



OERSSIRF APPLICATION FORM



Date of Application: _____ Application for Fiscal Year: _____

Applicant / Entity Name: _____

CONTACT INFORMATION:

Project Contact Person: _____

Mailing Address: _____

Physical Address: _____

E-mail Address: _____

Phone #: _____ Fax#: _____

TYPE OF QUALIFIED ENTITY AS DEFINED IN OAC 310:642-3 (Check all that apply):

_____ Certified Emergency Response Agency

_____ Licensed Ambulance Service

_____ Approved Training Institution

_____ Emergency Medical Dispatch Agency

_____ Approved Medical Director

_____ Sponsoring Organization

For Sponsoring Organizations: explain the qualifying relationship with a type of qualified entity listed above:

Did you participate in an OERSSIRF Preliminary Review for the specified grant year? Y / N

If you have any questions you can contact the Oklahoma State Department of Health – Emergency Medical Services Division at (405) 271-4027 or via email at ems@health.ok.gov.

OERSSIRF Application Instructions

Deadline: The application must be submitted by September 1 of the proposed grant year. Late applications will be disqualified and returned.

Funding: Projects can only receive the funds available in a given year, up to a maximum of \$500,000. If your project is too large for the available funding, smaller projects with lower score may qualify instead. Consider whether your application can be scaled against the available funding.

Instructions: for each of the following sections, attach a narrative labeled by section. Include all required supporting documentation such as maps, rosters, letters of support, cost estimates, budget spreadsheets, etc. The narrative should explain your project in detail, and provide background information as necessary for the major concepts.

Section One. Project Description

Instructions: Describe your project in narrative form, giving an overview of the problem you seek to address. Outline your project's goals and explain how they will be accomplished.

Describe the geographic area(s) to be affected by your project, and identify the relationships between all participating organizations.

Describe the timeline for your project, and give "benchmarks"- deadlines within the timeline by which various components of the project will be accomplished, such as contracting of tasks, training of personnel, purchasing of equipment, etc.

Attach a spreadsheet showing your project budget, organized in reference to the benchmarks.

The state EMS office will score applications using a point scale based in part on how each of the following topics is addressed. Be sure to address each topic separately.

Section Two General Approval Requirements

Instructions: Describe your project in the context of each of the following areas.

(1) Compliance with laws.

Guidance: The application and proposed project must be in compliance with all applicable and relevant federal, state and local laws and regulations, and applicant must possess all necessary and incidental legal rights and privileges necessary to complete the project. Review your due diligence to confirm that all legal issues have been considered and addressed.

(2) Eligibility.

Guidance: The application must demonstrate that the applicant is a qualified entity and that the proposed project is for a qualified purpose as defined in 63 OS 1-2512.1.

(3) Local need, support and priority.

Guidance:

a) The Applicant must demonstrate that the project is needed in the area to be served and is sufficient, as proposed, to serve such needs. A “needs assessment” should be provided, describing the methodology by which you established the need, and the project description must make clear that the project will appropriately address that need.

b) The applicant must demonstrate local support for, interest in and commitment to the proposed project. Letters from the involved legal entities such as cities, counties, companies, etc. should be included as appropriate.

(4) Availability of other assistance.

Guidance: The applicant must demonstrate appropriate due diligence to ensure no alternative sources of revenue could be obtained and utilized for project financing. For example, if a piece of equipment could be purchased with funds from another source rather than OERSSIRF funds, the applicant should show how that will be accomplished, or why it should not.

(5) Economic feasibility.

Guidance: The Applicant must demonstrate the overall economic viability and feasibility of the project. Spreadsheets should be provided showing revenue and cost projections over time, demonstrating economic viability. Financial consultant or other expert attestations to the economic feasibility of the project should be provided.

(6) Project feasibility.

Guidance: The Applicant must demonstrate that the project is feasible and cost-effective. For example, the project description should establish that all the elements to be purchased for the project are readily available on the open market and allowed for in the budget request. Spreadsheets should be provided showing costs and purchasing timetables. Appropriate consultant or other expert attestations to the feasibility of the project should be provided.

(7) Statewide needs and public interest.

Guidance: The Applicant must demonstrate the relationship between the proposed project and the overall EMS development needs within the State of Oklahoma, and show that proposed project will serve the public interest and welfare. For example, if the needs assessment demonstrated that the project is needed in the proposed area, show the relationship to the same need in any statewide assessments. Appropriate consultant or other expert attestations to the benefit of the project to the public's interest should be provided.

Section Three Priority Point Requirements

1. Statutory Deadline: was your project submitted by the deadline?
2. Statutory Purposes: Identify all of the allowable statutory purposes below that your project addresses. If the application does not address one of these topics, mark it "N/A".
 - A. Funding assessment activities,
 - B. Stabilization and/or reorganization of at-risk emergency medical services,
 - C. Development of regional emergency medical services,
 - D. Training for emergency medical directors,
 - E. Access to training front line emergency medical services personnel,
 - F. Capital and equipment needs.
3. Jurisdictional Impact. Will more than one community, county or other jurisdiction benefit from your project? List the communities and describe the benefits.
4. Population Density. What is the Population density of the project area as recorded by the Oklahoma Department of Commerce?
5. Distance to Trauma Center. Give distance to the closest point and the most distant point in the project area to the nearest level I or II trauma center. Add the distances and divide by 2 to get the average distance. For statewide projects, enter 100 miles.
6. Total EMTs. What is the total number of licensed EMTs within the your project's area, as recorded by the Department?
7. Grant Amount. What is the amount of the grant you are requesting? Provide a spreadsheet showing how it will be used.
8. Project Matching. Does your proposal include matching funds? What percent of the total project funds do the matching funds comprise?
9. Previous Grant Assistance. Attach a notarized spreadsheet listing all OERSSIRF funding your organization has received in the past. Show each funded project separately, by year of award. Include the date and completion status of each audit, and show any projects that remain un-audited at the time of this application.
10. Previous Grant Evaluation. On the spreadsheet listing all previously funded OERSSIRF projects, show the project evaluation score awarded by the Department for each.

Section Four Review and Evaluation

Instructions:

1. List the criteria by which the Department will evaluate the success of the project. Include specific, objective metrics such as an improvement in the number of EMTs within a region or a decline in provider response times to medical emergencies.
2. Give a clear methodology for computing the performance measures, such as comparing the status of the metrics at the beginning and end of the project.
3. Provide benchmarks for performance measures for each of the following assessment levels:
 - (A) Significantly improved
 - (B) Improved
 - (C) Not Improved
 - (D) Worsened

For example, if your project proposes to improve the number of EMTs working in an area, you might propose the following benchmarks:

- (A) Significantly improved = 20 % increase in resident, working EMTs
- (B) Improved = 10 % increase in resident, working EMTs
- (C) Not Improved = 0% increase in resident, working EMTs
- (D) Worsened = any decrease in resident, working EMTs