Virginia Office of Emergency Medical Services Financial Assistance for Emergency Medical Services (FAEMS) General Grant Information

Revision – January 2017

Rescue Squad Assistance Fund (RSAF)

General Fund

Special Priorities for Funding

Migration to VPHIB Version 3 (VAv3) Requirements
Emergency Medical Dispatch
Emergency Operations
Innovative (Special) Projects
Multi-Jurisdictional or Agency Projects
Recruitment and Retention

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Virginia Office of EMS Grant Program
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FINANCIAL ASSISTANCE FOR EMERGENCY MEDICAL SERVICES (FAEMS) RESCUE SQUAD ASSISTANCE FUND (RSAF)

The Rescue Squad Assistance Fund (RSAF) is a multi-million dollar matching grant program for Virginia governmental, volunteer and non-profit EMS agencies and organizations to provide financial assistance based on demonstrated need. Funding is also recommended on the documented need of the specific item being requested. The primary goal of this program is to financially assist governmental, volunteer and non-profit EMS agencies to purchase EMS equipment and vehicles and provide needed EMS programs and projects. RSAF is primarily a reimbursement grant that requires the grantee to make the purchase for the awarded item(s) and then submit an **invoice** for reimbursement.

SPECIAL PRIORITIES FOR FUNDING

- **Migration to VPHIB's version 3 (VAv3) Requirements**

In response to changes that have now taken place with the national EMS dataset and technical requirements, OEMS must make significant changes to Virginia's EMS data collection programs, Virginia Pre-Hospital Information Bridge (VPHIB). Virginia's VPHIB program is moving from its current version 2 to the new Virginia version 3 minimum dataset and technical format, or what we are calling "VAv3." Funding may be used for a broad range of items including, but not limited to, hardware, software, licenses, support and services.
Contact: VPHIB Support, 804-888-9149, Support@OEMSSupport.Kayako.com, http://oemssupport.kayako.com/

- **Emergency Medical Dispatch (EMD)**

The primary goal of funding EMD is to provide a systematic way to handle calls for medical assistance and provide life-saving pre-arrival medical instructions for the patient while responders are en-route. EMD funding can include communication equipment, software, training and equipment necessary to install communications.
Contact: Ken Crumpler, OEMS Communications Coordinator, 804-888-9100, ken.crumpler@vdh.virginia.gov

- **Emergency Operations**

The primary goal of funding the Emergency Ops priority is to provide assistance to **recognized** deployment teams of Virginia's Emergency Operations Response system. This equipment will assist the teams in deploying in a more efficient manner and better serve the communities to which they are deployed. Priority consideration will be given to teams already **recognized** by the Office of EMS. Information regarding Tactical Medic, Hostile Environment Medic and Active Shooter Medic can be found at http://166.67.66.226/oems/EO/HostileEnvironmentMedic.htm
Contact: Karen Owens, OEMS Emergency Ops Manager, 804-888-9100, karen.owens@vdh.virginia.gov

- **Innovative (Special) Projects**

The Virginia Office of EMS encourages new and innovative Special Projects that will benefit our EMS system. Such Special Projects must be planned and developed to meet outlined objectives that will enhance EMS service and provide specific benefits to the system and users.

- **Multi-Jurisdictional/Agency Projects (MJAP)**

Requests for the MJAP priority are the grouping of jurisdictions or agencies that are applying for the same type of items/equipment/programs/projects. Grants that are submitted by multi-agencies shows planning and forethought and will be look upon favorably. If your agency is applying for a MJAP priority, one agency must take the lead to complete the grant application - All regional grants **MUST submit a Letter of Agreement** from all jurisdictions/agencies involved in the grant request. This must be a signed statement from the Authorized Agent of the jurisdiction/agency stating the intended purposed of the grant and that they support the requested project.

- **Recruitment and Retention**

Preference for the Recruitment and Retention priority will be on new and innovative programs/campaigns focusing on the importance of management and leadership. Media campaigns, recruitment and retention booths/displays, training and incentive programs are some examples under this priority.

