

# North Region EMS & Trauma Care Council

(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 1<sup>st</sup>, 2021, until June 1<sup>st</sup>, 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		
<b>Application must be submitted and reviewed by your Local EMS Council Office.</b>	<ul style="list-style-type: none"> <li>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.</li> <li><b>Answer all questions <i>in the spaces and format provided</i>. Do not use smaller than 10 point type.</b></li> <li>Signature of the applicant and/or authorized representative is required.</li> <li>Submit <b>support materials behind the application</b> (brochures, references, samples, equipment descriptions, etc.).</li> </ul>	
<b>1. Contact Information</b>	Organization: Snohomish County Fire District #21	
	Primary Contact: Alec Knoff	
	Address: 12131 228th St NE	
	City: Arlington	Phone: (425) 275-1672
	Zip: 98223-6933	Fax: (360) 403-711
	E-mail: aknoff@firedistrict21.com	Website: www.Firedistrict21.com
	Federal Tax ID#: 30-0405787	
	Fiscal Year End Date: June 30th	
	County: Snohomish	
<b>2. Summary</b>	Project/Equipment/Grant Title: Equipment request	
<b>Short Description (Limit 5 Lines): SCFD21 is requesting a grant to replace outdated and damaged CPR training equipment. To better serve the surrounding communities in Snohomish County.</b>		
<b>Project Budget: \$ 759.95</b>	<b>Amount Requested: \$ 759.95</b>	
<b>3. Detailed Description:</b> 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.		

SCFPD#21 is requesting funds to replace outdated and damaged CPR training equipment. The need to properly train, perform continuing education, community education and be more readily prepared to perform life saving CPR benefits not only the Arlington community but the North Region as a whole. Our providers and community members take these skills with them whether on or off duty. Having more advanced and proper training equipment will aid in this goal.

With the grant money that is offered SCFPD#21 will purchase 2 Adult CPR Manikins 2 Infant manikins and 2 AED trainers. The total cost of the items listed would be \$759.95 and would be ordered through MCR Medical Supply (Item paperwork enclosed) the items would be ordered once grant money is received by the district. Items would be kept at station 49.

**Detailed Description – *continued***

[Type text]

**4. Summarize the Three Principal Objectives:**

1. Update and replace CPR training equipment.
2. Better serve our community with more availability to train on advanced airways and the fundamentals of CPR.
3. Decrease mortality in the north region by expanding our community CPR program and to enhance existing standards of prehospital EMS services and care.

**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?

To provide emergency services to the community through our commitment to serve and protect life and property with outstanding professionalism and continued highest level of emergency care. To have new CPR training equipment available to department personnel and more community members able to become CPR certified would enhance our goal to a safer community and more lives saved. It is a priority to SCFPD#21 to save lives, this equipment can be a tool to aid in this goal.



<b>6. BUDGET: Expenditures and Income</b>			
<b>Description</b>	<b>North Region Grant</b>	<b>Matching/In-Kind *Include agencies providing support</b>	<b>Grand Total</b>
<b>Meetings/Events/Education</b> (e.g. room rental, mileage, travel expenses)	[Type text]	[Type text]	[Type text]
<b>Equipment</b> (e.g. safety devices, manikins, educational supplies & materials)	759.95	NA	759.95
<b>Contractual Services</b> (e.g. printing, postage, ads/media)	[Type text]	[Type text]	[Type text]
<b>Other Expenses</b> (describe)	[Type text]	[Type text]	[Type text]
<b>Other Expenses</b> (describe)	[Type text]	[Type text]	[Type text]

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<b>Grand Totals</b>	759.95	[Type text]	759.95
<b>7. Budget Narrative:</b> 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?			
This is a one time request for funding to replace old broken and outdated equipment. It would support continued County required training for our members and a community CPR program that is provided without cost to the local in district community members.			
<b>8. Signature:</b> 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.			

Signature of Applicant or Authorized Signer  Date 9/10/21

## 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



**MCR Medical Supply**

MCR MEDICAL

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Phone: 614-782-2100 Fax: 614-678-5541

Email: sales@mcrrmedical.com

Introducing the **NEW**

# Build-A-Kit

**FEATURE**

1. Must have one Manikin and one AED to qualify

2. Additional products and accessories offered throughout experience

3. Reward program with Bronze, Silver, Gold, and Platinum levels

## CPR Adult Manikin 2-Pack & Infant Manikin 2-Pack w. Feedback, AED Trainers & Accessories



### Kit Style

### Item #

### Price

☒ 2 Adults & 2 Infants

W/ Feedback, 2 AED

Trainers &amp; Accessories

K202M-MS

**\$759.95**
☐ Diversity Kit with 2

Adults &amp; 2 Infants W/

Feedback, 2 AED

Trainers &amp; Accessories

K202M-MSDS

**\$759.95**

**Option Selected:** CPR Manikin & AED Trainer Kit with Feedback (2-Adult, 2-Infant, 2-AED UltraTrainers, Vests & Accessory)

Quantity:  *Limited quantity in stock.*

**Add to Cart****FAST and FREE Shipping**

## Product Description

This CPR Training Kit with Accessories provides all of the essentials to begin a CPR training career in one affordable collection featuring:

## Specifications

Size: Adult &amp; Infant

Weight: 27.5 pounds

**NEW PRODUCT:**