

KANSAS BOARD OF EMERGENCY MEDICAL SERVICES REVOLVING AND ASSISTANCE FUND GRANT (KRAF) GRANT APPLICATION INSTRUCTIONS

Application Form is to be filled out by the Non-profit Licensed EMS Service. Complete the Application Form in its entirety.

Step 1. Agency Information

- Agency Name – Enter the name of the applying agency/organization.
- Email Address – Enter a current and valid email address for contact and application completion.
- EMS Agency License Number – Enter your EMS agency number.
- Level of Care Provided - Licensed EMS agencies hold a certification at either the BLS or ALS level of care.
- Address, City, State, Zip, County, Telephone # - Address at which the agency receives its mail. This address cannot be an individual member's home address.
- Regional Council - All areas of the state are serviced by a regional EMS council office.
- Federal ID Number (FIN) - Each agency must have an individual Federal Identification Number. Auditing requirements will not allow payments to be made to any organization that does not have a FIN. The use of another organization's FIN is not acceptable.
- Received KRAF Funding Previously – Indicate if KRAF funding had been received previously and list each fiscal (FY) year. (July 1-June 30)

Step 2. Personnel Data

Current KBEMS Certification - List each member only once.

- FR - Those providers holding the certification of FR.
- EMR – Those providers holding the certification of EMR.
- EMT-B Those providers holding the certification of EMT-B.
- EMT - Those providers holding the certification of EMT.
- EMT-I – Those providers holding the certification of EMT-Intermediate.
- EMT-I/D or D – Those providers holding the certification EMT-I/D or D.
- AEMT- Those providers holding the certification of AEMT.
- MICT - Those providers holding the certification of Mobile Intensive Care Technician.
- Paramedic- Those providers holding the certification of Paramedic.
- Total number of personnel – (calculates automatically)
- TO I– Those providers holding the certification of Training Officer I.
- TO II– Those providers holding the certification of Training Officer II.
- IC – Those providers holding the certification of Instructor/Coordinator.

Member Status

- Full-time - The number of certified personnel that are considered full-time (paid

personnel).

- Part-time – The number of certified personnel that are consider part-time (working < 999 hours annually).
- Volunteer - The number of certified personnel that are volunteers. (Receive only reimbursement for expenses.)
- Other – Support Staff
- Total members - The total number of members in your organization. (calculates automatically)

Step 3. Operational Activity (method/s by which the service is funded).

- Operational Activity – Check all that apply
- Type of EMS Service - Indicate which best describes your agency: full-time, volunteer, or a combination.
- How many licensed ambulances – The number of units (ambulances) operated by the service (licensed or stand-by)
- How many staff vehicles – How many staff vehicles are owned/operated

Total EMS Calls

- BLS Calls (including stand-bys) - Total number of calls recorded as Basic Life Support call.
- ALS Calls - Total number of calls recorded as Advanced Life Support call.
- Total Number of Calls - The total of BLS and ALS calls from above. (calculates automatically)
- Number of calls your agency was UNABLE to respond to, for any reason - This total should include those related to mechanical failure, lack of equipment, lack of certified attendants, etc.

Demographics

- Square Miles of Service Area - Total square miles of service area covered by your agency.
- Population of Service Area - Total population of service area covered by your agency.
- Total Number of Stations - Total number of stations operated by your agency including sub-stations.
- Number of calls your agency responded to OUTSIDE of your jurisdiction – This total should include calls for mutual aid, etc.

Comments - Use this section to briefly describe any information that was requested above.

Step 4. Financial Information for Licensed ambulance services. - The information included details all information on the financial status of the agency.

- Fiscal Year – Actual FY 2012 (July 1, 2011 to June 30, 2012) / Estimate FY 2013 (July 1, 2012 to June 30, 2013)
- EMS Budget (Expenditures) related to EMS operations only - Provide budget figures for the previous and current fiscal year relative to the period indicated, as well as the percentage of change between years. (% change calculates automatically)

