

# Southern Illinois Regional EMS System

## O-3 EMS GRANT APPLICATION FORM

### Section 515.3000 EMS Assistance Fund Administration

- a) *EMT licensure examination fees collected shall be distributed by the Department to the Resource Hospital of the EMS System in which the EMT candidate was educated, to be used for educational and related expenses incurred by the System's hospitals, as identified in the EMS System Program Plan. (Section 3.220(b) of the Act)*
- b) *All other moneys within the EMS Assistance Fund shall be distributed by the Department to the EMS Regions for disbursement in accordance with protocols established in the EMS Region Plans, for the purposes of organization, development and improvement of Emergency Medical Services Systems, including but not limited to training of personnel and acquisition, modification and maintenance of necessary supplies, equipment and vehicles. (Section 3.220(c) of the Act)*
- c) Award of Funds
  - 1) Any Illinois licensed/designated EMS participant that provides EMS service within the State of Illinois may apply for funds through the Regional EMS Advisory Committee.
    - A) Application shall be made on forms prescribed and provided by the Department.
    - B) Applicants shall provide evidence of financial planning, to include but not be limited to: equipment replacement plans, budgeting plans, and fundraising plans.
  - 2) Programs, services and equipment funded by the EMS Assistance Fund shall comply with the Act, this Part and the EMS Regional Plan in which the applicant participates.
  - 3) The award of funds shall be based upon demonstrated need and one or more of the following:
    - A) Establishment of a new EMS agency, program or service where needed to improve emergency medical services available in an area;
    - B) Expansion or improvement of an existing EMS agency, program or service;
    - C) Replacement of equipment that is unserviceable or procurement of new equipment; and
    - D) Establishment, expansion or improvement of EMS education and training programs including the adult and pediatric population.

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(continued)

- 4) Deadlines for submission of applications shall be March 1 of each year. For 1997 only, the deadline shall be April 1. Applications must be received in the Division of Emergency Medical Services and Highway Safety by 5:00 pm on the date of the deadline. If the deadline falls on a Saturday, Sunday or State holiday, the application must be received by 5:00 pm the next business day.
  - 5) Grants shall be awarded by July 1 of each year.
  - 6) All recipients shall be asked to enter into a grant agreement as prescribed by the Department.
- d) Emergency Awards
- 1) The Regional EMS Advisory Committee may recommend that the Department issue emergency awards. Emergency awards shall not exceed 10 percent of the total funds available in a year.
  - 2) Applications shall be made in accordance with subsections (c) (1) and (2) of this Section.
  - 3) The award of funds shall be based on the demonstrated needs arising from a natural or man-made disaster.
- e) Amount of Award
- 1) The amount of the award shall be based on the amount requested by the applicant, the recommendation of the Regional EMS Advisory Committee and the amount available in the Fund for distribution. The amount awarded shall not exceed the amount requested by the applicant.
  - 2) It shall be the responsibility of the applicant to provide adequate information to substantiate the requested amount or any hardship claim.
- g) Reporting Requirements
- The grantee shall submit a report to the Division of Emergency Medical Services and Highway Safety every six months detailing the status of the grant funds. Within 60 days after the final disbursement of the grant funds, a final report shall be submitted to the Division. The final report shall consist of a financial report for the project and a brief narrative describing the completed project.

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- h) Modification of a Grant Agreement
  - 1) Any change in the use of grant funds from that specified in the approved application shall be permitted only by modification of the grant agreement. The grantee may request the modification of the grant agreement by writing the Chief of the Division of Emergency Medical Services and Highway Safety detailing the reasons and circumstances necessitating the request.
  - 2) The award may be suspended and all disbursements of funds held. There shall exist reasonable cause for suspension, such as:
    - A) Failure to comply with the Act and this Part;
    - B) Failure to follow the EMS Region Plan in which the grantee participates; and
    - C) Violation of the terms of the grant agreement.

(Source: Added at 21 Ill. Reg. 5170, effective April 15, 1997)

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## O-3 EMS GRANT APPLICATION FORM (continued)

### ILLINOIS DEPARTMENT OF PUBLIC HEALTH EMS ASSISTANCE FUND GRANT APPLICATION COVER SHEET *(Cover Sheet must be the first two pages of the application)*

Agency/Provider/Participant Name \_\_\_\_\_  
*(This refers to the actual agency name with which the Department will contract for grant funds.)*

EMS Region Number \_\_\_\_\_

EMS System Name \_\_\_\_\_

If ambulance provider, provide the following:

- Level of Service \_\_\_\_\_
- Population of Service area \_\_\_\_\_
- Total yearly EMS calls
  - BLS \_\_\_\_\_
  - ILS \_\_\_\_\_
  - ALS \_\_\_\_\_
- Number of licensed personnel for each level of service
  - BLS \_\_\_\_\_
  - ILS \_\_\_\_\_
  - ALS \_\_\_\_\_

Total Amount of Funding Requested \$ \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Agency of Applicant \_\_\_\_\_

**INCLUDE NEXT PAGE**

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## O-3 EMS GRANT APPLICATION FORM (continued)

### **Grant Application Cover Sheet** (Continued)

*(This sheet shall accompany all applications)*

This information applies to the actual entity that will contract with the Department.

