

- Administration
- Bureau of Motor Vehicles
- Emergency Management Agency
- **Emergency Medical Services**
- Office of Criminal Justice Services
- Ohio Homeland Security
- Ohio Investigative Unit
- Ohio State Highway Patrol



Emergency Medical Services  
1970 West Broad Street  
P.O. Box 182073  
Columbus, Ohio 43218-2073  
(614) 466-9447 • (800) 233-0785  
[www.ems.ohio.gov](http://www.ems.ohio.gov)

## **FUNDING AVAILABLE**

### **2013-2014 OHIO DIVISION OF EMS ASSISTANCE TO PARAMEDIC TRAINING PROGRAMS GRANT APPLICATION (EMS Priority 6)**

**Priority 6 - Entities that operate EMS training programs at the paramedic level and are seeking national accreditation of the EMS training program at the paramedic level.**

**ELIGIBLE APPLICANTS:** To be eligible, an applicant must meet all of the following conditions:

- (1) Hold a certificate of accreditation issued by the board pursuant to section 4765.17 of the Revised Code to operate an EMS training program at the paramedic level;
- (2) Be seeking initial national accreditation of the EMS training program at the paramedic level from an accrediting organization as approved by the board; (Committee on Accreditation of Educational Programs of the Emergency Medical Services Professions)
- (3) Must have applied for national accreditation on or after February 25, 2010.

**DEADLINE:** The deadline for year 2013-2014 applications is **5:00 PM on Monday, April 1, 2013**. Applications must be hand delivered or postmarked by this date to be considered for funding. Late applications will not be accepted.

**APPLICATION AVAILABILITY:** Applications are available to eligible entities on February 1, 2013 by contacting the Division of EMS at 1-800-233-0785 or going to the EMS website at: [www.ems.ohio.gov](http://www.ems.ohio.gov) then select "grants".

**AVAILABLE FUNDS:** A maximum of \$5,000.00 is available for each applicant for the process of obtaining national accreditation. Funds will be provided through a reimbursement process as costs are incurred by the grantee. Funding is provided by the Division of EMS / State EMS Board through certain fines issued in Ohio. The amount available for each category will be contingent upon the amount of fines collected for the award year. Grantees may not be funded at their requested amount.

**RESOURCES AVAILABLE:** Grants administration staff members are available at 1-800-233-0785 to answer questions and assist you with the application process.

**PROJECT PERIOD:** July 1, 2013 to June 30, 2014. Reimbursement of funds may be requested for invoices dated within the grant period. The grantee may receive reimbursement retroactively if the applicant applied for national accreditation on or after February 25, 2010. If the total award is not expended by June 30, 2014, the applicant will have the opportunity to reapply in a subsequent year in order to receive the full \$5,000.00. If additional funds are needed, a new application is required in the subsequent year.

**SELECTION CRITERIA:** Annual award amounts and eligibility for invoice reimbursement will be determined by the Ohio Division of EMS's Education Section. Grants may be awarded conditionally, at which time the applicant must provide additional information by a specified date. Notification of grant award offers will be mailed to the contact address by June 30, 2013.

**If funded, the agencies must:**

- Complete a Mid-Year Project Report by December 30th, 2013 (see page 11 for required Mid-Year Project Report content).
- Complete a Final Project Report by August 30, 2014 of the award year to summarize grant accomplishments (see page 12 for required Final Project Report content and format). If it is necessary to receive additional funds in a subsequent year in order to achieve accreditation, a Final Report will be due for each year awarded.

**Mission Statement**

*"to save lives, reduce injuries and economic loss, to administer Ohio's motor vehicle laws and to preserve the safety and well being of all citizens with the most cost-effective and service-oriented methods available."*

**2013-2014 OHIO DIVISION OF EMS ASSISTANCE TO PARAMEDIC TRAINING PROGRAMS GRANT APPLICATION  
(EMS Priority 6)**

Your request must be typewritten and you must respond to each question in this application. **All applications must be postmarked by 5:00 PM on Monday, April 1, 2013. No faxed applications will be accepted.** Send 2 completed applications (one hard copy with an original signature, and an additional hard copy) to the following address:

**Assistance to Paramedic Training Programs  
Ohio Department of Public Safety  
Division of EMS  
1970 West Broad Street, 5<sup>th</sup> Floor  
Columbus, OH 43223**

If you have any questions, contact EMS Grants Administration at 1-800-233-0785.

