\$38,581	Modified SUV
Boise	East Boise County Ambulance District	\$59,000	Modified Truck
Bonner	Clark Fork Valley Ambulance <i>(Awarded, funded, and returned)</i>	\$108,500	Ambulance
Caribou	Caribou County Emergency Medical Services	\$108,500	Ambulance
Elmore	Elmore County Ambulance	\$108,500	Ambulance
Minidoka	Minidoka County Fire Protection District	\$59,000	Modified Truck
Shoshone	Shoshone County EMS Corporation	\$108,500	Ambulance
Total		\$767,503	

Table 5. FY2018 Vehicle Awards and Disbursement

FY2018			
County	EMS Agency Awarded	\$ Awarded and Disbursed	Type
Bannock	Bannock County Ambulance District	\$125,000	Ambulance
Caribou	Caribou County Emergency Medical Services	\$125,000	Ambulance
Cassia	Declo QRU	\$52,830	Modified SUV
Franklin	Franklin County Ambulance Association	\$59,885	Modified Truck
Lemhi	Leadore EMTs, Inc.	\$125,00	Ambulance
Valley	McCall Fire and Emergency Medical Services	\$86,286	Ambulance
Washington	Weiser Ambulance District	\$125,000	Ambulance
	Total	\$700,000	

Table 6. FY2019 Vehicle Awards and Disbursement

FY2019			
County	EMS Agency Awarded	\$ Awarded and Disbursed	Type
Bannock	Bannock County Ambulance District	\$125,000	Ambulance
Bannock	Bannock County Sheriff's Search and Rescue	\$65,000	Modified Truck
Butte	Lost River EMT's	\$125,000	Ambulance
Caribou	Caribou County Emergency Medical Services	\$125,000	Ambulance
Clark	Clark County Ambulance	\$125,000	Ambulance
Franklin	Franklin County Ambulance Association	\$125,000	Ambulance
Idaho	Syringa General Hospital	\$125,000	Ambulance
Minidoka	Emergency Response Ambulance	\$125,000	Ambulance
Shoshone	Shoshone County Fire Protection District	\$10,000	Modified Truck
	Total	\$700,000	

Table 7. FY2020 Vehicle Awards and Disbursement

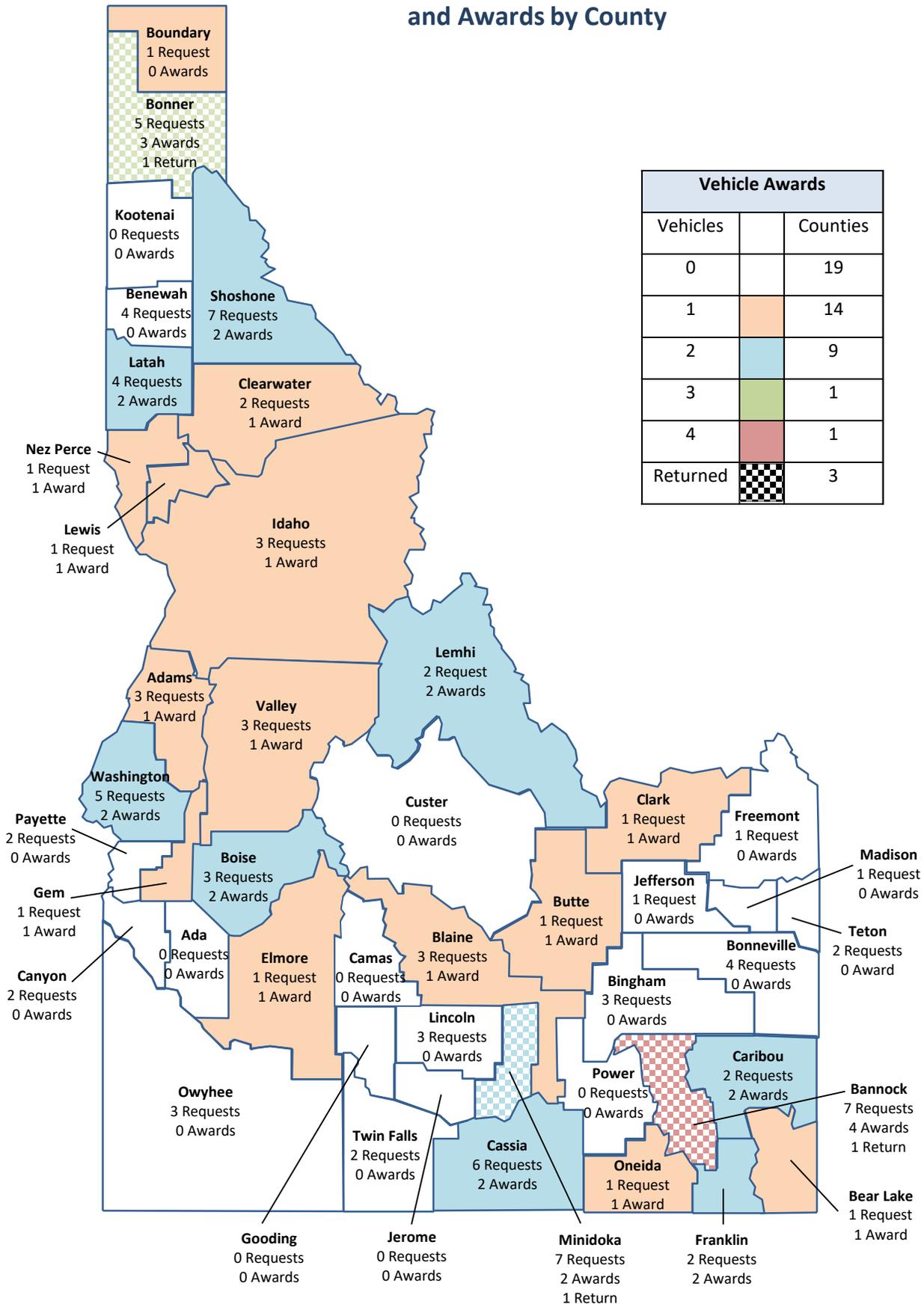
FY2020			
County	EMS Agency Awarded	\$ Awarded and Disbursed	Type
Cassia	Raft River Fire Protection District	\$125,000	Ambulance
Clearwater	Clearwater County Ambulance	\$110,733	Modified Truck
Idaho	Kooskia Ambulance	\$125,000	Ambulance
Lemhi	Salmon Advanced EMT's	\$125,000	Ambulance
Nez Perce	Culdesac QRU	\$64,267	Ambulance
Oneida	Oneida County Ambulance	\$125,000	Ambulance
	Total	\$675,000	