Important Reminders

- ✓ **All Communications Equipment** – must be **P25 compatible** (http://www.apco911.org/frequency/project25.php)
- ✓ All Multi-Jurisdictional/Agency (**REGIONAL GRANT REQUESTS**) **MUST submit a Letter of Agreement** from all jurisdictions/agencies involved in the grant request. This must be a signed statement from the Authorized Agent of the jurisdiction/agency stating the intended purposed of the grant and that they support the requested project and submitted by the application deadline.
- ✓ Must be compliant with submitting EMS data including the minimum dataset prescribed technical format as required by Virginia Code §32.1-116.1.
- ✓ **Quotes** are required for **ALL ITEMS** requested or your grant application will be **disqualified**.
- ✓ Check the OEMS website (www.vdh.virginia.gov\oems) for the OEMS price list for items requested, **only use this as a guide**, the price list is updated after the grant deadline for consistency.
- ✓ You **MAY NOT** use Return to Localities funding to match an RSAF awarded grant.

Items Not Eligible for Funding

- Leased equipment or vehicles
- Equipment or vehicles secured by a lien
- Guarantees or warranties
- Fire suppression apparatus or law-enforcement equipment
- Capital improvements
- Articles of clothing (t-shirts, hats, etc) that are not personal protective clothing
- Training courses for EMS provider certification
- Building utilities (electric, gas, water, telephone, etc.)
- Office management expenses

GRANT PROGRAM OVERVIEW

Definitions

ALS	Advanced Life Support
BLS	Basic Life Support
E-GIFT	EMS – Grant Information Funding Tool
EIN	Employee Identification Number
EMD	Emergency Medical Dispatch
EMS	Emergency Medical Services
FAEMS	Financial Assistance for Emergency Medical Services
FARC	Financial Assistance and Review Committee
FIN	Federal Identification Number
OEMS	Office of Emergency Medical Services
OMD	Operational Medical Director
RSAF	Rescue Squad Assistance Fund
VAv3	Virginia Office of EMS version 3 minimum dataset and technical format
VPHIB	Virginia Pre-Hospital Information Bridge

Eligibility & Requirements

1. Applicant **must** be a Virginia non-profit agency/volunteer or governmental organization involved in emergency medical services (EMS).
2. Applicant **must** submit verification of its Federal Identification Number (FIN). Verification can be provided in the following formats:
   - ✓ copy of the original letter from IRS issuing FIN;

- ✓ copy of the latest tax returns (1st page only)
- ✓ statement from the County Administrator or City Manager of the municipality stating that the applicant is non-profit and verifies their FIN. (The number on this form or statement must agree with the FIN being used on the grant application.)

3. Applicant **must** submit a copy (1st page only) of the most recent ***Federal Tax Return*** from the IRS (Form 990). If your tax return is not received before the end of the grant cycle and no extension has been granted, your grant will be considered expired and you will not receive your reimbursement.
4. Applications submitted with line items less than $500.00 will be disqualified.
5. Applications must **submit a quote** with each item requested.
6. All **Multi-Jurisdictional/Agency Grants** must submit a **signed Letter of Agreement** from all parties participating in the grant project stating the intended purpose of the project and the support of the project.
7. All **Communications Equipment** Grants must be **P25 Compatible** (http://www.apco911.org/frequency/project25.php)
8. All requests shall comply with applicable plans, policies, procedures and guidelines adopted by the State EMS Advisory Board.
9. Separate and specific eligibility requirements for specific programs are covered in their respective sections.