- Personnel Costs (Salary & Benefits) - Funds budgeted for salary and benefits for personnel.
- Operating Expenses - Funds budgeted for agency's operational expenses such as utilities, supplies, contractual expenses, leases, rentals, etc.
- Capital Expenses - Funds budgeted for capital expenditures such as vehicles, defibrillator, etc.
- Total EMS Budget – Total funds in each of the budget columns for previous and current fiscal years. (calculates automatically)
- Aid to Locals - Funds the agency anticipates receiving from KBEMS as part of Aid to Locals.
- Donations, Contributions, Bequests, Memorials, Etc. - Funds anticipated to be collected in each budget year.
- Investments – Any funds currently held in “market” based securities
- Grants (from any source) - Funds the agency has budgeted to receive from state agencies (KBEMS KRAF, etc.), philanthropic endowments or foundations.
- Describe Expenses – Make any comments on the information provided in the “Financial Information for Licensed Ambulance Service” section. Additionally, indicate what your agency considers to be a capital expenditure (example: vehicle, defibrillator, training equipment, computer, etc.)
- EMS Budget (Revenues) – Funding received by the agency to finance operations. This would include taxes, donations, grants, etc.
- Available Funds – The amount of revenue (in total) available to expend by fiscal year. This would include any fund/funding held, dedicated, or utilized by the service to finance operations
- Expenditure Limitation – The amount of funds allowed to be expended from “Available Funds” per fiscal year.
- Describe Revenue – Make any additional comments on the information provided for revenues.

Step 5. Request Page (NOTE: You will have a chance to add additional item requests after you finish up the rest of the application and hit submit.)

- Item Code (see bottom of this page for listing of item codes) – Enter item code for the item being requested.
- Other – If you pick “Other” in Item Code, specify.
- Funding Level - Indicate at what level your agency is seeking funding from the state for each item requested. State % is “first” percent number, Local % is “second” percent number. Priority for funding may consider funding matches, but will be reviewed on a case-by-case basis.
- Add/Replace - Indicate if the item that is being requested is a replacement, or additional equipment.
- Quantity - Indicate quantity being requested.
- Current Inventory - Indicate the number of items being requested that are currently owned by the agency. This number will include items that are similar to those items being requested. (Example: An agency requesting 2 - Zoll 1600 Defibrillator yet has 1 - LifePak 10 and 1- LifePak 500 in their inventory would place a 2 in this block.)
- Item Requested - Provide a *brief* description of the item being requested.

- Total Purchase Price - Indicate the total amount of the item(s) being requested.
- Description – Should include any accessories requested, identified individually with cost.
- Justification - The narrative section provides the agency with the opportunity to explain their agency’s need for the item(s) requested and the impact it will have on their agency and/or service area. Do not forget to include the need for hardship funding, if so requested.

Step 6. Technical Information for the Purchase of Radio Communications Equipment
(Communication Equipment only)

This form must be completed and submitted with your KRAF application if you are requesting grant funds for any of the following communications equipment:

- Base Station Radio Equipment, Consoles, Fixed Radio Equipment
 - Mobile or Portable Radios and/or Accessories
 - Pagers and Alerting Receivers
- Used by Attendants on Service Roster? – Yes / No (explain if usage is for personnel not on the current licensed ambulance service roster)
 - Radio is P25 (Narrowband) Compliant? – Yes/No (explain if no)
([www.safecomprogram.gov/SAFE/COM/currentprojects/project 25](http://www.safecomprogram.gov/SAFE/COM/currentprojects/project%2025))

Current Inventory of Requested Communications Equipment (Required for All Radio Requests):

- List the specific communications equipment requested in the grant application by broad category, i.e., “Mobile Radios” or “Portable Radios” or “Pagers”. List separately for each frequency band, and indicate the band (Low Band, VHF High Band, UHF, 800 MHZ, Cellular, PCS, etc.). Indicate the existing inventory, the number of items requested in the application, and the number of items which will be reassigned or disposed. Calculate the proposed total inventory. Explain additional and/or replacement needs as well as any plan for reassigning or disposing of old equipment in the Description of Project (grant narrative).

Remember to include a full description of requested equipment in the narrative or on attached quotations/technical specifications.

Step 7. Priorities Determination Questionnaire

This form is required to be completed, when applying for priorities. Grant applications will be evaluated along with the Special Priorities Questionnaire, taking into consideration the objectives defined, timelines, clear definition of benefits to the EMS system, and how those benefits will be measured.

Step 8. Affirmation

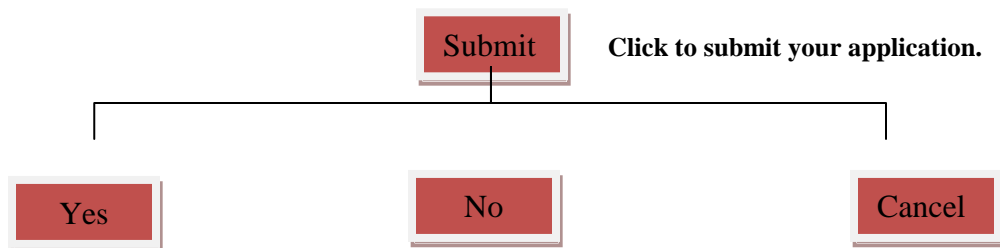
The affirmation is a statement that indicates that the Authorized Agent and Financial Officer have truthfully, and to the best of his/her knowledge, completed this application accurately. All printed names are considered signatures. By clicking “Submit”, KBEMS considers the printed as signed and subject to all legal qualifications and standards as outlined in the grant.