Table 8. FY2016-FY2020 Vehicle Requests and Awards by County

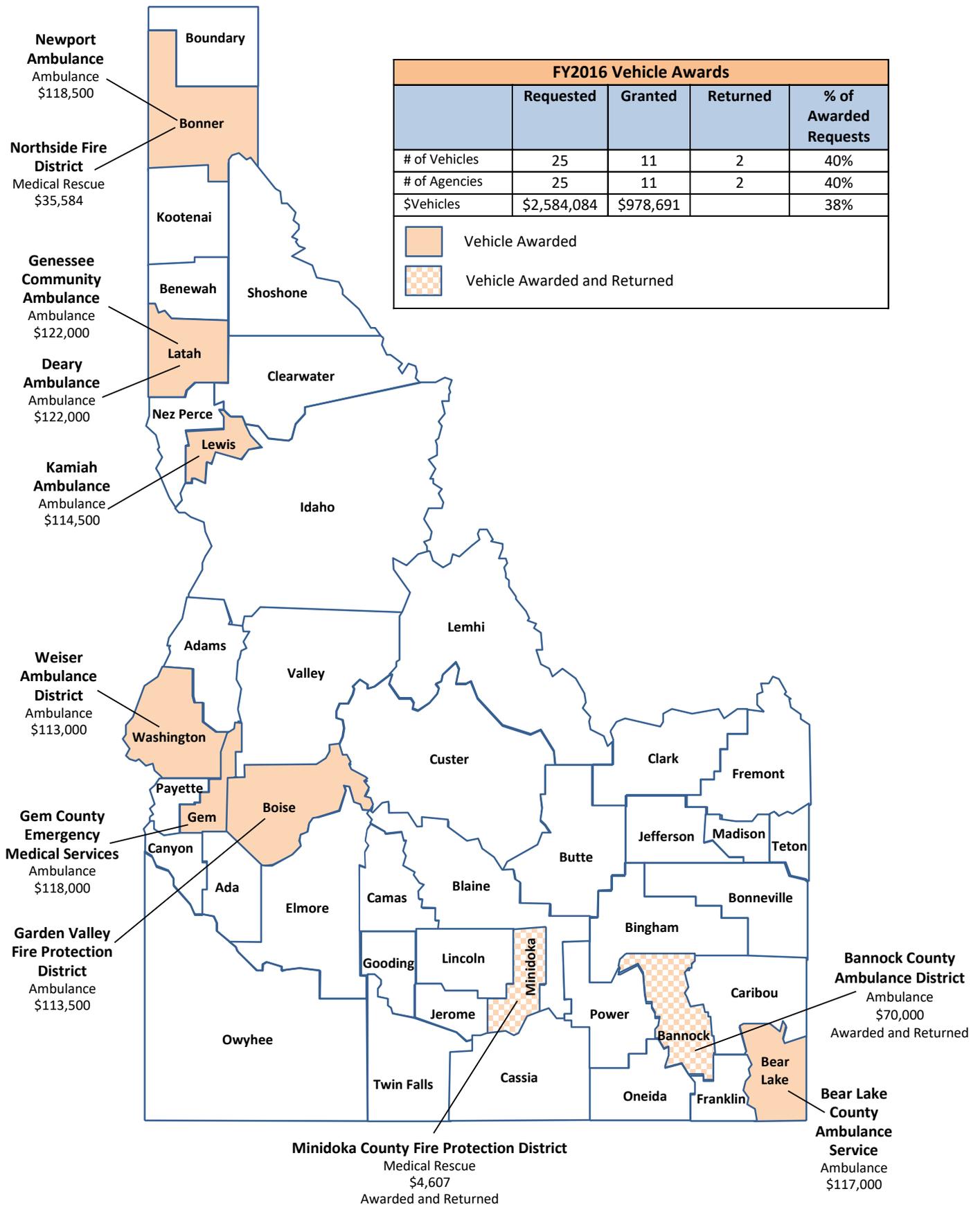
County	FY2016		FY2017		FY2018		FY2019		FY2020		County Total	
	Req	Awd	Req	Awd	Req	Awd	Req	Awd	Req	Awd	Req	Awd
Ada												
Adams			1	1			1		1		3	1
Bannock	1	1	1	1	2	1	2	2	1		7	5
Bear Lake	1	1									1	1
Benewah			2		1				1		4	
Bingham	1		1				1				3	
Blaine			1	1	1				1		3	1
Boise	1	1	1	1					1		3	2
Bonner	3	2	2	1	1						5	3
Bonneville	1		1				1		1		4	
Boundary	1										1	
Butte							1	1			1	1
Camas												
Canyon					1		1				2	
Caribou			1	1	1	1	1	1			3	3
Cassia			1		2	1	1		2	1	6	2
Clark							1	1			1	1
Clearwater							1		1	1	2	1
Custer												
Elmore			1	1							1	1
Franklin					1	1	1	1			2	2
Fremont			1								1	
Gem	1	1									1	1
Gooding												
Idaho	1						1	1	1	1	3	2
Jefferson									1		1	
Jerome												
Kootenai												
Latah	3	2	1								4	2
Lemhi					1	1			1	1	2	2
Lewis	1	1									1	1
Lincoln	1		1						1		3	
Madison					1						1	
Minidoka	2	1	2	1	1		2	1			7	3
Nez Perce									1	1	1	1
Oneida									1	1	1	1
Owyhee	1		1		1						3	
Payette	1						1				2	
Power												
Shoshone	1		2	1	1		2	1	1		7	2
Teton	1		1								2	
Twin Falls	1								1		2	
Valley	1				1	1			1		3	1
Washington	1	1	1		1	1	1		1		5	2
Total	25	11/9	23	9	17	7	19	7/9	19	6	103	42/40

*Red field=vehicle awarded and returned; Green field=Supplemental funding increased original award numbers; and Yellow field=County with an award, Return, and recipient of an award due to supplemental funding

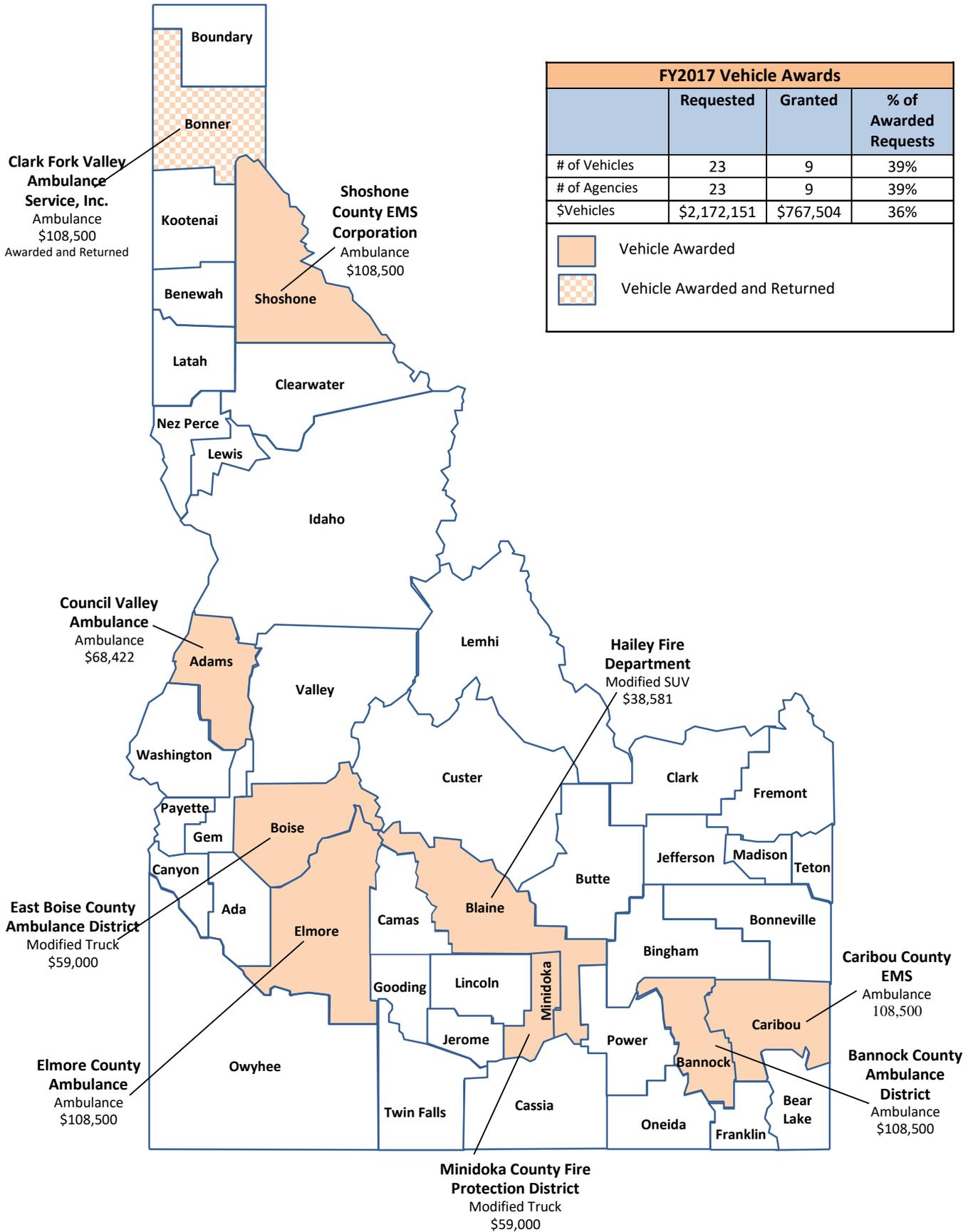
FY2016-FY2020 Vehicle Requests and Awards by County