**CONTACT INFORMATION**  
**Funding Priority 6**

*Please list an organizational address (not home address). All correspondence concerning the grant will be mailed to the address listed below.*

CONTACT PERSON		
ORGANIZATION		
ORGANIZATION ADDRESS		
CITY	STATE	ZIP
DAY PHONE (     )     -	FAX (     )     -	
E-MAIL		
TOTAL AMOUNT REQUESTED		

**ASSEMBLING THE APPLICATION**  
**(EMS Priority 6)**

**Your application must be assembled in the following order:**

1. **Contact Information** (page 3)
2. **Planning Worksheet** (page 5-7)
3. **Budget** – A detailed budget including requested funds and in-kind contributions for equipment, salaries, and miscellaneous expenses must be provided. Use the Budget Sheet and guidance on pages 8-10.
4. **W-9 Form** – Completed with original signature if you are not currently on file with the Ohio Department of Public Safety.

**SEND COMPLETED APPLICATIONS (ONE HARD COPY WITH AN ORIGINAL SIGNATURE, AND ONE ADDITIONAL HARD COPY) TO THE ADDRESS ON PAGE 2, POSTMARKED BY 5:00 PM ON MONDAY, APRIL 1, 2013.**  
**NO FAXED APPLICATIONS WILL BE ACCEPTED.**

**2013-2014 OHIO DIVISION OF EMS ASSISTANCE TO PARAMEDIC TRAINING PROGRAMS GRANT APPLICATION  
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**PLANNING WORKSHEET**

Complete the following planning worksheet to provide an action plan for your project. Deadline for completion of the project is June 30, 2014.

**SCOPE OF WORK MATRIX**

ACTIVITIES	RESPONSIBLE PARTY	TARGET DATES	DOCUMENTATION METHODS
Establish an accreditation work group to review the CAAHEP and CoAEMSP process, program analysis, action plans, plan for accreditation submission, and other pertinent data.			
Workgroup meets with other faculty and the program medical director to discuss the plan and share information on the process.			
Workgroup reviews the CAAHEP <i>Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions</i> : <a href="http://www.coaemsp.org/Documents/Standards.pdf">www.coaemsp.org/Documents/Standards.pdf</a>			
Workgroup reviews the Program Resource Assessment documents as follows: Program Personnel and Student, Faculty Evaluation and SSR Questionnaire and the Student Evaluation Questionnaire and answers the questions honestly. (All forms available at <a href="http://www.coaemsp.org">www.coaemsp.org</a> )			
Workgroup lists and analyzes the program's current strengths and weaknesses / limitations			
Workgroup lists resources, including personnel, equipment, and other resources that would need to be present to demonstrate that the <i>Standards</i> are met.			

