



Need (60 Points)

Please refer to the *North Dakota Rural EMS Assistance Fund Grant Guidance* for detailed information regarding the completion of this section.

If professionally prepared financial statements are not provided, financial need for the funding area must be established by the completion of the *Financial Information Form* by each ambulance service within the funding area.

Financial Information Form

[illegible]

List those bills that are 30 days past due (continued)		
Bill	Date of Bill	Amount Owed

6. List of outstanding loans

Purpose of Loan	Payoff Amount	Monthly Payment	Number of Remaining Payments	Loan End Date

7. Revenues

Ambulance Service Fees	\$
Donations/Fundraisers	\$
Grants	\$
Mill Levy	\$
Tax Based Revenue	\$
Interest Income	\$
All Other Income	\$
Total Revenue	\$

8. Expenses

Permanent Staffing	\$
Volunteer Staffing	\$
Payroll Taxes ¹	\$
Telephone	\$
Billing Service Fees ²	\$

8. Expenses (continued)		
	Interest Expense	\$
	Office Supplies	\$
	Repairs	\$
	Insurance ³	\$
	Legal & Other Professional Fees	\$
	Fuel	\$
	Facility Rent Expense	\$
	Utilities ⁴	\$
	Medical Supplies	\$
	Bad Debt Expense ⁵	\$
	All Other Expenses (Please List)	
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total Expenses	\$
	Revenues Less Expenses	\$
9. Have you foregone any expenses because of funding shortages? (please list)		
	1.	
	2.	
	3.	

10. Area of explanation (please detail any information you feel necessary)

- ¹ Includes employer - paid Social Security, Medicare and Unemployment
² Amounts paid to others to process payments to your service
³ Include Workers Compensation, property and health insurance
⁴ Include electricity, garbage, water, heating and cooling, etc.
⁵ A debt owed to your service that has been determined to be uncollectible

Establish an understanding of the current state of EMS in the funding area by the completion of the *Attributes of Successful Rural Ambulance Services* by each ambulance service within the funding area. See detailed instructions in the *Grant Guidance* document. These documents can be found on the DEMST website: ndhealth.gov/ems

**Attributes of Successful Rural Ambulance Services
Score Sheet**

Ambulance Service
Funding Area Number

Fill in the rating you have selected from the *Attributes of Successful Rural Ambulance Services*. A score sheet for each ambulance service in the funding area must be submitted with the funding area application.

Question	Score
1. Written Call Schedule	
2. Community-Based Board	
3. Medical Director Involvement	
4. Continuing Education	
5. Quality (QA/QI) Process	
6. Recruitment and Retention Plan	
7. Personnel Standards	
8. Written Policy and Procedure Manual	
9. Sustainable Budget	
10. Identified EMS Operations Leader with a Succession Plan	
11. Professional Billing Process	
12. Contemporary Equipment and Technology	
13. Agency Attire	
14. Public Information, Education, and Relations (PIER)	
15. Involvement in the Community	
16. Reporting of Data	
17. Wellness Program for Agency Staff	
18. Incident Response and Mental Wellness	
19. Patient Reporting After Response	
20. System Integrations	
Total Score:	

Project Description and Justification (60 Points)

Please refer to the *North Dakota Rural EMS Assistance Fund Grant Guidance* for detailed information regarding the completion of this section.

Fully describe the project for which funds are being applied. Be as detailed as possible but limit the description to 1,000 words or less. Be sure all scoring elements are addressed in this description. **Include details regarding leadership and management training, including how many people have attended and what levels they have completed.**

EMS System Building (60 Points)

Please refer to the *North Dakota Rural EMS Assistance Fund Grant Guidance* for detailed information regarding the completion of this section.

In order to build an EMS system, one or more EMS entities must work together to realize shared goals.

Each agency within a funding area(s) must be included in the planning process. Please note projects that build a system with more than one funding area are strongly encouraged.

Be as detailed as possible while limiting the description to 1,000 words or less.

If a service chooses not to participate, explain why and describe the efforts made to include them. If the service applying for this grant is the only service in the funding area, state this in the space provided, but remember to outline system building efforts with other entities within the funding area, i.e. QRU, fire, law, etc.

The efforts of system building in previous grant cycles have not been as successful as planned. In keeping with legislative intent to foster an EMS system in North Dakota, there will be a more intense focus on system building for the next funding cycle starting July 1, 2017. Therefore, current funding areas are strongly encouraged to form relationships and system building efforts. Consolidation of funding areas is encouraged. These efforts will be rewarded with higher scoring and therefore better chances of receiving funds and/or receiving a higher percentage of requested funds.

Project Budget Itemization

If funding for this project is approved, a monthly reimbursement request will be required using the ND Department of Health Program Reporting System (PRS).

NOTE: Each category does not need to be utilized. Unlisted categories may be specified in the 'other' category. Categories may be left blank.

Personnel/Staffing	
Travel, Food and Lodging	
Supplies	
Rent/Utilities	
Communications (Telephone/Postage)	
Equipment	
Consultant/Contractual	
Other/Optional	
Other/Optional	
Other/Optional	
Other/Optional	
Other/Optional	

Project Budget Justification

Using budgeted numbers, briefly describe in detail how monies will be spent in each category of the proposed budget.

Signature Block

The name of service and signature of an authorized representative (squad leader / board chair) of each involved entity/service is required in order for this application to be considered complete. Signature in this block verifies agreement of all arrangements/project efforts established in this grant application.

Signature of Squad Leader	Name of Squad	Date
Signature of Squad Leader	Name of Squad	Date
Signature of Squad Leader	Name of Squad	Date
Signature of Squad Leader	Name of Squad	Date
Signature of Squad Leader	Name of Squad	Date
Signature of Squad Leader	Name of Squad	Date

Signature of Authorized Representative

As the person completing this application, I certify that the information contained within is true and correct to the best of my knowledge. I also acknowledge that any funds received from this grant will be expended according to the laws of the State of North Dakota for the purpose stated in this application.

Signature of Authorized Representative	Date
--	------

Submit completed application and accompanying documents to:



North Dakota Department of Health
Division of EMS and Trauma
1720 Burlington Drive
Bismarck, ND 58504

All applications must be postmarked no later than 5 p.m. on April 30, 2016. Any applications received after this deadline will not be accepted. A confirmation e-mail will be sent upon receipt of this application.