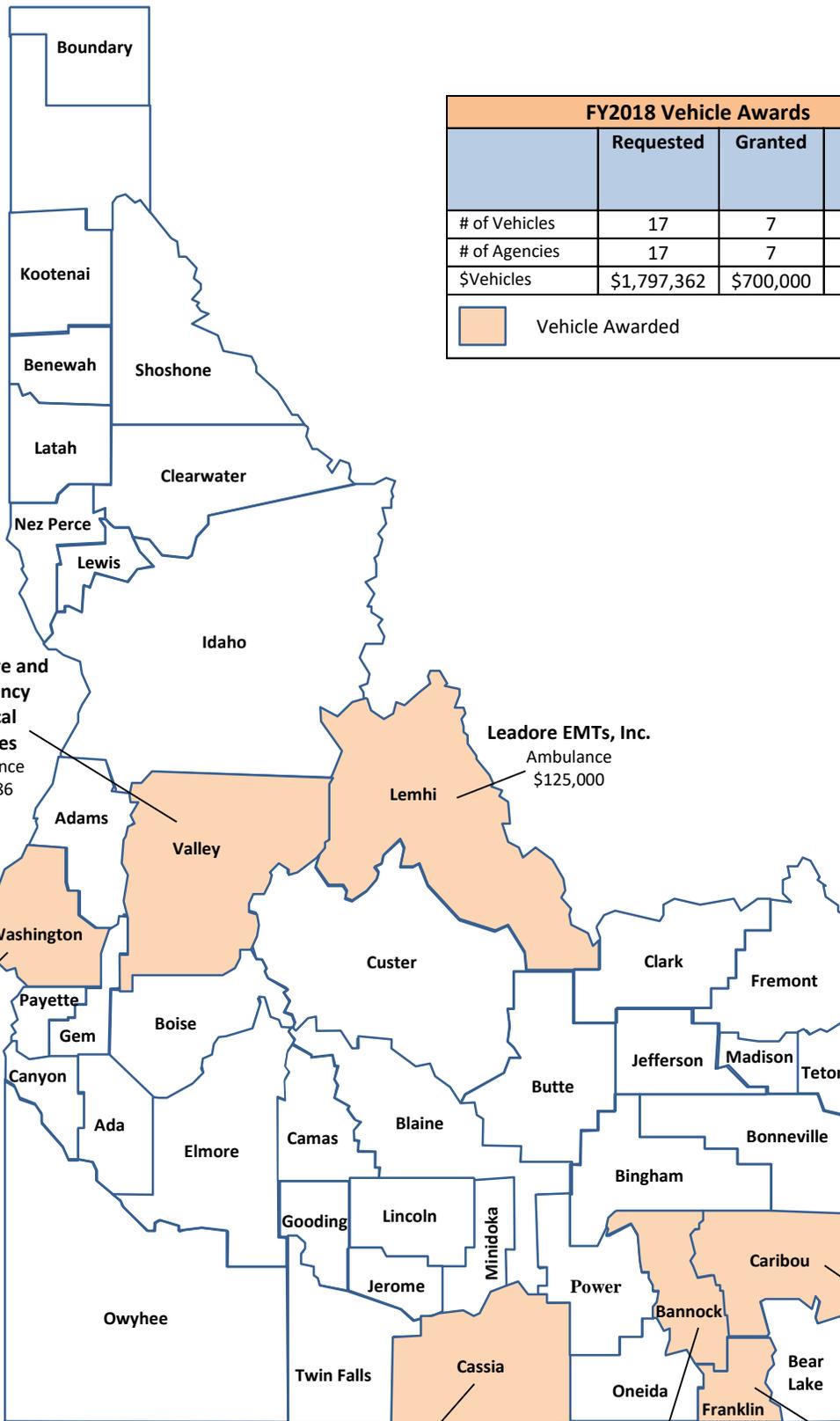
FY2016 Vehicle Awards



FY2017 Vehicle Awards



FY2018 Vehicle Awards



FY2018 Vehicle Awards			
	Requested	Granted	% of Awarded Requests
# of Vehicles	17	7	41%
# of Agencies	17	7	41%
\$Vehicles	\$1,797,362	\$700,000	39%

Vehicle Awarded

McCall Fire and Emergency Medical Services
Ambulance
\$86,286

Leadore EMTs, Inc.
Ambulance
\$125,000

Weiser Ambulance District
Ambulance
\$125,000

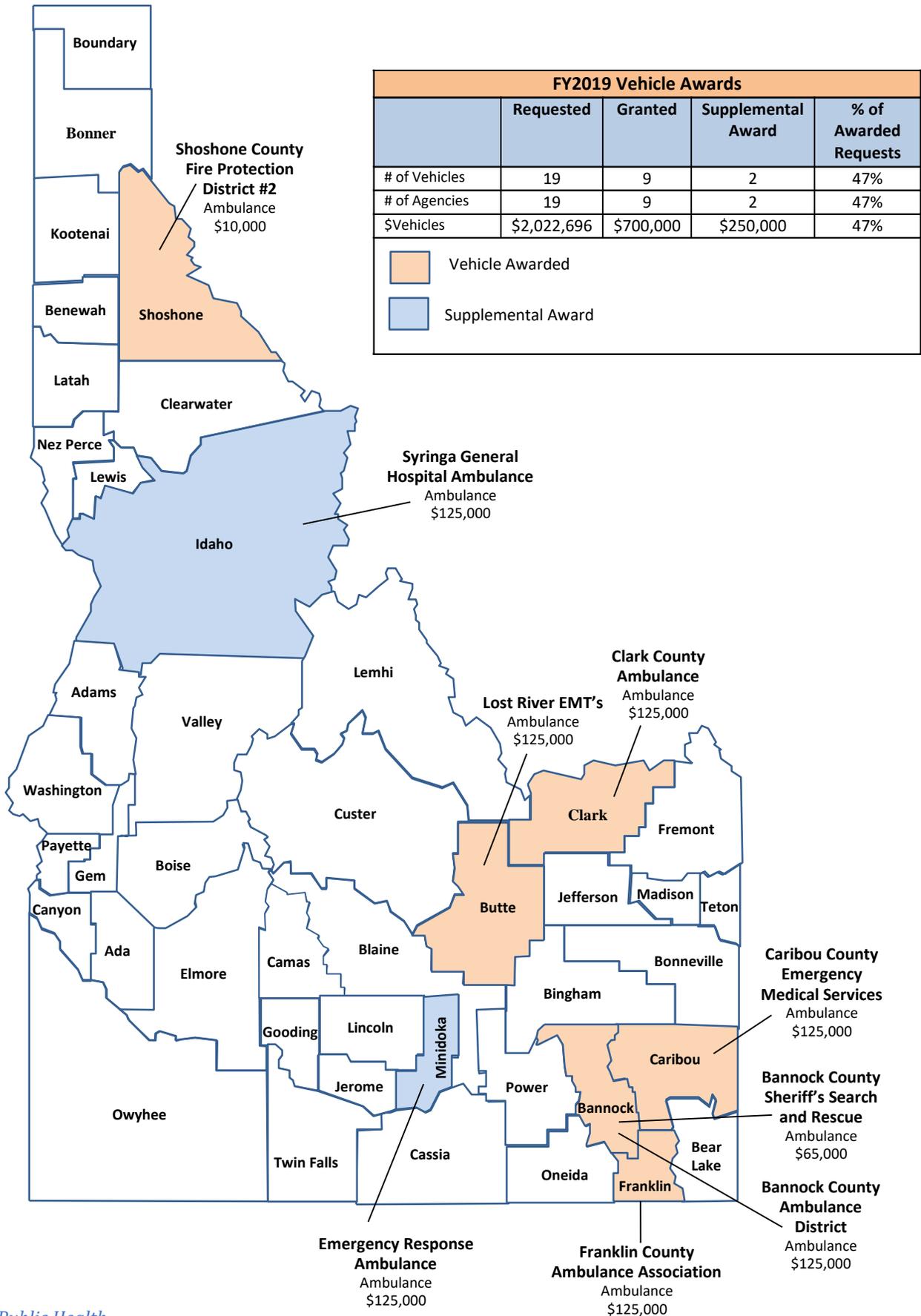
Declo QRU
Modified SUV
\$52,830

Bannock County Ambulance District
Ambulance
\$125,000

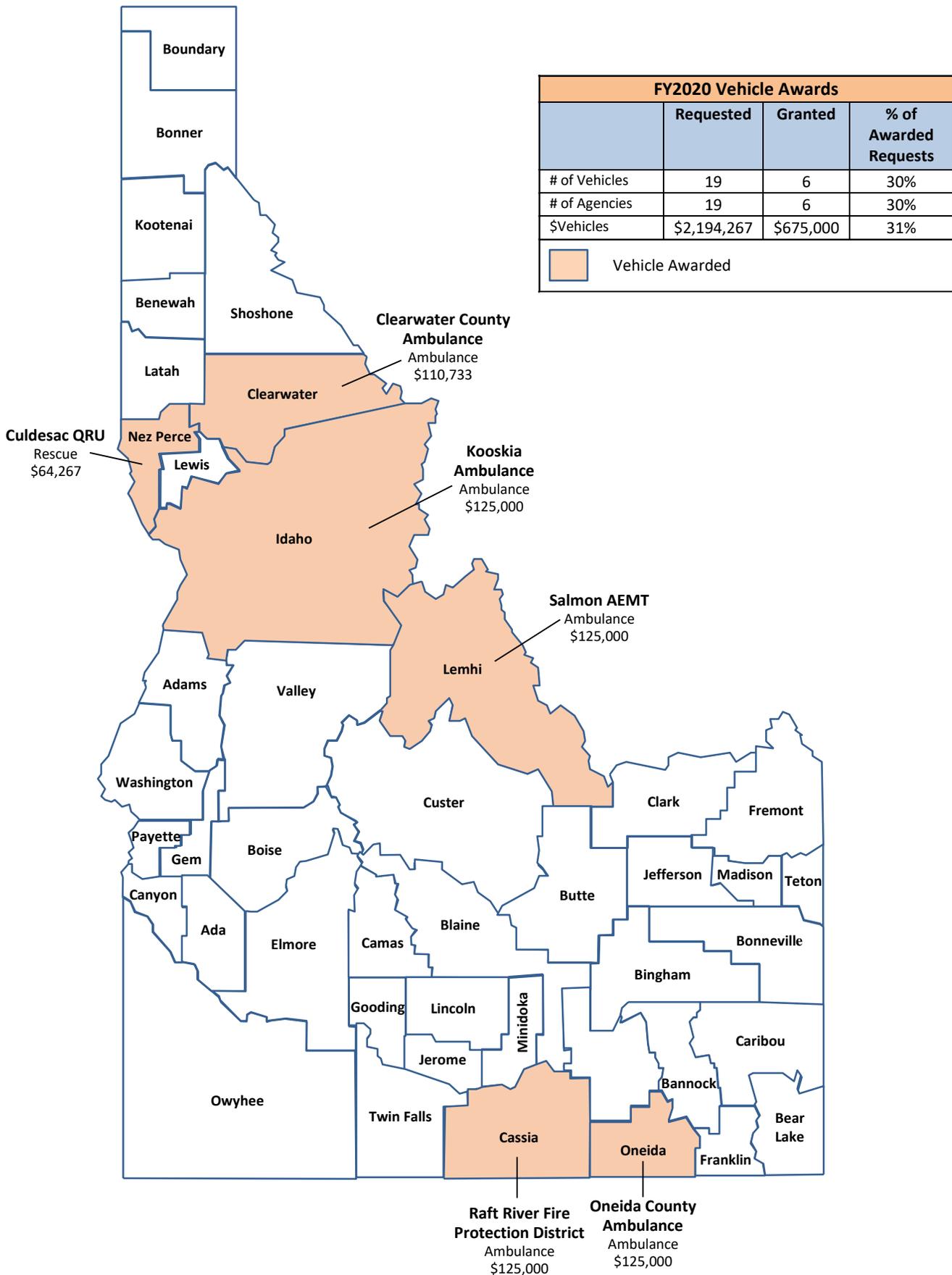
Caribou County Emergency Medical Services
Ambulance
\$125,000

Franklin County Ambulance Association
Modified Truck
\$59,885

FY2019 Vehicle Awards



FY2020 Vehicle Awards



Equipment Funds Awarded by Category and Quantity

Requested equipment must be appropriate based on clinical level of license types and associated scope of practice as approved by the Idaho EMS Physician Commission. A group of identical equipment items may be requested but awards are dependent on the number of licensed personnel and compliant with local systems. For example, portable radios fall under the *Communication* equipment category, but the radios must be compliant with the local emergency communication system.