<p>Workgroup to determine the fixed costs for the accreditation process to include:  Direct labor costs  Materials and supplies  Contractual services  Travel Costs  Request for Accreditation Services (RAS) fee  Initial Self Study Report (ISSR) fees  Cost of CoAEMSP site visit (CoAEMSP fees at this link <a href="http://www.coaemsp.org/Fees.htm">www.coaemsp.org/Fees.htm</a>)</p>			<b>*Needed for grant budget sheet</b>
<p>Program director to meet with program authorizing official to discuss costs and the process.</p>			
<p>Program director to complete and submit the <a href="#">Request for Accreditation Services (RAS)</a> form online.</p>			<b>*Needed for Mid-year and / or Final Progress Report</b>
<p>Program director to submit a request for payment of the first CoAEMSP Annual Fee. <a href="http://www.coaemsp.org/Becoming_Accredited.htm">www.coaemsp.org/Becoming_Accredited.htm</a></p>			<b>* Needed for Mid-year and / or Final Progress Report</b>
<p>Program director to download and begin the ISSR from the CoAEMSP web site. (Save the ISSR to your computer as it cannot be completed on-line). <a href="http://www.coaemsp.org/Becoming_Accredited.htm">www.coaemsp.org/Becoming_Accredited.htm</a></p>			
<p>Workgroup to meet with the clinical and field internship affiliates to obtain the required data to complete the clinical and field internship matrixes, <a href="http://www.coaemsp.org/Self_Study_Reports.htm">www.coaemsp.org/Self_Study_Reports.htm</a></p>			
<p>Program director to administer the Faculty Evaluation SSR Questionnaire</p>			
<p>Program director to administer the Student Evaluation Questionnaire and arrange for the completed questionnaires to be sent separately to the CoAEMSP Executive Office.</p>			
<p>Program director to initiate payment request for the fees that must accompany the ISSR: Annual fee, ISSR Evaluation and Technology fees, and the site visit deposit.</p>			
<p>Program director to submit the ISSR and ensure the separate, confidential mailing of the Student Evaluation SSR Questionnaires before the site visit team arrives.</p>			<b>* Needed for Mid-year and / or Final Progress Report</b>

Workgroup reviews copy of the Executive Analysis (EA) from CoAEMSP and begins making corrections before the site visit team arrives. (EA should arrive within 30 days of CoAEMSP receiving a <u>completed</u> ISSR.)			<b>* Needed for Mid-year and / or Final Progress Report</b>
Program director to submit the Site Visit Information form with potential dates when all Faculty, the Medical Director, Dean, CEO, and other key officials will be available and students will be enrolled. Complete the hotel information on the form: <a href="http://www.coaemsp.org/Site_Visits_Visitors.htm">www.coaemsp.org/Site_Visits_Visitors.htm</a> .			
Program director receives confirmation of CoAEMSP site visit dates and will prepare a schedule for the site visit team.			<b>* Needed for Mid-year and / or Final Progress Report</b>
Workgroup will gather the required / necessary documents and have them available in one location (the CoAEMSP office will provide a list of documents and records for review).			
Program to host CoAEMSP site visit.			<b>* Needed for Mid-year and / or Final Progress Report</b>
Program director to respond to the factual accuracy of the CoAEMSP Findings Letter following site visit.			<b>* Needed for Mid-year and / or Final Progress Report</b>
Program director to submit new information in response to any CAAHEP violations identified in the CoAEMSP Findings Letter and if necessary make appropriate modifications or programmatic changes.			<b>* Needed for Mid-year and / or Final Progress Report</b>

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**BUDGET SHEET**

Provide a Budget Sheet using the template on page 9 depicting all anticipated costs for implementation of your project within the award year. Please sign and date.

**Examples of allowable costs:**      **CAAHEP First Annual Fee**  
   **CoAEMSP *Initial Self Study Report (ISSR)* Evaluation**  
   **Technology Fee**  
   **CoAEMSP site visit and facilitation costs**

**Examples of costs not allowed:**      **Costs associated with producing RAS or ISSR including direct labor**  
   **or personnel costs, contractual services or materials, and supply**  
   **costs**  
   **Equipment leasing or purchases**  
   **Costs incurred to comply with CAAHEP *Standards and Guidelines***  
   ***for the Accreditation of Educational Programs in the Emergency***  
   ***Medical Services Professions***

## BUDGET SHEET

(EMS Priority 6)

**COLUMN A.** Describe project purchases, and estimate costs you are requesting from this grant. Itemize the requested grant funds for allowable costs in each category.

**COLUMN B. Cash or In-kind Contribution:** Outline and estimate costs of in-kind support and contributions from participating agencies or groups. Typical examples of in-kind support include volunteer time, copying and mailing costs absorbed by organization, salaries or wages paid by lead organization for time spent on project activities, telephone use, donated incentive prizes, or other services provided by participating groups or coalition efforts.

