



North Region EMS & Trauma Care Council 2021-2022 Grant Application Packet

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Grant Timeline

July 1 st , 2021	Grant Application Period Opens
July-October	Grant Applications are submitted to the Local Councils from July 2021-October 2021.
	Local Councils will review and assess applications according to the Regional Council approved criteria and make recommendations to the Regional Council. Local Councils may set their own deadline for review.
October 25th, 2021	Applications are due to the Regional Council in preparation for the Council meeting on November 4th, 2021. Local EMS offices will forward applications electronically to Martina@northregionems.com
November 4th, 2021	Regional Council reviews applications for funding. Award letters are signed, and recipients notified via email.
June 1 st , 2022	Reimbursement request and report due to Regional Council office by 5pm.

Mailing Information

Please send your application to your Local EMS Council Office listed below:

Island County EMS Council Attn: Rusty Palmer chief@swfe.org 5535 Cameron Road Freeland, WA 98249	San Juan EMS Council Attn: Lainey Volk lvolk@sanjuanems.org P.O. Box 2178 Friday Harbor, WA 98250
Skagit EMS Attn: Freya Peebles freyaxp@co.skagit.wa.us 2911 East College Way, Ste. C Mount Vernon, WA 98273	Snohomish Council EMS Attn: Kelly Fox Kelly.fox@snocountyems.org 12425 Meridian Ave S Everett, WA 98208
Whatcom County EMS Council Attn: Andrea Doll Andrea@whatcomcountyems.com 1212 Indian St/ PO Box 5125 Bellingham, WA 98227	

If you are unsure of what Local EMS Council you belong to, please contact the Regional EMS office by email: martina@northregionems.com or by phone: 360-708-2454.

Guidelines and Application Instructions

According to RCW 70.168.130 (1) and (2), the State Department of Health provides disbursement of funds to regional emergency medical services and trauma care councils. *~Part of the funds budgeted by the North Region EMS & Trauma Care Council are for an Annual Community Based Training (CBT) Grant.*

Grants are awarded to Prehospital Agencies, within the North Region, for the purpose of assisting the provision and support of community-based prehospital education as part of the regional EMS and Trauma System. This year grants will also be award to applications that enhance existing quality of prehospital EMS activities or services, decrease patient mortality and morbidity; or expand the extent, size or number of existing prehospital activities or services

In an effort to best serve the most EMS Providers, grants are awarded based on need and benefit to the Region. Applicants may choose to coordinate the training through their County EMS Council or their Agency. The intent is that the Regional Council will provide the opportunity for individual agencies to voice their need and apply for funding support.

This year, grants will be reviewed according to the Regional Council's Grant Criteria and based on the overall benefit to the Region. Depending on the number of and types of requests in these grant submissions, the Regional Council may fund different amounts per county. Future funding will likely be tied to participation in the Regional Council.

Information about the grant application:

Eligible applicants:

Local EMS Agencies and Trauma Designated Facilities in the North Region.

Deadline:

Your application must be received by your local EMS before their designated review deadline date. You may submit your application by email. No faxed applications will be accepted.

Available funds:

There will up to \$40,000.00 available to fund local EMS projects or training.

Project period:

July 1, 2021 – June 30, 2022

(All charges occurring within FY21-22 may be submitted if you have been awarded the grant)

Reimbursement Requirements:

You may submit expenses and equipment purchases consistent with your grant from July 1st, 2021, until June 1st, 2022. Please submit your reimbursement invoice in one package (all at once) to avoid any confusion or missed invoices, and clearly state what Hospital or EMS Agency the reimbursement check is to be made to.