As stated previously, equipment figures have been added to the FY2016 – FY2020 grant report to demonstrate the category, quantity, and monetary amount awarded. Figures for each fiscal year, from FY2016 -fFY2020 have been provided.

Figure 3. 2016 (Equipment Category, Quantity Awarded, and \$ Amount)

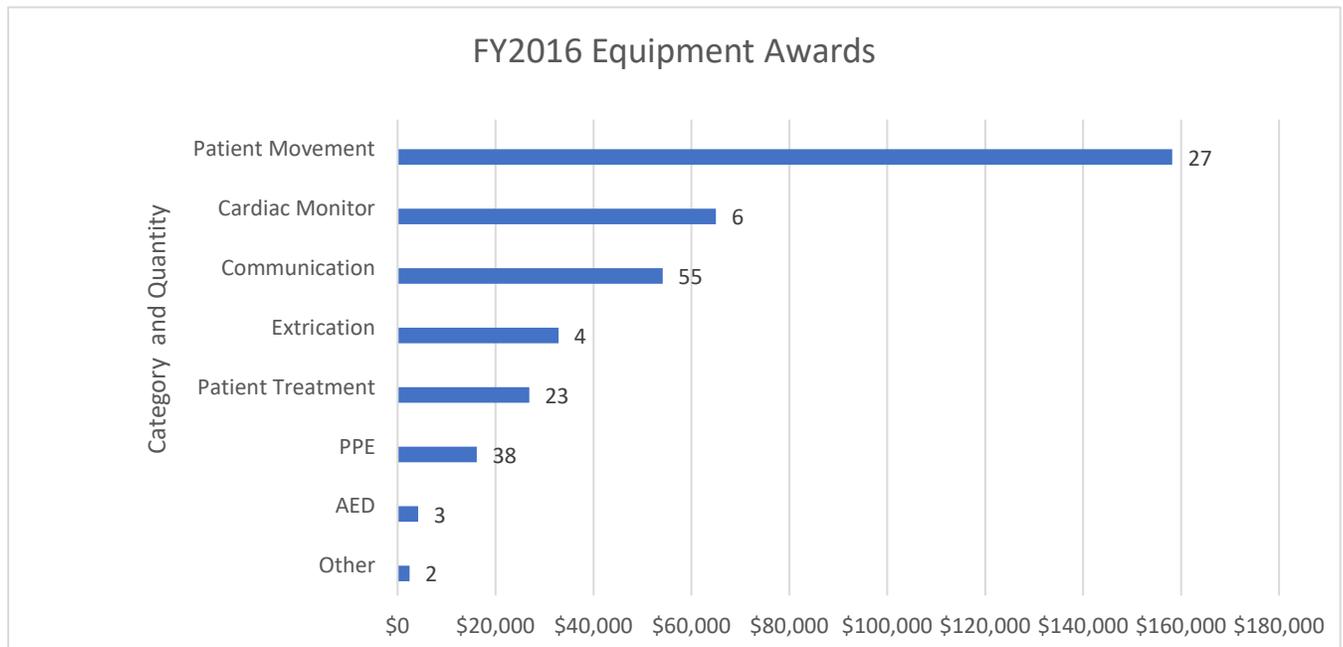


Figure 4. 2017 (Equipment Category, Quantity Awarded, and \$ Amount)

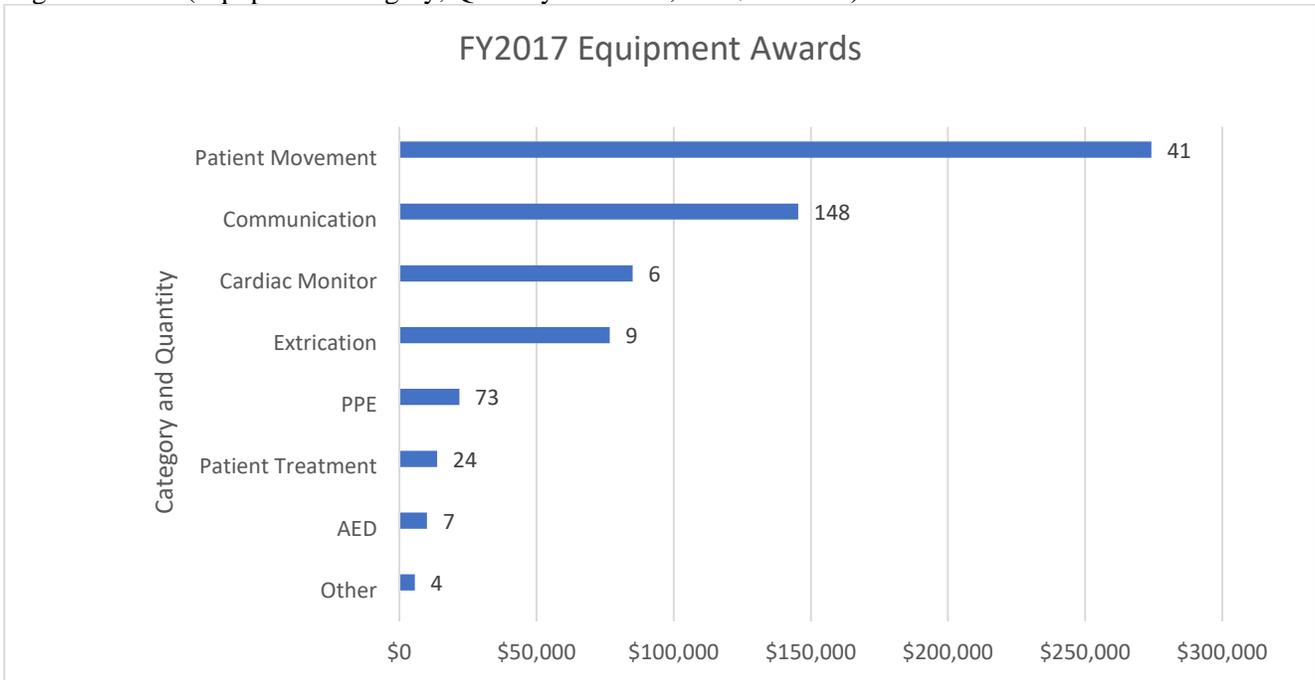


Figure 5. 2018 (Equipment Category, Quantity Awarded, and \$ Amount)

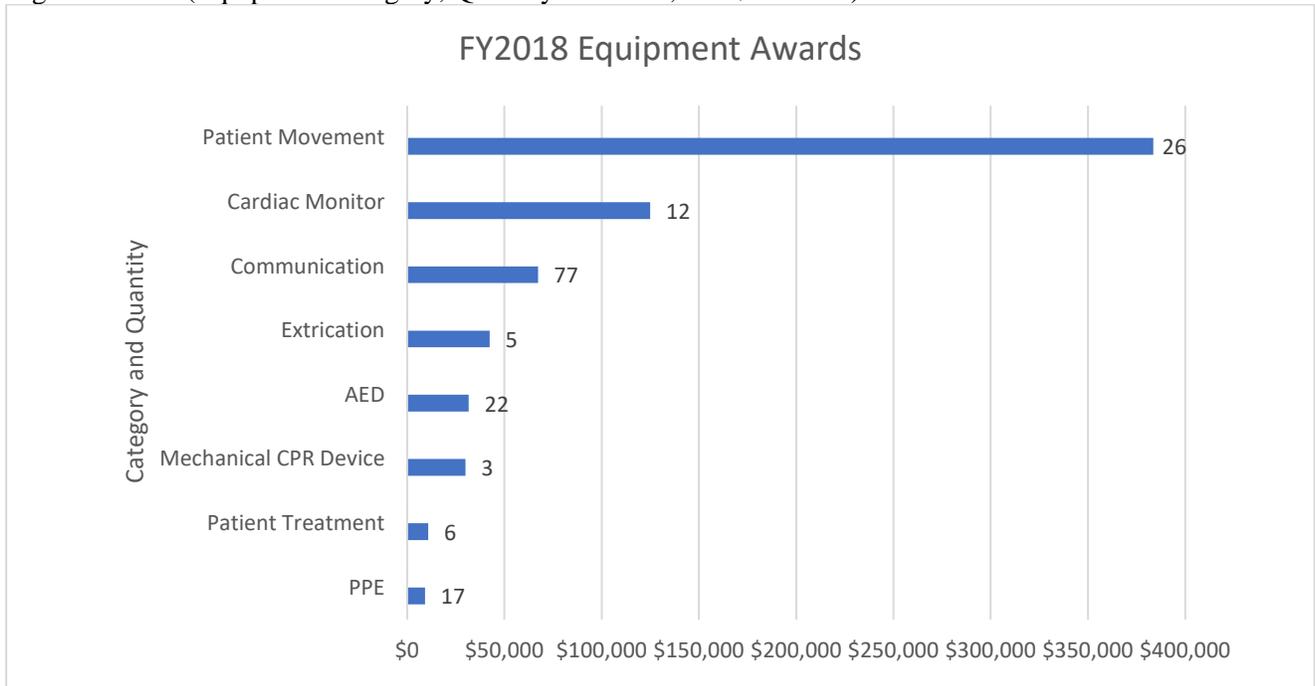


Figure 6. 2019 (Equipment Category, Quantity Awarded, and \$ Amount)