<b>Description</b> (In the space provided, provide a detailed explanation of any of the following requested funds)	<b>COLUMN A REQUESTED FUNDS</b>	<b>COLUMN B CASH OR IN-KIND CONTRIBUTION</b>
<b>Direct Labor / Personnel Costs</b> (include percentage of time spent on research project activities)		
<b>Material &amp; Supplies</b> (include unit costs and quantities – e.g., 3000 Items @ \$0.20 / item = \$600.00)		
<b>Equipment Purchase</b> (specify items and quantity)		
<b>Contractual Services</b> (e.g., printing services, training, product development, consultants)		
<b>CAAHEP First Annual Fee</b>		

Description (In the space provided, provide a detailed explanation of any of the following requested funds)	COLUMN A REQUESTED FUNDS	COLUMN B CASH OR IN-KIND CONTRIBUTION
<b>CoAEMSP Initial Self Study Report (ISSR) Evaluation</b>		
<b>Technology Fee</b>		
<b>CoAEMSP Site Visit Facilitation Expenses</b> (all costs associated with site visit)		
<b>Column Totals</b> Total for COLUMN A is the amount of EMS funding being requested		
<b>Total Project Expenditures</b> (Should equal the total of COLUMN A plus COLUMN B)		

APPLICANT SIGNATURE <b>X</b>	DATE
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2013-2014 OHIO DIVISION OF EMS ASSISTANCE TO PARAMEDIC TRAINING PROGRAMS GRANT APPLICATION  
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**MID-YEAR PROGRESS REPORT**

- ◆ **Due December 30<sup>th</sup>, 2013**
- ◆ **Limit to 3 pages**

The mid-year report submitted by the accredited paramedic program may be submitted electronically or as a hard copy, and should include as many of the items listed within below as are applicable.

1. Provide an activity report that lists progress-to-date for your project objectives.
  - Describe any events / activities that have occurred by the completion date of the report and provide a calendar of upcoming activities.
  - Describe any success or failures you have had in collaborating with the partners named in your proposal.
2. Discuss any problems or delays encountered in meeting project objectives.
3. Explain and justify any changes in project objectives, activities, or schedule from your original proposal. Provide a revised work schedule if different from your original proposal.
4. Provide a budget narrative listing grant expenditures-to-date. Attach relevant documentation including **correspondence from CAAHEP or CoAEMSP officials confirming receipt of the CAAHEP *Request for Application Services (RAS)* and / or CoAEMSP *Initial Self Study Report (ISSR)*, confirmation of CoAEMSP site visit dates, copies of the CoAEMSP ISSR Executive Analysis, CoAEMSP site visit *Findings Report* and program response**, and copies of receipts / invoices for all goods and services utilizing EMS funds.

Each agency must submit a properly completed Mid-Year Project Report to the Division of EMS by December 30, 2013.

**2013-2014 OHIO DIVISION OF EMS ASSISTANCE TO PARAMEDIC TRAINING PROGRAMS GRANT APPLICATION  
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**FINAL PROGRESS REPORT**

◆ **Due August 30, 2014**

The final report submitted by the accredited paramedic program may be submitted electronically or as a hard copy, and should include as many of the items listed within this paragraph as is applicable.

**Format for Organization of Final Report:**

- Summarize CAAHEP / CoAEMSP accreditation progress to date
- List data and information issues and considerations
- Provide an updated Planning Worksheet (see page 5-7)
- Provide a budget narrative listing grant expenditures to date. Attach relevant documentation including correspondence from CAAHEP or CoAEMSP officials confirming receipt of the CAAHEP *Request for Application Services (RAS)* and / or CoAEMSP *Initial Self Study Report (ISSR)*, confirmation of **CoAEMSP** site visit dates, copies of the CoAEMSP ISSR Executive Analysis, CoAEMSP site visit *Findings Report* and program response and copies of receipts / invoices for all goods and services utilizing EMS funds.

**Formatting Style:** A one-inch margin is required, text should be double-spaced, and font should not be smaller than 10 point with all pages numbered sequentially.

Failure to submit a properly completed Final Project Report to the Ohio Division of EMS by August 30, 2014, for future *may result in ineligibility* participation in EMS grant programs.