- Business Name – The licensed ambulance service.
- Business Name (if different) – If DBA, the name of the licensed ambulance service.
- Address – Address of licensed ambulance service.
- City, State, Zip – The City, State, and zip code of the licensed ambulance service.
- FIN – Federal Identification Number associated with the licensed ambulance service through the Operator.
- Agency/Organization Authorized Agent - The authorized agent is the person responsible for the operation of the service (person or municipality who has a permit to operate an ambulance service).
- Service Director – The service director is the person responsible for the service.
- Medical Director – Name of the Office of Medical Director.
- Printed name of the Authorized Agent, Service Director, and Medical Director - Print the name of the authorized agent, service director and OMD. All printed names are considered signatures. By clicking “Submit” KBEMS considers the printed as signed and subject to all legal qualifications and standards as outlined in the grant.
- Title - Provide the title of the authorized agent, service director, and OMD
- Phone – Phone number of the authorized agent, service director, and OMD
- Email address: A current and valid email address of the authorized agent, service director, and OMD.
- Point of Contact for Grant Management. Name, Agency (licensed service), phone, and email address of an individual to be utilized as the contact by KBEMS regarding questions of the grant application.

City/County Representative Notification (Optional)

- Printed Name - Clearly print the name of the City/County Representative notified.
- Title of Representative - Please provide the title of City/County Representative.

Step 9. Before clicking submit, Print a copy for your records



Click if you need to request additional items on the “Request Form”

Click if you are only requesting 1 (one) item and are submitting with no additional items

Click if you wish to remain in the current application



Once selected, you certify that all information is correct subject to false information, perjury, and disqualification of application

Reset

Please click to erase the ENTIRE application and re-enter all applicable information

Failure to submit all applicable information by the deadline will result in disqualification of the application.

CHECKLIST

- Complete entire KBEMS Application Form and submit electronically – ***required***
- Submit Vendor Quote for all items requested to: kraf@ems.ks.gov – ***required***
Please provide on the Subject Line: Service name and individual submitting document

Each quote must break out accessories separately. Each quote must be valid for at least six (6) months.

- Submit Request for Modification for Used/Refurbished Equipment to: kraf@ems.ks.gov – ***if applicable***
Please provide on the Subject Line: Service name and individual submitting document

If requesting to purchase an item that is not new, a request for modification must be submitted in writing. “Used/Refurbished” must be shown on the quote.

- Submit KRAF “New Vendor Product Request Form” (see KSBEMS.org website) and quote to: kraf@ems.ks.gov – ***if applicable***
Please provide on the Subject Line: Service name and individual submitting document

If requesting to purchase an item through YOUR vendor, you will need to complete this form. Provide the vendor quote on vendor letterhead. Each quote must break out accessories separately. Each quote must be valid for at least six (6) months.

- Complete Special Priorities Questionnaire (part of Application Form) – ***required***

Required when applying for priorities. Grant applications will be evaluated along with the Special Priorities Questionnaire, taking into consideration the objectives defined, timelines, clear definition of benefits to the EMS system, and how those benefits will be measured.

- Submit KRAF “Agreement of Service” (see KSBEMS.org website) to: kraf@ems.ks.gov – ***required***
Please provide on the Subject Line: Service name and individual submitting document

Review Process

1. Applications will be initially reviewed by KBEMS Staff for completeness. Items will be reviewed to ensure compliance with the grant priorities for funding, i.e., computer requests will be reviewed to verify that Service has agreed to submit data via the Kansas Emergency Medical Services Information System (KEMSIS).
2. KBEMS will provide all documentation to the Assistance Review Committee (ARC) members for review. The ARC will grade each request and prepare their proposal for approval.
3. The ARC will provide comments and grades for each requested item and return this documentation to KBEMS. Data is then entered into the office database for tabulation. The ARC will conduct a public meeting before the regular April KBEMS meeting to review the requests that received a viable funding grade. Information may be provided or requested concerning requests announced for funding from those attending the meeting.
4. The Committee reserves the right to recommend a request be partially funded or to place a condition of funding on any award.
5. A report of the requests that are recommended for funding will be submitted to the KBEMS Executive Director to be presented to the Full Board for ratification.
6. Following the regular April KBEMS Board Meeting, KBEMS will mail written notification to those agencies who were approved for funding and those who were not approved.