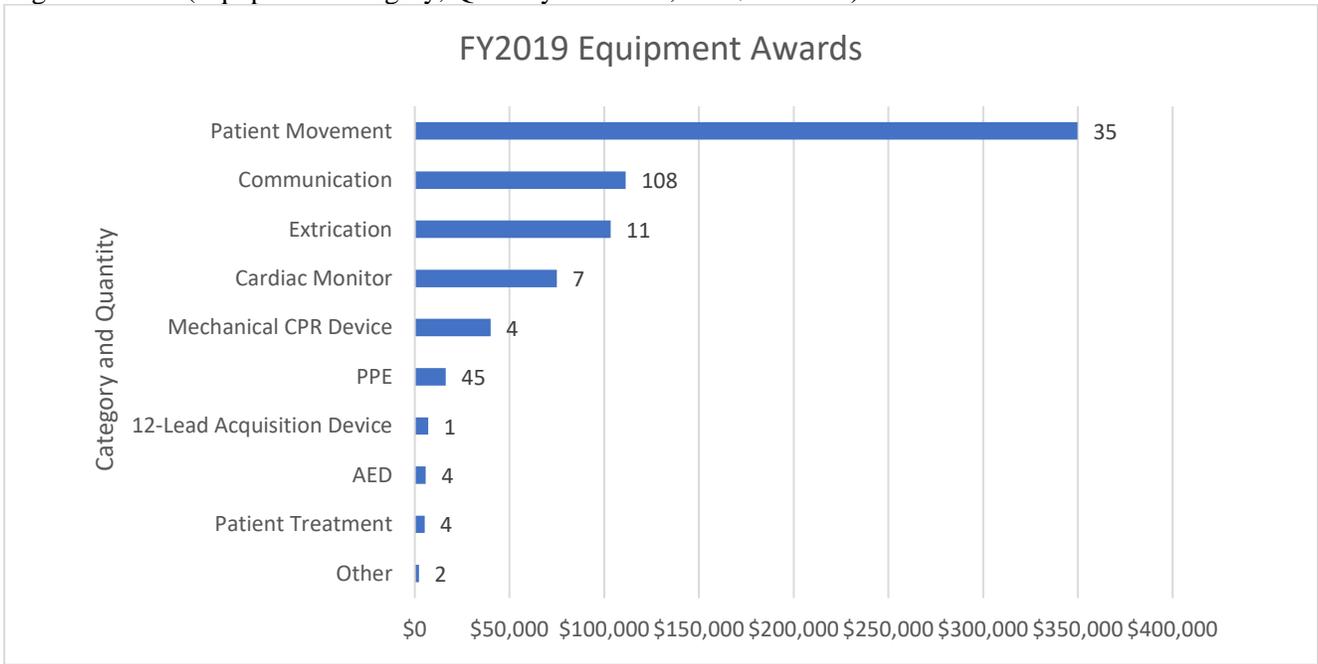
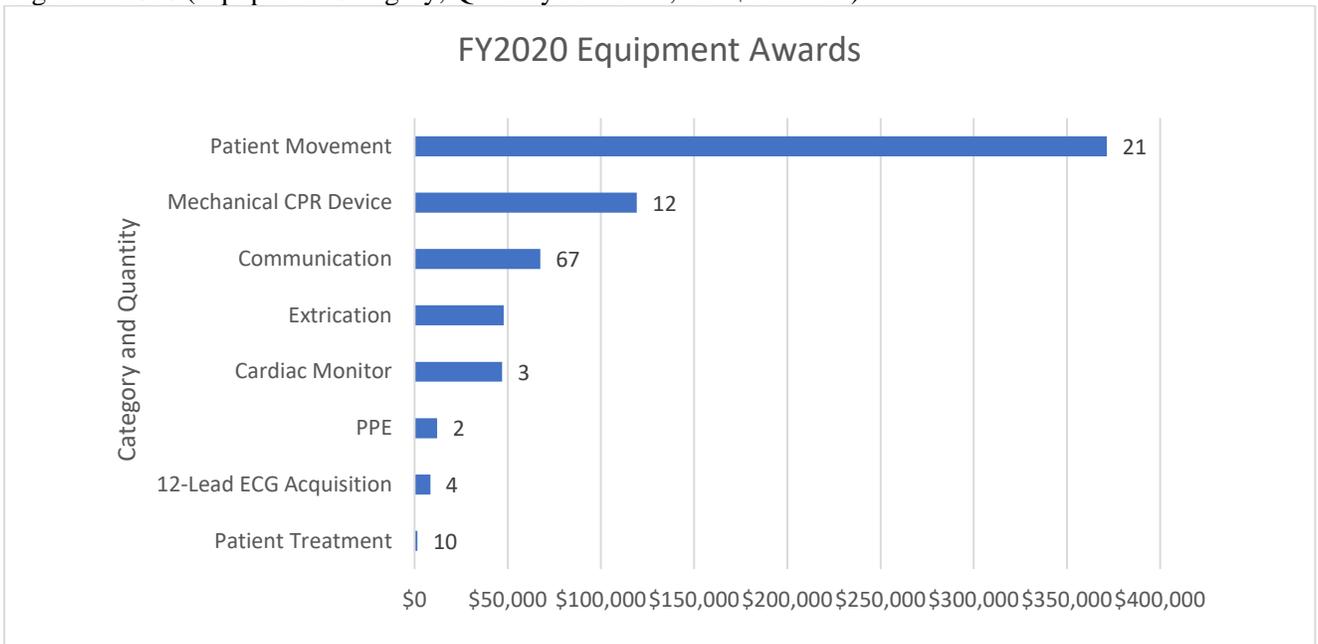


Figure 7. 2020 (Equipment Category, Quantity Awarded, and \$ Amount)



Conclusion

For 19 years the EMS Vehicle and Equipment grant has provided funding for emergency vehicles and patient care equipment for EMS agencies in communities that may not have otherwise been able to afford these items. In order to assist in the application process, online resources are available at www.idahoems.org. We also provide a yearly webinar to walk applicants through the application process and to communicate any changes from previous years.

Appendices

Appendix A. EMS Account III Statute

TITLE 56
PUBLIC ASSISTANCE AND WELFARE
CHAPTER 10
DEPARTMENT OF HEALTH AND WELFARE

56-1018B. EMERGENCY MEDICAL SERVICES FUND III. (1) There is hereby created in the dedicated fund of the state treasury a fund known as the emergency medical services fund III. Subject to appropriation by the legislature, moneys in the fund shall be used exclusively for the purpose of acquiring vehicles and equipment for use by emergency medical services personnel in the performance of their duties, which include highway safety and emergency response to motor vehicle accidents.

(2) The bureau of emergency medical services of the department of health and welfare shall be responsible for distributing moneys from the fund to qualifying nonprofit and governmental entities that submit an application for a grant from the fund. The bureau shall approve grants based on the following criteria:

- (a) The requesting entity is a nonprofit or governmental entity that holds a current license as an ambulance or nontransport service issued by the state of Idaho;
- (b) The requesting entity has demonstrated need based on criteria established by the bureau;
- (c) The requesting entity has provided verification that it has received the approval and endorsement of a fire district or city or county within its service area;
- (d) The requesting entity has certified that the title to any vehicle purchased with funds from the fund shall be in the name of the fire district or city or county that endorsed the application and shall submit proof of titling as soon as practicable;
- (e) The state of Idaho shall retain a security interest in the vehicle to secure the performance of the grant recipient to utilize the vehicle consistent with the intent described in the application.

(3) Notwithstanding the requirements of subsection (2)(c) and (d) of this section, the bureau of emergency medical services is authorized to approve and issue a grant to an applicant in the absence of an endorsement if the endorsement is withheld without adequate justification.

History:

[(56-1018B) 39-146B, added 1999, ch. 360, sec. 1, p. 951; am. and redesisg. 2001, ch. 110, sec. 13, p. 382; am. 2018, ch. 168, sec. 3, p. 343.]



