

**North Region EMS & Trauma Care Council**

**2022-2023 Grant Application Packet**

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**Grant Timeline**

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| July 1, 2022 | Grant Application Period Opens |
| July-October 2022 | **Grant Applications are submitted to the Local Councils from July 2022-October 2022.** |
| Local Councils will review and assess applications according to the Regional Council approved criteria and make recommendations to the Regional Council. Local Councils may set their own deadline for review. |
| **September 30, 2022** | *Applications are due to the Regional Council in preparation for the Council meeting on October 6th, 2022. Local EMS offices will forward applications electronically to* [Nadja@northregionems.com](mailto:Nadja@northregionems.com) |
| October 13, 2022 | Regional Council reviews applications for funding. Award letters are signed, and recipients notified via email. |
| June 1, 2023 | Reimbursement request and report due to Regional Council office by 1700 on June 1, 2023 |

Mailing Information

Please send your application to your Local EMS Council Office listed below:

|  |  |
| --- | --- |
| Island County EMS Council  Attn: Nick Walsh  [nick.walsh@swfe.org](mailto:nick.walsh@swfe.org)  5535 Cameron Road  Freeland, WA 98249 | San Juan EMS Council  Attn: Hannah Johnson  [hjohnson@sanjuanems.org](mailto:hjohnson@sanjuanems.org)  P.O. Box 2178  Friday Harbor, WA 98250 |
| Skagit EMS  Attn: Freya Peebles  [freyaxp@co.skagit.wa.us](mailto:freyaxp@co.skagit.wa.us)  2911 East College Way, Ste. C  Mount Vernon, WA 98273 | Snohomish Council EMS  Attn: Kelly Fox  [Kelly.fox@snocountyems.org](mailto:Kelly.fox@snocountyems.org)  12425 Meridian Ave S Everett, WA 98208 |
| Whatcom County EMS Council  Attn: Andrea Doll  [Andrea@whatcomcountyems.com](mailto:Andrea@whatcomcountyems.com)  1212 Indian St/ PO Box 5125  Bellingham, WA 98227 |  |

*If you are unsure of what Local EMS Council you belong to, please contact the North Region EMS office by email:* [*nadja@northregionems.com*](mailto:nadja@northregionems.com) *or by phone: 360-708-2454.*

**Guidelines and Application Instructions**

According to RCW 70.168.130 (1) and (2), the Washington State Department of Health provides disbursement of funds to regional emergency medical services and trauma care councils. *~Part of the funds budgeted by the North Region EMS & Trauma Care Council are for an Annual Community Based Training (CBT) Grant.*

Grants are awarded to Prehospital Agencies, within the North Region, to support community-based prehospital education. Available grants will also be awarded to applications that enhance existing quality of prehospital activities or services, decrease patient mortality and morbidity; or expand the extent, size or number of existing prehospital activities or services.

In an effort to best serve North Region communities, grants will be assessed and awarded based on need and benefit to the Region. Applicants must coordinate application approval through their County EMS Council or their Agency.

Grants will be reviewed according to the Regional Council’s Grant Criteria and approval will be based on the overall benefit to the Region. Depending on the number of and types of requests in the grant submissions, the Regional Council may fund different amounts per county. Funding will be prioritized based on participation in the North Region Council.

**Information about the grant application**:

**Eligible applicants**:

Local EMS Agencies and Trauma Designated Facilities in North Region.

**Deadline:**

Your application must be received by your local EMS Council before their designated review deadline date. You may submit your application by email. No faxed applications will be accepted.

**Available funds**:

There will up to $40,000.00 available to fund local EMS projects and/or training.

**Project period**:

July 1, 2022 – June 30, 2023

(All charges occurring within FY22-23 MUST be submitted if you have been awarded a grant)

**Reimbursement Requirements:**

You may submit expenses and equipment purchases consistent with your grant, from July 1st, 2022, until June 1st, 2023. Please submit your reimbursement invoice in a SINGLE request to avoid any confusion or missed invoices. Clearly state to which agency or hospital the reimbursement check is to be paid. Checks will NOT be paid to individuals.

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| **North Region EMS & Trauma Care Council**  **Community Based Training Grant Application** | | | |
| **Application must be submitted and reviewed by your Local EMS Council Office** | • Please answer all questions as completely as possible.   * Signature of the applicant and authorized representative is required. * Please submit support documentation and attach to the (brochures, references, samples, equipment descriptions, etc.). | | |
| **Contact**  **Information** | Organization: | | |
| Primary contact: | | |
| Address: | | |
| City: | | Phone: |
| Zip: | | Fax: |
| County: | | |
| Contact email: | | |
| Federal Tax ID#: | | |
| **Summary** | Project/Equipment/Grant Title: | | |
| **Description:** | | | |
| **Project Budget: $** | | **Amount Requested: $** | |
| **Objectives and/or Community Impact**: | | | |

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| --- | --- | --- | --- |
| **BUDGET:** | | | |
| **Description** | **North Region Grant** | **Matching/In-Kind**  *\*Include agencies providing support* | **Grand Total** |
| **Requested Amount:** |  |  |  |
| **Equipment** |  |  |  |
| **Administrative Cost** |  |  |  |
| **Other Expenses**  (describe) |  |  |  |
| **Grand Total:** |  |  |  |
| **Signature:** Your signature means you agree that you will use all funding granted, as stated above and, that you are authorized by your facility or agency to make this grant request. | | | |

Signature of Applicant Date

**Application Review Criteria**

Application requests will be reviewed for funding recommendation according to the following:

1. Eligibility as a licensed EMS Provider in the North Region (licensed EMS providers, first responder organizations, injury prevention organizations, EMS training centers, academic institutions and others related to EMS).
2. Purpose- Does it improve the existing quality of prehospital EMS activities or services, decrease patient mortality and morbidity; or expand the extent, size or number of existing prehospital activities or services?
3. Does it provide for countywide or multiple agency application and/or participation?
4. There is strong evidence that the project is responsive to the defined need and is service driven rather than agency driven.
5. The project is not replacing or unnecessarily duplicating existing equipment and is for only those items necessary to accomplish the objectives.