Agency Legal Name \_\_\_\_\_

Agency FEIN Number (This number must be provided. It is **not** the agency's tax exempt or Department of Human Rights numbers) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone (days) \_\_\_\_\_ - \_\_\_\_\_

(evenings) \_\_\_\_\_ - \_\_\_\_\_

Best time to reach Contact Person by phone \_\_\_\_\_

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## O-3 EMS GRANT APPLICATION FORM (continued)

### DESCRIPTION OF PROJECT CRITERIA

- Completely describe your agency/organization request for financial assistance. Describe the **purpose** and **scope** of the request and problems encountered by your agency/organization. Please state clearly your **justification** for the requested item(s).
- Will funding of this request maintain present services? If requested item(s) is for replacement purposes, describe current condition of item(s) to be replaced, e.g. if for a vehicle, give model, year, mileage, problems, etc.
- What will be the effect on services provided to the community if the requested item(s) is not funded?
- How does the requested item(s) impact on the citizens served and on **patient care**?
- Is the requested item(s) required for licensure and/or certification by the Rules and Regulations governing emergency medical services?
- Is the item(s) requested for upgrade, i.e. BLS to ALS?
- Is the requested item(s) to be shared with other EMS agencies? Is the request identified in local, regional, and/or state plans/documents as a priority? Is the request compatible with goals and objectives of the applying agency/organization, jurisdiction, Region and/or State?
- Provide any additional information that will help the reviewers understand your **need** for the requested item(s), e.g. what are the unique characteristics of your service area relating to geography, demography, economic conditions, etc.

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## O-3 EMS GRANT APPLICATION FORM (continued)

### EVALUATION CRITERIA

- Requested item/project is required for licensure and/or certification by the Rules and Regulations.
- Equipment requested is required for upgrade, i.e. BLS to ALS. A statement of endorsement from local EMS System supporting upgrade must be included.
- Current personnel are trained to operate requested items.
- Requesting Agency serves more than its own service area, and an increasing number of calls are out of its own district.
- Equipment requested is to be shared with other EMS agencies.
- Program request identified in local, regional and/or State EMS plan(s) as priority. Include impact on citizens served. The program/equipment request is compatible with goals/objectives of the agency and the EMS Region.

### GRADING SCALE

- Grade 1**      **Immediate Funding Need**--Alternate funding sources exhausted or unavailable. System will suffer if program postponed. Program request is of greatest impact to citizens served.
- Grade 2**      **Definite Funding Need**--Alternative funding limited or delayed availability. Program of high priority. Need is present. Program of high impact to citizens served.
- Grade 3**      **Project Needed Eventually**--Local funding available in future. System will benefit from improved time table. Limited available funding.
- Grade 4**      **Project Can Be Delayed**--Local funds available. Program of low impact to citizens served. Consideration will be given as need increases.
- Grade 5**      **Project Not Needed**--Local funds available. Limited or impact to service area. Duplication of resources. Consideration will be given as need is evident.

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## O-3 EMS GRANT APPLICATION FORM (continued)

**IMPORTANT: Must be completed for any Vehicle or Rechassis Grant**

<b>I. REQUESTED VEHICLE(S) IS/ARE (Check ONE of the following)</b>	
	Permanent replacement for unit # _____
	Additional vehicle
	Other _____

<b>THE FOLLOWING FOUR INQUIRIES MUST BE ANSWERED IF REQUESTING A REPLACEMENT VEHICLE.</b>	
1) Describe the current condition of the vehicle to be replaced. _____ _____	
2) Indicate what will be done with the unit that is replaced. _____	
3) Explain why a rechassis should not be considered. _____ _____	
4) Number of calls to which your agency was <b>UNABLE</b> to respond due to the <b>MECHANICAL UNAVAILABILITY OF THE EMERGENCY VEHICLE TO BE REPLACED.</b>	

<b>II. VEHICLE LOCATION</b>		
Identify where the requested vehicle will be housed and intended for use. _____		
<b>III. VEHICLE MAINTENANCE</b>		
Describe the maintenance program used for your vehicle fleet. _____ _____		
What is the average length of service in miles and/or years of vehicles operated by your agency?		Years
		Miles

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