



EMS EQUIPMENT GRANT APPLICATION

DEADLINE: SEPTEMBER 30, 2011

I. AGENCY CONTACT

Date Submitted _____

Applicant Agency _____

Contact Person _____ Title _____

Address _____

Phone _____ Fax _____ Email _____

II. FUNDING REQUEST

Funding will be on a matching basis. The Medic One Foundation may contribute up to 75% of the cost of the requested equipment.

	<u>Amount Requested¹</u>	<u>Matching Funds from Agency</u>	<u>Total Cost</u>
Medical Equipment	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Please include the following information in your proposal:

1. Describe the need and how the funds will support the delivery of emergency medical services:
2. Why is this funding needed at this time? What will happen if you do not receive the funding?
3. Why are you not including this purchase within your regular operations or capital budget?
4. If your request is funded, how will you acknowledge or recognize the Medic One Foundation?
5. Please indicate the total dollar amount of charitable gifts your agency received in the last fiscal or calendar year. \$ _____

¹ Please list only the total amount of requested funds by category on this page. Attach an itemized list of expenditures for equipment, medical or other. Requests for equipment costing \$1,000 or more must include a vendor bid verifying the cost.

III. AGENCY INFORMATION

Name and number of Fire Protection District/Department: _____

Name of Chief: _____

Mailing Address: _____

Phone _____ Fax _____ Email _____

Agency Response Information for most recent year of _____

Total # of responses: _____

Total # of EMS responses: _____

Percent EMS aid responses: _____

Demographic Information

Square miles in service area: _____

Population served: _____

Special areas or miles in service area: _____

Personnel

Number of full-time firefighters or other personnel: _____

EMTs: _____

Paramedics: _____

Number of volunteers: _____

EMTs: _____

IV. BUDGET

Please identify the source of matching funds.

EMS Budget for current year of _____ \$ _____

Total Fire Department Operating Budget: \$ _____

For equipment that costs \$1,000 or more, please attach a copy of your department budget and a vendor bid for the equipment.

Medic One Foundation requests information regarding the operating budget of applicant agencies in order to assess relative need for funds. In addition to the information requested above, the applicant agency is invited to provide further data regarding financial need.

GUIDELINES FOR EQUIPMENT GRANTS

One of the purposes of the Medic One Foundation is to assist nonprofit emergency medical services agencies in better serving their communities by providing matching grants for the purchase of emergency medical equipment. Our intent is to help agencies leverage existing budget resources.

ELIGIBLE APPLICANT AGENCIES:

An agency must be the primary nonprofit provider of emergency medical services to a local area in King, Snohomish, and Kitsap counties. It is anticipated that such agencies will usually be local fire departments, but may be community hospitals or other local institutions that operate as nonprofit public agencies. All applicant agencies must be public entities or private nonprofit corporations recognized by the State of Washington.

No agency will receive funding for two consecutive years.

ELIGIBLE EXPENDITURES:

Grant requests in excess of \$20,000 will not be considered. The Foundation will consider requests for the purchase of capital equipment necessary for the provision of pre-hospital emergency medical services, including, but not limited to:

- Equipment required for publicly-funded life support vehicles used to respond to medical emergencies.
- Equipment approved by the local Medical Program Director and used in the treatment of medical emergencies.

Due to limited resources, the Foundation is unable to support funding requests for public access defibrillators, vehicles, gurneys, and glidescopes.

FUNDING PROCESS:

Completed grant application form must be postmarked by September 30, 2011.

The Foundation's Equipment Grant Review Committee will review all properly completed applications. The committee will rate applications and prioritize them according to the following criteria:

- Does the application adequately describe an unmet need in the delivery of emergency medical services?
- Does the application describe how this need can be resolved by receiving the requested funds on a one-time-only basis?
- Does the applicant agency have qualified personnel to use this equipment?

Funding will be on a matching basis. The Medic One Foundation may contribute up to 75% of the cost of the requested equipment. The applicant agency must demonstrate the financial capability and commitment to fund the balance of its request.

Applications will be rated and ranked in priority order and will receive funding in accordance with the financial capabilities of the Medic One Foundation. Applicants will be advised of the funding decision by February 15, 2012.

For more information, please contact the Foundation office.

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