NORTH DAKOTA RURAL EMS ASSISTANCE FUND GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 60162 (5-2012)

This completed application form must be submitted to the Department of Health postmarked no later than **5:00PM (CDT)** on **June 29, 2012.**

Applications not meeting the deadline, sent by facsimile (fax), submitted in handwriting or not in accordance with the application's instructions **WILL NOT** be accepted or considered for funding.

Date of Application	
Legal Entity/Service	
Physical Address	
City	ZIP Code
Mailing Address	
City	ZIP Code
Contact Person	
Mailing Address	
City	ZIP Code
Email Address	Daytime Telephone Number

Project Description (40 Points)

Provide a description of the problem(s) facing EMS in the applying funding area(s).

Provide a description of the plan to address the above stated problem(s).

Provide a description of the anticipated outcomes due to receipt of funding.

Project Budget Itemization

If funding for this project is approved you will be required to report monthly reimbursement requests on the ND Department of Health Program Reporting System (PRS). This budget template is set up similar to a reimbursement request form on the PRS system. This budget template is supplied for your reference/convenience. You may use a different budget form to meet the budget requirement.

NOTE: You are **NOT** required to have an amount in each category. If this funding is being used for a specific item listed below you may leave other areas open.

Personnel/Staffing	
Travel, Food and Lodging	
Supplies	
Rent/Utilities	
Communications (Telephone/Postage)	
Equipment	
Consultant/Contractual	
Other/Optional	
Other/Optional	
Other/Optional	
Other/Optional	
Other/Optional	

This grant requires a $10 local match per capita in your funding area. Volunteer/EMS provider time, monies received from State Grants including Energy Impact, Staffing Grant, Education Grants or Trauma Foundation **MAY NOT** be used for local match. Please list below the revenues received from each area to verify the local match requirement.

	2011 Revenue	2012 Anticipated Revenue
Billing		
Mill Levy		
Homeland Security		
Personal Gifts from Individuals		
City, Town, County or Other Subsidy		

Project Budget Justification (30 Points)

Briefly describe how monies will be spent in each category of your proposed budget. List budget line items in order of importance. If the total amount requested is not available, the committee will fund the requests in the order listed.

EMS Leadership Training (10 Points)

Provide the names of all individuals in the funding area(s) that have attended EMS leadership training during the last 3 years. Include the levels of training each person has completed (i.e. Level I or Level II).

Collaboration (20 Points)

Each agency within a funding area must be included in the planning process. Priority will be given to projects demonstrating participation by all ambulance services within the funding area. Please note that collaboration between funding areas is strongly encouraged.

If a service is not participating, explain why and describe the efforts made to include them. If the service applying for this grant does not have another service in the funding area state so in the space provided. Also include any collaboration with other EMS agencies (quick response units) as well as with other funding areas.

Describe each service's quality improvement program and medical director involvement. Describe planned collaboration in quality improvement and / or medical direction across the funding area(s).

Describe how this project will help create or improve an integrated system of care that increases efficiency and quality.

☐ **NOTE:** Provide a statement of partners and their roles in the project. Expectations/contributions of each party involved should be clearly defined. Each service involved must have been licensed within North Dakota for at least 12 months. Funding areas are strongly encouraged to work with their local quick response units.

Each squad leader, including the funding area primary entity representative, must sign this application which certifies that they agree to be a member of the collaborative and also agree to have the individual listed below as Funding Area Primary Entity Representative.

Each squad participating in this collaborative agreement agrees to comply with all the requirements of any forthcoming contract.

Signature of Squad Leader	Name of Squad	Date
Signature of Squad Leader	Name of Squad	Date
Signature of Squad Leader	Name of Squad	Date
Signature of Squad Leader	Name of Squad	Date

Total Amount Requested	Funding Area Number
If you are collaborating with another funding area please list those Funding Area Numbers.	Other Funding Area Numbers (if applicable)

I certify that the information in this application is true and correct to the best of my knowledge.

Signature of the Funding Area Primary Entity Representative	Date

Note: If your project described in this application is awarded funding reimbursements will be required to be reported through the Program Reporting System (PRS) of the North Dakota Department of Health on a monthly basis.

Submit completed application to:

North Dakota Department of Health
Division of EMS and Trauma
600 E. Boulevard Ave. Dept 301
Bismarck, ND 58505-0200

All applications must be postmarked no later than 5:00PM CDT on June 29, 2012. Any applications after this deadline will not be accepted. An email will be sent upon receipt of this application.