

July 1, 2008

Dear EMS Provider,

Enclosed please find the Application Package for the Equipment Grant for Emergency Medical Services for fiscal year 2008-09. The funds will be used to improve and expand prehospital emergency medical services in Connecticut in the following categories:

**EMS Training
Electronic Patient Care Reporting (E-PCR) Software or Hardware**

The categories of EMS Training and Electronic Patient Care Reporting (E-PCR) Software/Hardware were recommended for the 2008-09 grant cycle by the EMS Advisory Board at the meeting held on May 14, 2008 in an effort to address the training needs of EMS services, including initial and refresher classes, and ancillary courses such as pediatric education, disaster preparedness, etc., and to assist EMS providers in obtaining the software/hardware for the E-PCR System.

Please prepare your application in accordance with the guidelines provided in the attached document. The Office of Emergency Medical Services Equipment Grant Award Application Form is enclosed for your use. **Each organization may submit one application and the maximum amount that may be requested \$2,999.00.** The application for funds must be postmarked on or before 9/26/08 and mailed to the following address:

State of Connecticut
Department of Public Health, OEMS
410 Capitol Avenue MS # 12 EMS
PO Box 340308
Hartford, CT 06134
Attn. Sean Anderson

If you need any assistance during the application process please feel free to contact me at (860) 509-7973 or sean.anderson@ct.gov

Sincerely,

Sean Anderson
Health Program Associate
Enc.

DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

EQUIPMENT GRANT FOR EMERGENCY MEDICAL SERVICES
APPLICATION PACKAGE

TABLE OF CONTENTS

1.	Introduction	page 3
2.	Eligible Applicants	page 3
3.	Availability and Restrictions of Funds	page 3
4.	Categories and Prioritization	page 4
5.	Application Process	page 4
6.	Evaluation Criteria	page 5
7.	Reporting Requirements	page 5
8.	Notification, Evaluation and Process	page 6
9.	Application Form	

1. Introduction

The Office of Emergency Medical Services announces the availability of funds for fiscal year 2008-09 to improve and expand prehospital emergency medical services in Connecticut. **Emergency Medical Services (EMS) organizations may submit one application for 2008-09 grant cycle. The maximum amount that may be requested is \$2,999.00.** Please fill out the application form completely and provide a separate budget and narrative for the application.

2. Eligible Applicants

All EMS Organizations licensed or certified by the Connecticut Department of Public Health are eligible to apply for and receive funds if they operate on a nonprofit basis exclusively for the benefit of the general public, or are municipal entities.

3. Availability of and Restrictions of Funds

A total of \$95,000 is available for fiscal year 2008-09 (7/1/08-6/30/09). The funds shall be utilized during the grant cycle (fiscal year) and any monies not expended or obligated during that period shall be returned to the Department of Public Health.

The grantee shall be bound by the following:

- **Grant funds shall represent no more than seventy percent (70%)** of the total purchase or acquisition price of the electronic patient care reporting (E-PCR) software/hardware or EMS training course, and the grantee shall provide, or secure from other funding sources, the balance of the funding.
- Grant funds shall not be used to replace, decrease, or reallocate the existing, budgeted monies of, or provided to, EMS Organizations by local government bodies.
- Grant funds shall not be used for grant preparation or administration activities or purchases related to approved grant project if such activities were commenced prior to formal approval of the grant application.
- Grant funds shall not be used for salaries, meals or lodging, travel expenses, equipment to be used exclusively by one individual, capital project expenditures, or the purchase or lease of real property or vehicles.
- Grants awarded for personnel training shall be used only for tuition and fees, books, materials, and other expenses related directly to participation in the training program.
- Grant funds shall only be expended by the grantee to which the grant is awarded.

A grantee who expends grant funds for unauthorized purposes shall be subject to the forfeiture of unexpended funds, repayment of funds used for an unauthorized purpose, and considered ineligible for funding in future grant cycles.

4. Categories and Prioritization

The EMS Advisory Board has identified **EMS Training and Electronic Patient Care Reporting (E-PCR) Software/Hardware** as the priorities for the 2008-09 EMS Equipment Grant Program. EMS organizations can apply for funding to cover 70% of the cost of tuition and fees, books, materials and other expenses directly related to participation in an EMS training program, or 70% of the cost of electronic patient care reporting (E-PCR) software/hardware. **No other grant categories (medical equipment, system development, etc.) will be funded during the 2008-09 grant cycle.**

5. Application Process

Organizations may submit one application for EMS Training or Electronic Patient Care Reporting (E-PCR) Software/hardware. **The maximum amount that an EMS organization may request per application is \$2,999.00.** A separate Office of Emergency Medical Services Application Form (attached) shall be submitted with the application along with a justification of need narrative, a proposed work plan narrative, and a budget. The signatures of the Chief Executive Officer of the EMS Organization and the Chief Elected Official of the town(s) whose population is most affected by the grant are required on the Application Form. **All Application Packages must be postmarked on or before 9/26/08.** Applications postmarked after the deadline will not be reviewed and will be returned to sender.