FY 2020 Idaho Emergency Medical Services (EMS) Account III Grant Application

IMPORTANT INSTRUCTIONS FOR SUBMITTING YOUR APPLICATION

Your submitted application is FINAL and only ONE application will be accepted. There are no courtesy reviews of applications; if you have questions, contact the Bureau of EMS and Preparedness PRIOR to submitting your application. The required attachments (fleet report, vendor quotes, W-9, etc.) are considered an integral part of the application. Therefore, any omissions or errors will cause the application to be incomplete.

The Bureau conducts a Grant Application webinar each year to help you complete the application. It is strongly recommended that you attend this webinar as it will likely answer many of the questions you may have. The webinar is recorded, so if you cannot attend live, it may be watched later. The FY2020 webinar is posted on the grants page of the EMS website at www.idahoems.org. This year, the webinar will be held on *February 21, 2019* at 7pm MST.

If you are applying for an EMS Vehicle you will need to request a Vehicle Fleet Report from the Bureau. Verify and update the information in this report. This information will be used when processing your application and to update your agency's licensure file. You may make handwritten notations to update the report but, be sure they are legible.

The grant application is a fillable Adobe document that can be completed using Adobe Reader (www.adobe.com/downloads/). It is recommended that all agencies save a copy of the application locally on their computer. An email confirmation will be sent to the agency upon receipt of the application. If you do not receive email confirmation within 24 hours of sending your application, assume it was not received. You can also verify receipt on the Grant web page at www.idahoems.org.

Application Due: On or before April 1, 2019

	Email – Preferred method	In Person	Mail	Fax
Submission Methods	emsgrants@dhw.idaho.gov	2224 Old Penitentiary Rd Boise, Idaho, 83712	Bureau of EMS and Preparedness PO Box 83720 Boise, ID 83720-0036	208-334-4015
Send Deadline	11:59 p.m. April 1, 2019	5:00 p.m. April 1, 2019	Postmarked: April 2, 2019	11:59 p.m. April 1, 2019

For Bureau Use Only

Method of Receipt
 Email Fax In Person Mail

Date and Time Received: _____

Date Postmarked: _____

Required Attachment Checklist

- 1. County, Fire District or incorporated city government (in your primary response area) endorsement(s).
- 2. Documentation of one (1) or more vendor price quotes for all proposed vehicle/equipment purchases.
- 3. If requesting a new vehicle to replace an old vehicle, attach a copy of the old vehicle's title or registration.
- 4. If requesting a vehicle, contact the EMS Bureau for an Agency Vehicle Fleet Report. Update all feels of the fleet report and return with your application.
- 5. If requesting extrication equipment, provide a list of all personnel trained at the Extrication Operations level.
- 6. Completed and signed W-9 to assist the Bureau in processing your award
- 7. Type of Service Summary Report. This report (generated from patient care record software or dispatch programs) shall have a simple summary listing of the following categories and provide a count for each type of call:
 - 9-1-1 Response (Scene)
 - Intercept
 - Interfacility Transfer
 - Medical Transport
 - Mutual Aid
 - Standby
- 8. CONDITIONAL: Medical Director Endorsement

FY2020 EMS ACCOUNT III GRANT FUND APPLICATION

56-1018B. EMERGENCY MEDICAL SERVICES FUND III. (1) There is hereby created in the dedicated fund of the state treasury a fund known as the emergency medical services fund III. Subject to appropriation by the legislature, moneys in the fund shall be used exclusively for acquiring vehicles and equipment for use by emergency medical services personnel in the performance of their duties which include highway safety and emergency response to motor vehicle accidents

SECTION A: AGENCY/FINANCIAL/DEMOGRAPHIC INFORMATION

1. GENERAL INFORMATION

Agency Name (As it appears on license) _____

Agency License Number _____ Federal Tax ID Number _____

Agency Type _____ Registry No. Secretary of State
(Required for non-profit status) _____

Contact Name _____

Daytime Phone Number _____ Email _____

Number of Licensed Volunteer Providers _____

Total Licensed Providers (Career and Volunteer) _____

2. DEMOGRAPHICS

Verifiable Call Volume for Calendar Year 2018 (*Idaho EMS Responses Only*) _____
(Please attach a Type of Service Summary Report for verification)

Number of **full-time** residents within your primary response area in Idaho _____

Attach county and/or city government endorsement(s). Only one (1) is required to receive full points for category.

Acceptable endorsements may be from:

- County commissioners or incorporated city government officials (mayor, city manager, council members) within your agency's primary Idaho response area
- Fire Districts
- One of the above endorsements must be the vehicle title holder if you are requesting a vehicle
- Endorsements from taxing districts are not acceptable

If applying for a vehicle, the name of the incorporated city, county, or Fire District to be the titleholder



10/18/2018

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3. FINANCIAL AND OPERATING INFORMATION

Provide financial operating information for one full fiscal year. This shall be the most recent completed fiscal year data. Do not leave any blanks. Enter "0" if none

Financial information provided for the period of: Start Date _____ End Date _____

Expenses

Personnel _____

Operating _____

Capital _____

Other _____

Funding Sources and Revenue

Taxing Funds (Ambulance Tax, Fire Tax District, Hospital Tax District, General Funds)	_____	Billing for EMS Services (If not billing, enter "0" and explain in narrative)	_____
State Motor Vehicle Fund (Idaho Motor Vehicle Registration fund from county clerk)	_____	Number of billed calls for same time period	_____
Grant Funds (Including all grant sources)	_____	Investment Income (e.g. interest, rent, dividends, etc.)	_____
Donations (Explain in narrative)	_____	Other (Explain in narrative)	_____
Cash on Hand (Explain in narrative)	_____		

GUIDELINES AND IMPORTANT INFORMATION

Applying for EMS Vehicles

If requesting a vehicle, it must be for providing emergency medical services only. The vehicle must be on the EMS License and is subject to inspection. Funding for ambulances will only be awarded to those agencies having at least one ambulance transport license type. Funding for medical rescue and rescue/extrication is also available.

Email emsgrants@dhw.idaho.gov and request a copy of your agency Vehicle Fleet Report, update the information, and return it as an attachment to the application. Please allow five (5) business days for a response.

Vehicle price caps are located on page fifteen (15) of this application.

Firefighting vehicles, snowmobiles, boats, all-terrain vehicles, trailers, etc. will not be funded.

Applying for EMS Equipment

Requested equipment must be appropriate based on clinical level of license types and associated scope of practice as approved by the Idaho EMS Physician Commission.

An equipment price cap has been set at \$25,000 per agency (and extended to \$80,000 for Multiple Organization EMS agencies as defined in IDAPA 16.01.03.200.04) to allow for more applicants to receive awards.

Extrication Equipment has been price capped at \$7,500. If you are given an award for extrication equipment, you need to submit a letter affirming that you operate at the Extrication Operations level and provide a list of all personnel trained at the Extrication Operations level. You will also need to provide the Bureau with proof of equipment-specific training after the purchase is made.

A group of related items may be requested as one priority if it adheres to the definition of a kit. A kit is defined as "a group of items that will not work without the other pieces for a specific purpose." The "kit" must be advertised or cataloged as a kit by the vendor.

Identical items may be requested as one priority based on the number of licensed personnel listed on the most recent agency renewal application and may be listed under one priority item request. If requesting communications equipment, the equipment you are requesting must be compliant with your local emergency communication system.

Equipment price caps are located on page 15 of this application.

No funding will be provided for training, firefighting equipment or disposable supplies (including epi auto-injectors). Additional ineligible items are listed on page 16 of this application

If you are awarded a vehicle you must obtain and provide documentation of appropriate insurance yearly for the life of the lien.

If you are awarded equipment, you must maintain it in good working order or replace it for 5 years after purchase.

SECTION B: Emergency Vehicle Application

If you are NOT applying for a vehicle, skip to Section C

If applying for a vehicle, please contact the Bureau to obtain an "Agency Vehicle Fleet Report" to supplement this section. Remember to UPDATE the mileage. Email emsgrants@dhw.idaho.gov

1. TYPE OF VEHICLE REQUESTED

Vehicle Type _____

2. LAST YEAR VEHICLE WAS AWARDED

Year Awarded _____

3. REQUESTED VEHICLE INFORMATION

Make-chassis manufacturer (Ford, Dodge, Chevy, etc.) _____

Vehicle vendor/modifier (Horton, Wheeled Coach, etc.) _____

Purpose (Medical Rescue, Patient Transport, etc.) _____

Configuration (Type I, II, or III Ambulance, Modified van, etc.) _____

Vendor Quote (attach document) _____

Amount Requested (cannot exceed price cap) _____

4. MILEAGE TYPE AND PURPOSE OF SIMILAR VEHICLES CURRENTLY IN USE

Review the Agency Vehicle Fleet Report obtained from the EMS Bureau and make any changes directly on the report and attach to application. This information is used in calculations, so it is important that it is current and complete.

