



## HERO: HELPING EMS IN RURAL OREGON RURAL OREGON EMS AGENCY TRAINING GRANTS

**HERO: Helping EMS in Rural Oregon EMS Training Grants** are to help pay for training classes and exercises sponsored by local EMS organizations and to send staff to training for their Emergency Medical Technician (EMT), Advanced EMT (AEMT) or EMT-Intermediate (EMT-I) certification.

- Eligible applicants are rural EMS organizations only.
- Applicants may request **up to \$2,500**. Matching funds or other resources are required.
- Priority will be given to applications from agencies:
  - located in frontier counties (Baker, Grant, Wallowa, Wheeler, Sherman, Gilliam, Morrow, Harney, Malheur and Lake)
  - with a high proportion of volunteer staff
  - that are non-profit or public entities
  - that encourage participation from or collaboration with neighboring rural EMS agencies
- Agencies awarded funds through this grant program have a maximum of one year in which to expend the funds.
- Successful applicants are required to submit a report within one month of the completion of the proposed training. The report must include number of people who successfully completed the training and an accounting of how the funds were actually spent.

This application was prepared for funding **cycle 8** of the **HERO: Helping EMS Rural Oregon** EMS Agency Training Grant Program. The deadline for applications is **Monday, April 2, 2018**. For more information about the Office of Rural Health's **HERO: Helping EMS in Rural Oregon**, please go to the Oregon Office of Rural Health website at [www.ohsu.edu/hero](http://www.ohsu.edu/hero).

To be eligible for **HERO: Helping EMS in Rural Oregon** EMS Training Grant funds, **you must be an EMS organization that meets both of the following criteria:**

1. Located in a rural community. Rural is defined as all geographic areas 10 or more miles from the centroid of a population center of 40,000 or more.
2. Recognized by the Oregon Health Authority EMS & Trauma Systems Program as an organization that participates in Oregon's 9-1-1 response system.

***If you do not meet both of the above criteria, please do not proceed with this application.***

***If you meet both criteria, please complete the following grant request form.***

Name of Applicant Organization: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

(Please print legibly; e-mail is our primary mode of communication)

Mailing Address: \_\_\_\_\_

Street address or P.O. Box

City

State

Zip

County in which agency is located: \_\_\_\_\_ Agency Tax ID: \_\_\_\_\_

What is the total number of paid EMS staff in your organization? \_\_\_\_\_

How many are EMRs? \_\_\_\_ EMTs? \_\_\_\_ AEMTs? \_\_\_\_ EMT-Is? \_\_\_\_ Paramedics? \_\_\_\_

What is the total number of volunteer EMS staff in your organization? \_\_\_\_\_

How many are EMRs? \_\_\_\_ EMTs? \_\_\_\_ AEMTs? \_\_\_\_ EMT-Is? \_\_\_\_ Paramedics? \_\_\_\_

Is this organization a \_\_\_\_for-profit, \_\_\_\_public, or \_\_\_\_not-for-profit entity? (Check one)

How many calls does this agency receive per year? \_\_\_\_\_

How many transports does this agency make per year? \_\_\_\_\_

If this agency does not transport, how many miles away is the nearest transport agency? \_\_\_\_\_

What is the organization's total annual revenue? \$ \_\_\_\_\_ Annual expenses? \$ \_\_\_\_\_

If there is a significant difference between the two, please explain: \_\_\_\_\_

What is the organization's total annual training budget? \$ \_\_\_\_\_

Where will the proposed training occur? \_\_\_\_\_

**On the next page, tell us what you would like to use HERO training grant funds for, *and why you need this grant to help pay for it.***



**HERO: Helping EMS in Rural Oregon** training grants are to be used in conjunction with a match of resources from the applicant organization. The match can be either cash or in-kind resources for which a dollar value can be estimated. Please complete the grid below in order to inform us of the cost of the training, and the breakdown of grant vs. matching funds. Round up to the nearest dollar.

Expense (please itemize)	Agency Allocation	Grant Allocation
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total Agency Contribution</b>	\$	
<b>Total Grant Request</b>		\$
<b>Agency Contribution + Grant Request = Total Training Expense: \$</b>		

How many trainees will participate in this training? \_\_\_\_\_

Will trainees be charged for participation? \_\_\_\_\_ If so, how much per trainee? \$\_\_\_\_\_

**I ATTEST THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE:**

\_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant primary contact signature

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 (please print)

**Please fax application (pages 2 thru 4) to 503-494-4798,  
 or scan and e-mail to [kvamme@ohsu.edu](mailto:kvamme@ohsu.edu)  
 or mail to Lindsay Kvamme at:**

**Oregon Office of Rural Health  
 Oregon Health & Science University, L-593  
 3181 SW Sam Jackson Park Rd  
 Portland, OR 97239**

(Applications must reach the Office of Rural Health by 5:00 pm on Monday, April 2, 2018)