



1010 W Northern Lights Blvd, Anchorage, AK 99503
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MINIGRANT DISTRIBUTION POLICY AND APPLICATION PACKET

Applications accepted through April 26, 2024



Mini-grants are intended to assist those emergency medical services that use volunteers in the provision of emergency medical care in their service area and are not a for-profit entity or part of a publicly funded municipal or borough EMS system.

Eligibility

- 1) Must be a Volunteer EMS Organization (ambulance or first responder service) as defined by this policy.
- 2) The Service cannot be a for-profit company.
- 3) The Service cannot be a borough or municipal service as defined in this policy
- 4) If applying as a State Certified Ambulance Service – must meet the requirements as set forth in Alaska Regulations and statutes and organized as defined in this policy.
- 5) If applying as a First Responder Service must comply with the criteria as defined in this policy.
- 6) The service, including First Responder Services, must submit their Annual EMS Survey for the prior Calendar Year.
- 7) The service must agree to provide other documentation as requested by Southern Region EMS Council.

Application packets will be accepted from July 1, 2023, to April 26, 2024. Packets must be sent **COMPLETE** to SREMSC no later than **April 24, 2024**, to be eligible.

The actual award amount for each agency will be determined by SREMSC and will be based on available funds and the number of eligible services. The max award amount is \$1500.00.

Each Service is eligible to receive one mini-grant per fiscal year (July 1 – June 30).

Eligible expenses for Mini-grants:

- Supplies and equipment needed to fulfill basic equipment needs as listed on the Basic Supply and Equipment List. (See Appendix A)
- EMS Training and associated travel and expenses.
- Volunteer recruitment and retention incentives.

All funds allocated **must be for expenses incurred and paid for during FY2024.**

All receipts must be submitted to SREMSC **no later than April 26, 2024.**

All Mini-grant applications will require the following approval process:

1. Head or Director of service or agency submitting the application.
2. President of the agency Board of Directors, Community Council President, Village, Tribal, City, or Borough Council, Assembly or Mayor, or equivalent local official for non-incorporated areas.
3. Southern Region EMS Council Sub-region EMS Coordinator or Regional Training Coordinator.
4. Southern Region EMS Council Chief Executive Officer.

Definitions

- 1) VOLUNTEER EMS ORGANIZATION: An EMS provider organization that primarily utilizes volunteers in the direct provision of EMS.
- 2) AMBULANCE SERVICE: An EMS provider organization with an ambulance or transport vehicle and is a state-certified ambulance service as defined by Alaska regulations and statutes.
 - a. Is organized as part of a fire department, emergency medical service, or local government with four or more responding members.
- 3) FIRST RESPONDER SERVICE: A service that is not state certified and meets the following criteria.
 - a. Is organized as part of a fire department, emergency medical service, or local government with an organized roster of responding members.
 - b. Designates one person as the person for daily management of the service.
 - c. Has written policies regarding how the responders will be called out, training, maintenance, and custody of equipment/supplies and define the chain of command within the service.
 - d. Has a person who is currently trained to Emergency Trauma Technician (ETT) at a minimum always available.
 - e. Has a written policy for the timely evacuation and/or transport of all patients.
 - f. Has a designated response area.
 - g. Respond to all medical emergencies within their response area or have an established mutual aid agreement.
 - h. Records all medical information for each patient for which care was provided. Maintain a copy of each patient report on file consistent with current statutes regarding medical record keeping.
- 4) BOROUGH OR MUNICIPAL SERVICE: A service that is in a municipality or borough that:
 - a. Has EMS powers **and**
 - b. Supports EMS with public funds designated for EMS.

MINI-GRANT APPLICATION

SERVICE/AGENCY NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

NAME OF SERVICE/AGENCY DIRECTOR: _____

CONTACT NAME/NUMBER: _____

EMAIL ADDRESS: _____

ATTACH PERSONNEL / RESPONDER ROSTER OR FILL IN THE CHART BELOW:

Responder Name	Responder Level

MINI-GRANT REQUEST DESCRIPTION

(Additional Pages may be used for justification or attach quotes)

Funds Distribution Requested (check one):

- Service will order and pay for the item directly. SREMSC will reimburse the service.
 1. Email scan or mail this form with copies of the invoice paid and copies of canceled checks/proof of payment **plus**, any receipts outside of the Mini-grant (if any) **and packing slip**.

- Service will order items directly and submit the invoice to SREMSC for payment to the vendor.
 1. Email scan or mail this form with copies of the invoice **plus** any receipts outside of the Mini-grant (if any) **plus packing slips**.
 2. Expenses must be incurred and paid in FY2024.

If your organization absolutely cannot do either of the above options, the option below is available:

- SREMSC will order items and have the vendor bill SREMSC directly.
 1. Service will contact the vendor for desired equipment and obtain a quote.
 2. Email scan or mail this form with the vendor quote **plus** any receipts outside of the Mini-grant (if any) **and packing slip**.

PRIORITY	ITEM DESCRIPTION Attach quote(s) or catalog page(s)	COST
1		
2		
3		
4		
5		
6		
7		
8		
TOTAL MINIGRANT REQUEST:		\$ 0

MINI-GRANT APPLICATION CHECK LIST & SIGNATURES

*Incomplete applications will **NOT** be considered for approval.*

- Copy of Ambulance Certification is attached. (N/A for First Responder Services)
- Proof of minimum personnel response requirement (table filled out or roster attached.)
- W-9 form **must** be submitted with the application.
- Annual Community EMS Survey submitted for prior FY. (To include pre-hospital data summary report for those services reporting electronically).
- Written requests for variations or exemptions to minimum requirements must be attached to this application.

Signature of Head of Service

Date

Signature of local Board Chair/Municipal/Tribal Official

Date

Signature of Sub Area Coordinator

Date

Southern Region EMS Council Executive Director

Date

For Office Use Only:

Application Approved Application Declined

Award Amount: _____ Date letter of explanation sent: _____

Date of decision: _____

Notes:

APPENDIX A: MINIGRANT APPROVED EQUIPMENT\SUPPLY SUGGESTIONS & TYPES

Basic Life Support (BLS) Equipment and Supplies

Advanced Life Support (ALS) Equipment and Supplies

Ventilation and Airway Equipment

Immobilization Equipment

Communications Equipment

Bandaging Equipment

Obstetrical

Miscellaneous examples:

- Patient assessment equipment
- Recruitment/Retention items, e.g., service wear
- Dr. Down / Life Blanket type equipment
- Cases/bags for oxygen, responder kits, trauma bags, etc.
- Triage supplies/kits
- Broselow bags
- Hemorrhage Control / Tourniquets
- Gunshot Wound Kits

Safety examples:

- Safety flares
- Fire extinguisher, dry chemical, 5-10#, and refilling Flashlights
- Safety goggles
- Protective gloves, leather
- Basic tool kit: Hammer, Phillips screwdriver, regular screwdriver, adjustable wrench, and pliers
- Body fluid isolation devices and supplies (gloves, mask, gowns, eye protectors)
- Ice cleats or similar for responders