5. AGE AND CONDITION OF VEHICLE BEING REPLACED

Vehicle License Plate Number _____

Chassis Manufacture Year _____

Vehicle VIN Number _____

CONDITION OF VEHICLE (Select One) Excellent Good Fair Poor Very Poor

Plans for vehicle being replaced:
(i.e. sold, donated, used for non-EMS purposes) _____

Attach copy of vehicle title or registration for the vehicle being replaced



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SECTION B-1: Vehicle Description of Need Narrative Form

Agency Name _____

Call Volume for 2018 calendar year (Idaho EMS responses only) _____

To give the Grants Subcommittee a better idea of your agency's situation, please describe the need and lack of funding availability from other sources. Please mention how many vehicles are in your agency's fleet and how many miles your fleet drives annually. For non-transport vehicle requests, include the number of injury crashes your agency responded to in the last calendar year and how many of these crashes required extrication. Remember to include an explanation of donations, cash on hand, and other revenue listed on Page 4 of this application.



SECTION C: PRIORITY 1 EQUIPMENT APPLICATION

1. EQUIPMENT REQUEST

Item _____ Quantity _____

Purpose _____

Patient Type _____

For how many calls do you anticipate using this equipment in the next year? (whole numbers only) _____

Average length of time (in minutes) the equipment would be used for a patient (whole numbers only, i.e. 2 hours = 120 minutes) _____

Vendor Quote (attach documentation) _____

Amount Requested (cannot exceed price cap) _____

2. SIMILAR EQUIPMENT

Similar equipment currently in use by your agency: similar equipment is used for the same purpose as the requested item and would be subject to the same price cap. For example, a gurney and power gurney would NOT be similar equipment since they have different price caps.

For the next two questions, "similar equipment" refers to equipment already owned and in use by your agency or a neighboring agency with which you have a mutual aid agreement. "Similar equipment" is used for the same purpose as the requested equipment item. For example, if you plan to replace a current equipment item with the requested equipment item, then the distance would be "0 miles same station" and the time would be "0 min same station." If the only similar equipment your agency has access to is kept at a neighboring agency's station eight miles and 14 minutes away, then the distance would be "6-10 miles" and the time would be "11-20 min." If your agency does not currently have similar equipment and has no mutual aid agreement that gives access to similar equipment, then the distance would be "equip not available" and the time would be "equip not available"

Distance in miles to closest similar equipment _____

Time in minutes to closest similar equipment _____

Quantity (number of similar items you have – whole numbers only) _____ Are you replacing (and removing from service) your similar items with this priority request? _____

ONLY fill out this section if you ARE REPLACING (and removing from service) equipment. If you are NOT REPLACING (i.e. adding to) equipment, please skip to next page.

Similar Equipment Item Description _____

CONDITION OF EQUIPMENT USED FOR SAME PURPOSE (Select One) Excellent Good Fair Poor Very Poor

Year Manufactured _____



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SECTION C-1: PRIORITY 1 EQUIPMENT NARRATIVE

Agency Name _____

Item Requested _____

Call Volume for 2018 calendar year (Idaho EMS responses only) _____

The communication equipment requested has been reviewed by the County or Regional Communications Center providing services to my agency, and/or the District Interoperability Governing Board (DIGB) and is compliant with the communications plans developed.

To give the Grants Subcommittee a better idea of your agency's situation, please describe the need and lack of funding availability from other sources. Please indicate on how many calls in the last three years the equipment was used (or was needed, if equipment was unavailable). Remember to include an explanation of donations, cash on hand, and other revenue listed on Page 4 of this application.



SECTION D: PRIORITY 2 EQUIPMENT APPLICATION

1. EQUIPMENT REQUEST

Item _____ Quantity _____

Purpose _____

Patient Type _____

For how many calls do you anticipate using this equipment in the next year? (whole numbers only) _____

Average length of time (in minutes) the equipment would be used for a patient
(whole numbers only, i.e. 2 hours = 120 minutes) _____

Vendor Quote (attach documentation) _____

Amount Requested (cannot exceed price cap) _____

2. SIMILAR EQUIPMENT

Similar equipment currently in use by your agency; similar equipment is used for the same purpose as the requested item and would be subject to the same price cap. For example, a gurney and power gurney would NOT be similar equipment since they have different price caps.

For the next two questions, "similar equipment" refers to equipment already owned and in use by your agency or a neighboring agency with which you have a mutual aid agreement. "Similar equipment" is used for the same purpose as the requested equipment item. For example, if you plan to replace a current equipment item with the requested equipment item, then the distance would be "0 miles same station" and the time would be "0 min same station." If the only similar equipment your agency has access to is kept at a neighboring agency's station eight miles and 14 minutes away, then the distance would be "6-10 miles" and the time would be "11-20 min." If your agency does not currently have similar equipment and has no mutual aid agreement that gives access to similar equipment, then the distance would be "equip not available" and the time would be "equip not available"

Distance in miles to closest similar equipment _____

Time in minutes to closest similar equipment _____

Quantity (number of similar items you have – whole numbers only) _____ Are you replacing (and removing from service) your similar items with this priority request? _____

ONLY fill out this section if you ARE REPLACING (and removing from service) equipment. If you are NOT REPLACING (i.e. adding to) equipment, please skip to next page.

Similar Equipment Item Description _____

CONDITION OF EQUIPMENT
USED FOR SAME PURPOSE
(Select One)

Excellent

Good

Fair

Poor

Very Poor

Year Manufactured _____



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

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SECTION D-1: PRIORITY 2 EQUIPMENT NARRATIVE

Agency Name _____

Item Requested _____

Call Volume for 2018 calendar year (Idaho EMS responses only) _____

The communication equipment requested has been reviewed by the County or Regional Communications Center providing services to my agency, and/or the District Interoperability Governing Board (DIGB) and is compliant with the communications plans developed.

To give the Grants Subcommittee a better idea of your agency's situation, please describe the need and lack of funding availability from other sources. Please indicate on how many calls in the last three years the equipment was used (or was needed, if equipment was unavailable). Remember to include an explanation of donations, cash on hand, and other revenue listed on Page 4 of this application.

SECTION E: PRIORITY 3 EQUIPMENT APPLICATION

1. EQUIPMENT REQUEST

Item _____ Quantity _____

Purpose _____

Patient Type _____

For how many calls do you anticipate using this equipment in the next year? (whole numbers only) _____

Average length of time (in minutes) the equipment would be used for a patient (whole numbers only, i.e. 2 hours = 120 minutes) _____

Vendor Quote (attach documentation) _____

Amount Requested (cannot exceed price cap) _____

2. SIMILAR EQUIPMENT

Similar equipment currently in use by your agency; similar equipment is used for the same purpose as the requested item and would be subject to the same price cap. For example, a gurney and power gurney would NOT be similar equipment since they have different price caps.

For the next two questions, "similar equipment" refers to equipment already owned and in use by your agency or a neighboring agency with which you have a mutual aid agreement. "Similar equipment" is used for the same purpose as the requested equipment item. For example, if you plan to replace a current equipment item with the requested equipment item, then the distance would be "0 miles same station" and the time would be "0 min same station." If the only similar equipment your agency has access to is kept at a neighboring agency's station eight miles and 14 minutes away, then the distance would be "6-10 miles" and the time would be "11-20 min." If your agency does not currently have similar equipment and has no mutual aid agreement that gives access to similar equipment, then the distance would be "equip not available" and the time would be "equip not available"

Distance in miles to closest similar equipment _____

Time in minutes to closest similar equipment _____

Quantity (number of similar items you have – whole numbers only) _____ Are you replacing (and removing from service) your similar items with this priority request? _____

ONLY fill out this section if you ARE REPLACING (and removing from service) equipment. If you are NOT REPLACING (i.e. adding to) equipment, please skip to next page.

Similar Equipment Item Description _____

CONDITION OF EQUIPMENT USED FOR SAME PURPOSE (Select One) Excellent Good Fair Poor Very Poor

Year Manufactured _____



SECTION E-1: PRIORITY 3 EQUIPMENT NARRATIVE

Agency Name _____

Item Requested _____

Call Volume for 2018 calendar year (Idaho EMS responses only) _____

The communication equipment requested has been reviewed by the County or Regional Communications Center providing services to my agency, and/or the District Interoperability Governing Board (DIGB) and is compliant with the communications plans developed.

To give the Grants Subcommittee a better idea of your agency's situation, please describe the need and lack of funding availability from other sources. Please indicate on how many calls in the last three years the equipment was used (or was needed, if equipment was unavailable). Remember to include an explanation of donations, cash on hand, and other revenue listed on Page 4 of this application.

SECTION F: SIGNATURE PAGE

As an authorized representative (i.e. president, licensed EMS agency administrator) for my agency, I certify that the information provided in this application document, including any attached supplemental information, is complete and accurate.

I also understand that providing false or incomplete information on any application or document submitted under these rules is grounds for declaring the application ineligible, and that any and all funds determined to have been acquired on the basis of fraudulent information must be returned to the EMS III Account.

I acknowledge that the tax ID number on the attached W-9 is associated with the address provided. If my agency is granted an award, the funds will be mailed to the address provided on the attached W-9.

Further, I acknowledge that if my agency is granted an award, my agency will be required to provide follow up documentation to the Bureau.