Submission Instructions – User Guides Available at OEMS Grants Page

1. **Web-Based Submission through E-Gift**: In order for your application to be reviewed for possible funding consideration, an OEMS application must be submitted prior to the deadline and contain all information requested. Failure to submit the grant application through E-Gift will result in your application not being accepted for funding consideration.
2. Submission of applications must be made using E-Gift, the web-based EMS grant funding information tool. Applications must be submitted by the Agency's Authorized Agent, grant submitter, and requires three types of users:
   - **Authorized Agent**, or grant submitter, is the person responsible for the completion of the grant application on the agency's behalf. The Authorized Agent has the ability to create and make and necessary modifications to the grant.
   - **Financial Officer**, is the person responsible for the receipt, care and disbursement of money of an agency or organization. The Financial Officer will have the capability to review and e-sign the grant; they do not have edit capabilities.
   - The **Agency Operational Medical Director (OMD)** is an EMS physician, currently licensed to practice medicine or osteopathic medicine in the Commonwealth, who is formally recognized and responsible for providing medical direction, oversight and quality improvement to an EMS agency and personnel. The OMD will have the capability to review and e-sign the grant. All OMD's have accounts already established with the Office of EMS and are required to use their existing account to log into E-Gift.
3. The Office of EMS recognizes two types of agencies or organizations that are eligible to apply for an RSAF grant, Licensed EMS Agencies and Non-Licensed EMS Agencies:
   - A **Licensed EMS Agency** is an agency that is authorized by the Office of EMS to provide emergency medical services in the state as an EMS Agency.
     - Licensed EMS Agency's will need to contact your Agency Super User to have your current EMS Portal account set up with E-Gift. See E-Gift User Guide for Licensed EMS Agencies
   - A **Non-Licensed EMS Agency** is an agency that is not authorized by the Office of EMS to provide emergency medical services in the state (e.g. Regional Council, Community College, Sheriff's Office, 911 Center, Volunteer Fire Department, etc…). See E-Gift User Guide for Non-Licensed EMS Agencies
4. **Deadlines for submission of applications are March 15 and September 15 at 5:00 pm** (If the deadline falls on a weekend, state or federal holiday, the application must be received by 5:00pm).
5. Purchases, verbal or written, and/or contract obligations can not be made prior to the date of grant award.
6. The applicant shall not discriminate in the provision of its services or in the conduct of its business or affairs on the basis of race, creed, color, religion, sex, disability or national origin.
6. The applicant is encouraged to contact OEMS, their local EMS council, or OEMS Program Representative (area coordinator for field operations) to obtain application assistance.
7. Notification to awardees will be placed on the E-GIFT on July 1 and January 1. Grant awards are for a 12 month period beginning July 1 through June 30, and January 1 through December 31, respectively.
8. **Each applicant can submit a maximum of one application,** but may request funding for multiple items and/or projects.

Grant Review Process

1. Only applications that have met the above guidelines will be accepted for review. Those accepted will be forwarded to the following after the grant deadline:
   - ✔ Local Regional EMS Council.
   - ✔ Regional OEMS Program Representative - Area coordinator for field operations.
   - ✔ OEMS Staff, if request(s) is for communications equipment, recruitment, retention, leadership,

management, emergency operations, ePCR, computer items, items requiring technical review or from a regional EMS Council as deemed appropriate by OEMS.

- ✔ EMS Advisory Board Committees, such as the transportation and communications committee.
- ✔ Other parties as deemed appropriate by OEMS

2. These individuals will review each application based on the grading scale provided for each program. The recommendations and comments will be submitted to OEMS within 30 days.
3. Once the parties mentioned above return their comments and recommendations, OEMS will provide all documentation to FARC for their review.
4. Within 30 days the committee provides comments and grades for each requested item. The FARC will conduct a meeting (usually the first week of June and December, respectively) for announcing the requests that received a viable funding grade.
5. The FARC reserves the right to recommend a request be partially funded or to place a condition of funding on any award.
6. OEMS will calculate the FARC recommended grade with the following VDH criteria based on the applicants physical location:
   - Health Professional Shortage Area (HPSA)
   - Medically Underserved Area/Population (MUA/P)
   - Fiscal Stress Index (FSI)
   - Return to Localities (RTL) carry over balance
7. Within 7 days of the award meeting, a report of the requests that are "Recommended for Funding" will be submitted to the Commissioner of Health for final approval.
8. Agencies will be notified of their award/denial status via E-GIFT on July 1 and January 1, respectively. The awarded agencies will be placed on the OEMS Grants Page website on July 1 and January 1, respectively.

EVALUATION CRITERIA

Evaluation Criteria

1. Applicants applying for the **Migration to VPHIB version 3 (VAv3) Requirement** may apply for a broad range of items including, but not limited to, hardware, software, licenses, support and services. Applications will be reviewed on the information provided in the VPHIB Questionnaire.
   - **Priority will be given to those agencies that are being forced to move to version 3 and this has caused a financial hardship on that agency (hardship must be justified in application)**.
2. All Communications Equipment Grants must be **P25 Compatible**.
3. All Regional Grants (Multi-Jurisdictional/Agency) must submit a signed Letter of Agreement between all parties involved with the request stating the intended purpose and support of the project.
4. Requested item/project is required for licensure and/or certification by the Rules and Regulations Governing Emergency Medical Services.
5. Equipment requested is required for upgrade from BLS to ALS. OMD identified, class availability, statement of endorsement from local governing body supporting upgrade.
6. Current personnel trained to operate requested items. Equipment matches level of care. Vehicle requests will be evaluated based on current vehicle inventory, call volume/vehicle/year and current number of EMS certified personnel.
7. Requesting agency serving more than its own service area, an increasing percent of calls are out of its district.
8. Equipment requested to be shared with other EMS agencies.
9. If requesting a new ambulance as a replacement, your agency must state the number of **engine hours** along with the mileage for the replacement.
10. Program request identified in local, regional and/or state EMS Plan(s) as priority, impact to citizens served. The program/equipment request is compatible with goals and objectives of the Agency, EMS Region and the Commonwealth.
11. Quotes must be submitted for each item requested on the Grant Application.

