



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

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**Grant Timeline**

North Region EMS & Trauma Care Council

July 1 <sup>st</sup> , 2021	Grant Application Period Opens
July-October	<b>Grant Applications are submitted to the Local Councils from July 2021-October 2021.</b> 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.
<b>October 25th, 2021</b>	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 <a href="mailto:Martina@northregionems.com">Martina@northregionems.com</a>
November 4th, 2021	Regional Council reviews applications for funding. Award letters are signed, and recipients notified via email.
June 1 <sup>st</sup> , 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:**

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

<b>North Region EMS &amp; Trauma Care Council Community Based Training Grant Application</b>		
<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: Skagit County EMS	
	Primary Contact: Josh Pelonio, Director	
	Address: 2911 E College Way, Suite C	
	City: Mount Vernon	Phone: 360-416-1830
	Zip: 98273	Fax: n/a
	E-mail: joshp@co.skagit.wa.us	Website: www.skagitcounty.net
	Federal Tax ID#: 91-6001361	
	Fiscal Year End Date: December 31	
County: Skagit		
<b>2. Summary</b>	Project/Equipment/Grant Title: MCI/Bleeding Control Kits	
<b>Short Description (Limit 5 Lines):</b> 6 MCI/Bleeding Control Kits for strategic deployment on Fire/EMS agency supervisor vehicles throughout Skagit County.		
<b>Project Budget:</b> \$ \$6,416.04	<b>Amount Requested:</b> \$ \$6,416.04	
<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.		

Skagit County EMS would like to assemble six specialized MCI/Bleeding Control Kits, containing 15ea intermediate individual bleeding control kits (vacuum sealed with CAT tourniquet, 6” pressure gauze dressing, compressed wound packing gauze, HyFin chest seal, pair of gloves, pair of trauma shears, Just In Time Instructions, Permanent marker) and 25ea MCI patient self-care kits.

Our intent is for 5 of these kits to be placed on EMS or EMS supervisor vehicles (at the discretion of each agency) across Skagit County (Aero Skagit, Anacortes FD, Burlington FD, Sedro-Woolley FD, and Mount Vernon FD). One of the kits will be retained by Skagit County EMS and made available at key locations during mass gatherings such as: The Skagit Valley Tulip Festival, The Skagit County Fair, The Riverwalk Summer Concert Series, Big Lake Fireworks show, etc.

The “throw and go” self-care and bleeding control kits could be rapidly deployed to bystanders or arriving on and off duty responders in the field to help treat trauma victims in mass casualty/active shooter & hostile event response. Unfortunate mass violence events across the country including the Sutherland Springs Church, Orlando Nightclub, and Las Vegas shootings as well as the Cascade Mall shooting, and the Skagit River Bridge collapse highlight the need for this proactive public safety project that can improve survival from traumatic injury.

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

1. Enhance prehospital EMS response through preparation for mass casualty/active shooter & hostile events in Skagit County and the North Region
2. Decrease patient mortality and morbidity from traumatic injury/severe bleeding during mass casualty/active shooter & hostile events in Skagit County and the North Region
3. Use this program as a catalyst for a County-wide Stop the Bleed® public awareness campaign.

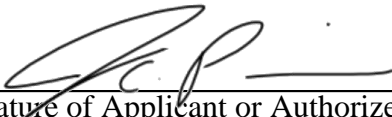
**5. Agency Information:** Describe the mission and/or goals of your organization. How does the proposed project relate to and enhance them? Why is the proposed funding request a priority at this time?

The mission of Skagit County EMS is to support a system of innovative, patient-centered, pre-hospital care. This project will allow us to expand the EMS system’s capability to respond to mass casualty/active shooter & hostile events in Skagit County and the North Region and to provide resources for rapid “point of wounding” care to victims of traumatic injury.

Skagit County agencies have a number of old Mass Casualty Incident trailers that are outdated, in disrepair, and unreliable for actual incident response. This project will allow us to fill a critical need to provide an effective response to these types of incidents while we re-evaluate the effectiveness of the MCI trailer deployment model.

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<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)	\$0.00	\$0.00	\$0.00
<b>Equipment</b> (e.g. safety devices, manikins, educational supplies & materials)	\$6,416.04	\$0.00	\$6,416.04
<b>Contractual Services</b> (e.g. printing, postage, ads/media)	\$0.00	\$0.00	\$0.00
<b>Other Expenses</b> (describe)	\$0.00	\$0.00	\$0.00
<b>Other Expenses</b> (describe)	\$0.00	\$0.00	\$0.00
<b>Grand Totals</b>	\$6,416.04	\$0.00	\$6,416.04
<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 funding request will cover the initial start-up costs of the project. After the initial startup cost, ongoing costs related to expiration of kit contents will be maintained by the Skagit County EMS operational budget.			
<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

8/10/2021  
 \_\_\_\_\_  
 Date

## **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.

# MCI/Bleeding Control Kit







**Quotation**

Quotation#:

**Account number:**  
**BILL-TO**

2911 E COLLEGE WAY STE C, Washington,  
MT VERNON, WA, 98273-8909

**SHIP-TO**

2911 E COLLEGE WAY STE C, Washington,  
MT VERNON, WA, 98273-8909

BEST WAY

Payment Terms:

Contact Name  
Phone Number

Item	UOM	Description	List Price	Your Price	Qty	Total price	Exp. Date
441403	EA	MCI Patient Self Care Kit, Bagged	\$7.79	7.79	150	1168.5	
8600-STB002I	EA	Curaplex® Stop the Bleed®, Intermediate Kit w/C-A-T	\$84.99	53.54	90	4818.6	
686106	EA	Curaplex® Emergency Response Trauma Bags, Yellow, Standard	\$109.99	71.49	6	428.94	

**List price**      **Your Price:**      6416.04

Comments: North Region EMS & Trauma Care Council Grant Application 2021

**SUNNY TEMPLE**

Phone: 4252452748  
SUNNY.TEMPLE@boundtree.com

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This quotation is valid until the quote expires or the manufacturer's price to Bound Tree Medical increases.

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