For all awards, this includes:

A completed Accounting Form with supporting documentation

For vehicle awards, this includes:

A copy of the vehicle specifications at the time of the purchase contract is accepted/executed

Proof of obligation of funds

Title listing the Bureau of EMS and Preparedness listed as lienholder

Insurance certificate showing Bureau of EMS and Preparedness listed as lienholder

A completed vehicle replacement form

For extrication equipment awards, this includes:

Documentation of training on the awarded equipment within 30 days of equipment receipt

Name of Individual Completing Application:

Signature of Person Authorizing Application:

Title:

Date:



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FY2020 VEHICLE PRICE CAPS

VEHICLE TYPE	PRICE CAP
Ambulance (Transport)	\$125,000
Non-Transport/Rescue	\$65,000
Ambulance Remount	\$87,500

Note: Any additional expenses due to add-ons to the vehicle that are above the price cap are the responsibility of that agency

FY2020 EQUIPMENT PRICE CAPS

Approved Equipment	Price Cap	Comment
AEDs	\$1,700	Base Model
Alternate Transport Device*	\$20,000	<i>Medical Director Letter Required**</i>
Automatic Transport Ventilators	\$2,800	<i>Medical Director Letter Required**</i>
ALS Cardiac Monitor	\$20,000	<i>Medical Director Letter Required**</i>
BLS 12 Lead Device	\$7,000	<i>Medical Director Letter Required**</i>
Computers		
Desktop	\$650	
Laptop	\$800	
Tablet	\$550	
Extrication Package	\$7,500	Must have appropriate training
Gurney		
Power Gurney Retrofit Kit	\$2,500	
Manual	\$5,000	
Power	\$13,500	
Power Gurney Load System	\$20,000	
Power Gurney and Load System Kit	\$25,000	<i>Must be identified as "Kit" on Quote</i>
Mechanical CPR Device	\$10,000	<i>Medical Director Letter Required**</i>
Oxygen Cylinder Loading System	\$2,000	Portable/External models only
Pulse Oximeter (with or without CO monitoring)	\$500	Base – standalone units (NOT part of a BP Monitor Kit)
Stair Chair		
Standard	\$1,000	
Mechanized	\$2,500	
Video Laryngoscope	\$1,500	<i>Medical Director Letter Required**</i>

***Alternate Transport Device**

The Alternate Transport Device must have the ability to appropriately and securely transport a patient supine, and it shall be listed as a single line item on an equipment application.

- Not otherwise on ineligible list
- The quote accompanying the equipment application must be inclusive of all manufacturer or dealer modifications necessary for safety and security of the patient. The retention system shall not fail when subjected to manufacturers recommended load.

****Template enclosed**

INELIGIBLE ITEMS LIST

NO funding for items beyond current scope of practice

The following items have been determined as INELIGIBLE by the Emergency Medical Services Advisory Committee:

1. Avalanche Beacons
2. Digital Camera
3. Disposable items (includes radio batteries, AED pads, bandaging supplies, medications, etc.)
4. Doppler scope
5. Firefighting equipment or vehicles, snowmobiles, boats, All-Terrain Vehicles, trailers, etc.
6. Power Generators
7. Pulse Oximeter/Vital Sign Monitor combination device (standalone oximeters are eligible)
8. Repeaters, Duplexers
9. SAM Splints
10. Structural Firefighting Turnouts
11. Training Equipment

NON-TRANSPORT AGENCIES ONLY

12. Retrofit Power Gurney
13. Power Gurney
14. Power – Load System
15. Power Gurney and Load System Kit

- Number of items for personnel may not exceed roster included with the most recent licensure application

Appendix C. Definitions

For Vehicles, and where applicable, points awarded are set in comparison to the highest points for that category in each grant cycle. For example:

- Greater mileage of similar vehicle(s) in active use. The Maximum is set from the agency listing the largest number of miles on similar vehicles currently in use on their application in this grant cycle. (During the FY08 Grant cycle, this maximum number was 597,269 miles)
- Greater age of vehicle being replaced. The Maximum is set from the agency replacing the oldest similar vehicle in this grant cycle. (During the FY08 Grant cycle, this maximum number was 29 years old)
- Change in deployment ratio. This is used only when an agency is adding to their fleet. The formula is derived from the change in deployment by the addition of a new vehicle based on the square miles in the agency response area and the population. (In the FY08 Grant cycle, this base number was 0.009)

- DR Change = change in Area DR + change in Population DR
 - Change in Area DR = [# of similar items post change /area] – [# of similar items pre change / area]
 - Change in Population DR = [# of similar items post change / per capita] – [# of similar items pre change / per capita]
- Equipment Sub-total = [(Equip Age / MAX Equip Age *15) + (1 / Similar Items + 1 *5) = (Equip Dist / MAX Equip Dist *2.5) + (Equip Time / MAX Equip Time *2.5)] / [MAX Sub-total points] *1

Appendix D. Vehicles – Weighting Factors, Explanations, and Points

Weighting Factors and Explanations	Maximum Points
<ul style="list-style-type: none"> • Greater mileage of similar vehicle(s) in active use <ul style="list-style-type: none"> ○ <u>Mileage points</u> = [total similar miles in applicant fleet / MAX (total similar miles in applicant fleet)] *15 	15
<ul style="list-style-type: none"> • Greater age of vehicle being replaced (replacing vehicle) <ul style="list-style-type: none"> ○ <u>Age Points</u> = [total age of similar vehicles in applicant fleet / MAX (total age of similar vehicles in applicant fleet)] *15 	15
<ul style="list-style-type: none"> • Change in deployment ratio (adding vehicle) <ul style="list-style-type: none"> ○ <u>Deployment Ratio Points</u> = [Applicant DR change / MAX DR change] *15 	15
<ul style="list-style-type: none"> • Fleet <ul style="list-style-type: none"> ○ <u>Fleet Points</u> = [1 / total fleet vehicles] *10 	10
<ul style="list-style-type: none"> • Fiscal (non-tax funding) <ul style="list-style-type: none"> ○ <u>Fiscal Points</u> = [non-tax income / total income] *10 	10
<ul style="list-style-type: none"> • Prevalence of volunteers <ul style="list-style-type: none"> ○ <u>Volunteer Points</u> = [# EMS Lic volunteers / # EMS Lic volunteers + Lic career staff] *10 	10
<ul style="list-style-type: none"> • Local governmental endorsement <ul style="list-style-type: none"> ○ <u>Endorsement Points</u> = [1 or more endorsements accompanying application] = 5 	5
<ul style="list-style-type: none"> • Narrative of need and lack of funds <ul style="list-style-type: none"> ○ <u>Narrative Points</u> = mean of narrative scores submitted by reviewers for application (10 points possible) 	10
<ul style="list-style-type: none"> • Previous award of vehicle <ul style="list-style-type: none"> ○ <u>Previous award of vehicle</u> = [most recent grant award of vehicle] 1-5 points available based on most recent award (most recent getting a lower score) 	5
<ul style="list-style-type: none"> • EMS response type <ul style="list-style-type: none"> ○ <u>EMS Response Type</u> = [# 9-1-1 scene responses / # total responses] *10 	10

Appendix E. Equipment – Weighting Factors, Explanations, and Points

Weighting Factors and Explanations	Maximum Points
<ul style="list-style-type: none"> • Anticipated use of item $\text{Anticipated Equipment Use Points} = [(\text{Anticipated Use \#} / \text{Call Volume}) / \text{MAX} (\text{Anticipated Use \#} / \text{Call Volume})] * 15$ 	15
<ul style="list-style-type: none"> • Duration of use per call $\text{Equipment Duration Points} = [\text{Time per use} / \text{MAX} \text{Time per use}] * 15$ 	15
<ul style="list-style-type: none"> • Change in deployment ratio (adding vehicle) $\text{Deployment Ratio Points} = [\text{Applicant DR change } / \text{MAX DR change }] * 15$ 	15
<ul style="list-style-type: none"> • Fiscal (non-tax funding) <ul style="list-style-type: none"> ○ $\text{Fiscal Points} = [\text{non-tax income} / \text{total income}] * 10$ 	10
<ul style="list-style-type: none"> • Prevalence of volunteers <ul style="list-style-type: none"> ○ $\text{Volunteer Points} = [\# \text{ EMS Lic volunteers} / \# \text{ EMS Lic volunteers} + \text{Lic career staff}] * 10$ 	10
<ul style="list-style-type: none"> • Local governmental endorsement <ul style="list-style-type: none"> ○ $\text{Endorsement Points} = [1 \text{ or more endorsement accompanying application}] = 5$ 	5
<ul style="list-style-type: none"> • Narrative of need and lack of funds <ul style="list-style-type: none"> ○ $\text{Narrative Points} = \text{mean of narrative scores submitted by reviewers for application (10 points possible)}$ 	10
<ul style="list-style-type: none"> • Applicant Equipment Points = $[\text{Equip Age Pts.} + \text{Similar Equip Pts.} + \text{Equip Dist. Pts.} + \text{Equip Time Pts.} / \text{MAX Sub-total Pts}] * 15$ <ul style="list-style-type: none"> ○ $\text{Equipment Age Points} = [\text{Similar Item age} / \text{MAX Similar Item age}] * 5$ ○ $\text{Equipment Distance Points} = [\text{Similar Item Distance} / \text{MAX distance}] * 2.5$ ○ $\text{Equipment Time Points} = [\text{Similar equipment access time} / \text{MAX similar item access time}] * 2.5$ ○ $\text{Equipment Availability Points} = [1 / \text{similar items} + 1] * 5$ 	15