Grant Review Grading Scale

Grade 1 - Immediate Funding Need

Alternative 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 no impact to service area. Duplication of resources. Consideration will be given as need is evident. Failure to submit a complete application.

VDH Scoring Criteria

The FARC recommended grade will be combined with the following VDH criteria based on the applicants physical location to calculate the final score to be recommended to the Commissioner of Health.

- **Health Professional Shortage Area (HPSA)**

The federal Health Resources and Service Administration (HRSA) develops shortage designation criteria to determine whether a geographic area, population group or facility is a Health Professional Shortage Area (HPSA). HPSAs may be designated as having a shortage of primary medical care, dental or mental health providers, for RSAF we will only be using the primary medical care designation. HPSA's may be urban or rural areas, population groups, or medical or other public facilities. Health professional shortages for primary medical acknowledges the physician shortage in a service area. The physician shortage is calculated from pediatrics, ob/gyn, general internal medicine, and family practice physicians only. HRSA designates the shortage areas based on the following information, based on a score from 0-25:

- the population to provider ratio (10 points)
- the percentage of the population below 100% of the Federal Poverty Level (FPL) (5 points)
- infant health index (based on Infant Mortality Rate (IMR) or low birth rate (LBW) rate) (5 points)
- the travel time to the nearest source of care (NSC) outside the HPSA designation (5)

1. **Medically Underserved Area/Population (MUA/P) Scoring**

MUA/MUP's are government-recognized designations that serve as proof that a given community or population has a shortage or under-service of medical professionals. Eligibility for MUA/P designation depends on the Index of Medical Underservice (IMU) calculated for the area or population proposed for designation. Under the established criteria, an area or population with an IMU of 62.0 or below qualifies for designation as an MUA/P. The IMU scale is from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. HRSA designates the IMU by assigning a weighted value to an area or population's performance on four demographic and health indicators, then adding the weighted values together:

- Provider per 1,000 population ratio (28.7 points)
- % Population at 100% of the Federal Poverty Level (FPL) (25.1 points)
- % Population age 65 and over (20.2 points)
- Infant Mortality Rate (26 points)

MUAs may be a whole county or a group of contiguous counties, a group of counties or civil divisions, or a group of urban census tracts in which residents have a shortage of health services. MUPs may include groups of persons who face economic, cultural or linguistic barriers to health care.

2. **Fiscal Stress Index (FSI) Scoring**

The fiscal stress index illustrates a locality's ability to generate additional local revenues from its current tax base relative to the rest of the commonwealth. The three components are:

- Revenue capacity per capita (the theoretical ability of a locality to raise revenue)
- Revenue effort (the amount of the theoretical revenue capacity that the locality actually collects through taxes and fees)

- Median household income

Primary users of this index are local governments in Virginia and various state agencies, who use the index to assist in the allocation of state aid. Fiscal Stress Index - illustrates a locality's ability to generate additional local revenues from its current tax base relative to the rest of the Commonwealth. A stress score of 100 would equate to average stress relative to the rest of the Commonwealth. The fiscal stress of a locality is based upon:

- revenue capacity per capita
    - computation of how much revenue a jurisdiction could generate if it taxed its population at statewide average rates
- revenue effort
    - ratio of actual tax collections by a locality to its computed revenue capacity
- median household income
    - represents the level at which exactly half of the households in a jurisdiction earn more and the other half earns less

3. Return to Localities (RTL) Scoring

The Return to Locality fund , as required by the Code of Virginia, are funds returned to the locality in which the passenger vehicle is registered. There are 134 recognized localities throughout Virginia (95 counties and 39 cities). Annually, as required by Code, each locality must submit a report to OEMS on the use/distribution of those funds prior to receiving additional funds under this program. Funding is withheld pending receipt of the annual report.