



Southern Region EMS Council
Anchorage, Alaska

Mission: Improve the quality, availability and sustainability of emergency patient care

MINIGRANT DISTRIBUTION POLICY AND APPLICATION PACKET

Application Deadline - December 3, 2019



SREMSC Mini-grant Distribution Policy and Application Packet

The Southern Region Emergency Medical Services Council Board of Directors may make funds available for Mini-grants on an annual basis, dependent on available funding.

Any recognized volunteer or combination Emergency Medical Services agency in Southern Region may apply (for-profit EMS Agencies are not eligible).

Application packets must be returned **COMPLETE** to SREMSC no later than **December 3, 2019** to be eligible.

The actual award amount to each agency will be determined by the SREMSC Mini-grant Review Committee and is limited to \$1,500.

Eligible expenses for Mini-grants may include, but are not limited to:

- Supplies and equipment needed to fulfill basic equipment needs as listed on the Basic Supply and Equipment List. (See appendix A)
- Emergency Vehicle, Building and/or Worker's Compensation insurance.
- Emergency Vehicle building heating fuel.
- Emergency vehicle repair / maintenance.
- Facility costs such as telephone and utilities.
- EMS Training and associated travel and expenses.
- Volunteer recruitment and retention incentives.

Deadline to submit to SREMSC is December 3, 2019. Eligible services will be notified of their selection following the December 2019 SREMSC Board of Directors meeting and review.

All funds allocated must be for expenses incurred and paid for during FY2020 and all receipts must be submitted to SREMSC no later than May 31, 2020.

Community Match requirements may be met in the following ways:

- Direct cash match by community, village, city, tribal, or borough council or assembly
- Letter of community match from community, village, city, tribal, or borough council or assembly
- Provide confirmation / receipts of expenses already paid by service, community, village, city, tribal or Borough council or assembly.
- Documented in-kind match/value by service, community, village, city, tribal or Borough council or assembly (e.g., municipal or borough space for Ambulance parking, etc. with general estimate of the cash value of the in-kind contribution).

Note: Proof of community match must be included with the Mini-grant application. If a service fails to meet their guarantee of the Community Match they will be ineligible for Mini-grant and Code Blue funding for a period of five (5) years or until the obligation is met.

All Mini-grant applications will require the following approval process:

1. Head or Director of service or agency submitting the application.
2. President of the agency Board of Directors, Community Council President, Village, Tribal, City, or Borough Council, Assembly or Mayor, or equivalent local official for non-incorporated areas.
3. Southern Region EMS Council Subarea Coordinator.
4. Southern Region EMS Council Executive Director.

MINIGRANT REQUEST DESCRIPTION

(Additional Pages may be used for justification or attach quotes)

Funds Distribution Requested (check one):

- Service will order and pay for the item directly. SREMSC will reimburse the service.
 1. Fax, email scan or mail this form with copies of the invoice paid and copies of cancelled checks/proof of payment **plus** any receipts outside of the Minigrant (if any) **and packing slip** to be applied to the local match requirement.
 2. If no receipts are received for local match, SREMSC will invoice your service for local match amount. Expenses must be incurred and paid in FY2019.

- Service will order item directly and submit invoice to SREMSC for payment to vendor.
 1. Fax, email scan or mail this form with copies of the invoice **plus** any receipts outside of the Minigrant (if any) plus **packing slip** to be applied to the local match requirement.
 2. If no receipts are received for local match, SREMSC will invoice your service for local match amount. Expenses must be incurred and paid in FY2019.

If your organization absolutely cannot do either of the above options, the option below is available:

- SREMSC will order item and have vendor bill SREMSC directly.
 1. Service will contact vendor for desired equipment and obtain a quote.
 2. Fax, email scan or mail this form with vendor quote **plus** any receipts outside of the Minigrant (if any) and **packing slip** to be applied to the local match requirement.
 3. If no receipts are received for local match, SREMSC will invoice your service for local match amount.

PRIORITY	ITEM DESCRIPTION Attach quote(s) or catalog page(s)	COST
1		
2		
3		
4		
5		
6		
7		
8		
TOTAL MINIGRANT REQUEST:		\$

MINI-GRANT APPLICATION CHECK LIST & SIGNATURES

*Incomplete applications will **NOT** be considered for approval.*

- Copy of Ambulance Certification attached.(N/A for First Responder Services)
- Proof of Community match attached **
 - First Responder Services – 15% of total expenses
 - Certified Ambulance Service, Incorporated Communities – 50% of total expenses
 - Certified Ambulance Service, Unincorporated Communities – 25% of total expenses
- ** Community Match requirements may be met in the following ways:
 - Direct cash match by community, village, city, tribal, or borough council or assembly.
 - Attach letter of community match from community, village, city, tribal, or borough council or assembly.
 - Provide copies of cancelled checks or payment confirmation and invoices/receipts of expenses already paid by service, community, village, city, tribal or borough council or assembly.
 - Documented in-kind match/value by service, community, village, city, tribal or Borough council or assembly (e.g., municipal or borough space for Ambulance parking, etc. with general estimate of the cash value of the in-kind contribution).
- Proof of minimum personnel response requirement (table filled out or roster attached.)
- W-9 form **must** be submitted with the application.
- Annual Community EMS Survey (to include pre-hospital data summary report for those services reporting electronically).
- Written requests for variations or exemptions to minimum requirements must be attached to this application.

Reminder: *Incomplete applications will not be considered until after all complete applications are considered.*

Signature of Head of Service	Date
Signature of local Board Chair/Municipal/Tribal Official	Date
Signature of Sub Area Coordinator	Date
Southern Region EMS Council Executive Director	Date

For Office Use Only:

Application Approved Application Declined

Award Amount: _____ Date letter of explanation sent: _____

Date of Minigrant Review Committee decision: _____

Notes: _____

APPENDIX A: MINIGRANT APPROVED EQUIPMENT\SUPPLY SUGGESTIONS & TYPES

Basic Life Support (BLS) Equipment and Supplies

Advanced Life Support (ALS) Equipment and Supplies

Ventilation and Airway Equipment

Immobilization Equipment

Communications Equipment

Bandaging Equipment

Obstetrical

Miscellaneous examples:

- Patient assessment equipment
- Recruitment/Retention items, e.g., service wear
- Dr. Down / Life Blanket type equipment
- Cases / bags for oxygen, responder kits, trauma bags, etc.
- Triage supplies / kits
- Broselow bags
- Hemorrhage Control / Tourniquets
- Gunshot Wound Kits

Safety examples:

- Safety flares
- Fire extinguisher, dry chemical, 5-10# and refilling Flashlights
- Safety goggles
- Protective gloves, leather
- Basic tool kit: Hammer, Phillips screwdriver, regular screwdriver, adjustable wrench and pliers
- Body fluid isolation devices and supplies (gloves, mask, gowns, eye protectors)
- Ice cleats or similar for responders