Any municipal Fire Department, Police Department, or Ambulance Company that is not incorporated cannot directly apply for or receive grant funds. The municipality that the fire, police or ambulance company is located in must be the applicant and recipient of the funds. This will require a collaborative effort on the part of the EMS organization and the municipality through the entire process.

Please adhere to the following outline when preparing the justification of need narrative, the proposed work plan narrative, and the budget.

Justification of Need Narrative

Briefly describe (not to exceed 2 pages) your understanding of the need for the personnel training or training equipment, including the following:

- a) The need within the community

- b) The extent to which there is available adequately trained staff to carry out the proposal
- c) The population affected using the most recent population estimates by the Department of Public Health

Proposed Work Plan

Briefly describe (not to exceed 1 page) your plan for utilization of the grant funds including:

- a) The person(s) responsible for oversight and management
- b) Time line for implementation of project

Budget

- a) Provide an itemized budget for the grant cycle (fiscal year)
- b) Actual/original quotations are not required in the application process

6. Evaluation Criteria

Applications will be reviewed and evaluated according to the following criteria:

- a) Demonstration of Need – The extent to which the applicant demonstrates the need for proposed personnel training or training equipment
- b) Sustainability – The extent to which there is available adequately trained staff to carry out the proposal
- c) Methodology and Approach – The extent to which the applicant describes a rational plan to carry out the proposal
- d) Budget – The extent to which the proposed budget is reasonable and consistent with intended use of funds
- e) Quality and Completeness of Application – The extent to which all required components of the application have been correctly provided.

7. Reporting Requirements

Grantees will be required to provide programmatic and financial information to OEMS in the following manner:

- a) Submission of a final expenditure report (bill of sale, vendor receipt, or other appropriate documentation) within 30 days of the end of the grant cycle

- b) Submission of original or verifiable copies of all the receipts and other appropriate documentation related to the disposition of the grant to the Commissioner or designee within 7 days of request

8. Notification, Evaluation and Process

The following processes will occur upon receipt of an Application Package:

- OEMS shall evaluate the Application Package for completeness and forward the completed document to the appropriate Regional Coordinator.
- The EMS organization will receive written verification that the package was received within thirty days of receipt by OEMS.
- The EMS Regional Councils will have up to forty-five days to review the package and make recommendations.
- The recommendations of the Regional Councils will be presented to the Commissioner who will make the final determination as to which EMS organizations receive grant awards.
- The EMS organization will be notified if the grant award has been granted or denied.
- A Personal Service Agreement contract and the accompanying forms will be distributed to each EMS organization that receives a grant award. **The contract and forms must be returned to OEMS within 90 days of receipt or the EMS organization may be subject to forfeiture of grant funds.**
- The completed Personal Service Agreement will be returned to OEMS and reviewed for completeness.
- Following approval, the contract will be entered into the State's fiscal database and the invoice will be sent to the Business Office for processing and to the State Comptrollers Office who release the funds.

The EMS organizations can expect to receive grant monies 150 to 180 days after the application package is submitted.

Office of Emergency Medical Services
Equipment Grant Award Application Form

(Please Print)

1) Applicant Information

Company Name _____

Street _____

Town/City _____

Phone Number _____

Federal Tax ID Number _____

Contact Person _____

2) Grant Category (Circle one)

Electronic Patient Care Reporting
(E-PCR) Software/Hardware

EMS Training

3) Title of Proposal

4) Attachments (check if document is attached)

Yes

No

Justification of Need Narrative

Proposed Work Plan Narrative

Budget

I, the undersigned, do hereby agree to comply with and be bound by all the grant restrictions and requirements of sections 19a-178b-1 through 19a-178b-6, inclusive, of the Regulations of Connecticut State Agencies.

Approved

Approved

Signature of Chief Executive Officer
of EMS Organization

Signature of Chief Elected Official
of town(s) whose population is most
directly affected by the grant

Date Submitted to OEMS _____

Submit Completed Application Package to:

State of Connecticut
Department of Public Health, OEMS
410 Capitol Avenue MS # 12 EMS
PO Box 340308
Hartford, CT 06134