North Region EMS & Trauma Care Council Community Based Training Grant Application		
Application must be submitted and reviewed by your Local EMS Council Office.	<ul style="list-style-type: none"> • Applications must be evaluated by your Local EMS Council to be eligible. Your local council may have a more specific deadline. Late or incomplete applications will not be accepted. • Answer all questions <i>in the spaces and format provided.</i> Do not use smaller than 10 point type. • Signature of the applicant and/or authorized representative is required. • Submit support materials behind the application (brochures, references, samples, equipment descriptions, etc.). 	
1. Contact Information	Organization: Evergreen Health Monroe	
	Primary Contact: Barb Jensen, Shirley Karlsen	
	Address: 14701 179 th Ave SE	
	City: Monroe	360-794-7497
	Zip: 98294	Fax: [Type text]
	E-mail: bjensen@evergreenhealthmonroe.org	Website: [Type text]
	Federal Tax ID#: 91-6018764	
	Fiscal Year End Date: 2021	
	County: Snohomish	
2. Summary	Project/Equipment/Grant Title: Sultan and Gold Bar EMS Training	
Short Description (Limit 5 Lines): Support for 2-3 2-hour physician led classes covering a variety of pre-hospital care topics including trauma assessment, MOI, EvergreenHealth trauma activation criteria, spine precautions and c-collar application. Course will include lecture, hands-on practice and take home information.		
Project Budget: \$ \$5,000	Amount Requested: \$ 4200	
3. Detailed Description: Explain the proposal/activity/project/training and how it benefits the North Region. How will you spend the money? What do you plan to do? When? Where? Include specific information regarding cost, dates, location, and activities, as well as general information regarding the content and significance of the proposal.		
<ul style="list-style-type: none"> • 2 hour in-person courses held in Sultan (District 5) and Gold Bar (District 26). Courses will be offered 1-2 times in each location depending on need. • Course will provide best practice training in assessing mechanism of injury, trauma assessment and trauma care, focusing on spine immobilization and the use of cervical collars, and a trauma case review. • Those receiving this training will have enhanced competencies in trauma care, better preparing them to care for North Region trauma patients. • Budget: <ul style="list-style-type: none"> ○ Physician Honorarium: \$3,000 (2-3 courses/\$1,000 each) 		

Detailed Description – *continued*

- Nurse instructor stipend: \$1000 (\$500 each instructor)
- “Victim” stipend: 2 victims, \$50 each: \$100
- Purchase of 10 Cervical Collars in various sizes: \$350.00
- Printing of classroom materials/student packets: \$300
- Coffee/snacks for students: \$250

4. Summarize the Three Principal Objectives:

1. Enhance pre-hospital providers understanding of MOI, trauma assessment, hospital activation criteria and registry requirements
2. Hands-on training and practice in current spine immobilization practice, including cervical collar placement
3. Enhanced understanding of the trauma process through trauma case study and discussion

5. Agency Information: Describe the mission and/or goals of your organization. How does the proposed project relate to and enhance them? Why is the proposed funding request a priority at this time?

EvergreenHealth Monroe is a designated Level IV trauma center and an integral part of the EvergreenHealth trauma system. Ensuring our pre-hospital partners, especially those who serve in a volunteer capacity, have the opportunity to learn and practice the most current trauma assessment, stabilization and reporting guidelines, is a system priority and ensures that our communities receive the highest level of pre-hospital and hospital care.

As communities experience population growth, call volumes, many of which are trauma related are increasing as is the overall severity of the trauma experienced. Having a well trained pre-hospital care team is imperative to enhance trauma care and ensure that our patients do well.

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6. BUDGET: Expenditures and Income			
Description	North Region Grant	Matching/In-Kind *Include agencies providing support	Grand Total
Meetings/Events/Education (e.g. room rental, mileage, travel expenses)	\$200		[Type text]
Equipment (e.g. safety devices, manikins, educational supplies & materials)	\$350		\$350
Contractual Services (e.g. printing, postage, ads/media)	\$300		\$300
Other Expenses (describe)	Physician honorarium: \$3,000 “Victim stipend”: \$100	Nurse Instructor honorariums (2): \$800	\$3,900
Other Expenses (describe)	Coffee/snacks: \$250		\$250
Grand Totals	\$4200	\$800	[Type text]
7. Budget Narrative: Use this space to provide additional information about your budget and expenses. Is this a continuing project? If so, how will it be funded in the future?			
At this time we anticipate only one series of classes, however, depending on need we will seek organizational support for additional classes.			
8. Signature: The signatory declares that she/he is an authorized official of the applicant and is authorized to make this application. She/he will assure the funds received as a result of this application are used only for the purposes set forth herein.			

9/24/2021

X Shirley Karlsen RNC

Shirley Karlsen RNC

Signed by: Shirley Karlsen

Application Review Criteria

Application will be reviewed for funding recommendation according to the following ranking criteria as listed in the Criteria Matrix. The Criteria Matrix is as follows:

1. Eligibility as a licensed EMS Provider in the North Region (licensed EMS providers, first responder organizations, injury prevention organizations, EMS training centers, academic institutions and others related to EMS).
2. Purpose- Does it improve the existing quality of prehospital EMS activities or services, decrease patient mortality and morbidity; or expand the extent, size or number of existing prehospital activities or services?
3. Does it provide for countywide or multiple agency application/participation?
4. Does the project include written, measurable, obtainable objectives?
5. The project is clearly described.
6. There is strong evidence that the project is responsive to the defined need and is service driven rather than agency driven.
7. The work plan is clearly identified/ defined.
8. There is strong indication the project is not replacing or unnecessarily duplicating existing equipment and is for only those items necessary to accomplish the objectives.
9. The budget is reasonable.
10. The project application, overall, is clear and complete.