



El Paso County Emergency Services Agency EMS Grant Program Application

The purpose of the ESA Grant Program is to provide funding for approved Emergency Medical Services (EMS) needs to participating ESA Agreement Agencies within El Paso County. Other non-signatory Agencies providing emergency medical services within El Paso County may apply for grant funds; however, ESA Agreement Signatory Agencies will be given priority status. For more information, go to www.esaboard.org.

SECTION A

AGENCY NAME: _____	
AGENCY MAILING ADDRESS: _____ _____	
CONTACT PERSON: _____	
PHONE: _____	FAX: _____
EMAIL: _____	FEDERAL TAX ID NUMBER: _____

TYPE OF ORGANIZATION:

- | | |
|---|---|
| <input type="checkbox"/> City Government | <input type="checkbox"/> Private/Not for Profit |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Other |
| <input type="checkbox"/> Special District/Authority | |

REQUEST CATEGORY:

- | | |
|---|--|
| <input type="checkbox"/> EMS Training/Education | <input type="checkbox"/> EMS Equipment |
| <input type="checkbox"/> EMS Training Materials | <input type="checkbox"/> EMS Public Safety Education |

AREAS/AGENCIES AFFECTED: _____

PROJECTED DATE OF COMPLETION: _____

I, the undersigned, do hereby attest that the information contained in this application is true and accurate to the best of my knowledge. I also attest that I am authorized by the above organization to act as a representative for the purposes of the grant process. I understand that any intentional falsification of the information contained herein will disqualify this application. Misuse of grant funds may be subject to legal action.	
_____ SIGNATURE	_____ TITLE
_____ PRINT NAME	_____ DATE

SECTION B: Please select one or more of the following four categories of grant project as applicable and provide the requested information.

EMS TRAINING/EDUCATION

Name of Organization providing training: _____

Focus of training: _____

Number of people to be trained: _____ Application Deadline: _____
 *(attach copy of application)

Date training will be completed: _____ Cost per person: \$ _____

Total estimated cost: \$ _____

Will per diem be paid to participants? No Yes Amount per day \$ _____

EMS TRAINING MATERIALS

Name of vendor(s) providing materials: _____

Subject: _____

Format (video, software, etc.): _____

If software, do you have compatible computer equipment? Yes No

*Attach copy of specifications and price quotation(s)

EMS EQUIPMENT

Equipment (type, model #): _____

Name of vendor(s): _____

Where will equipment be housed? _____

How many people will use equipment? _____

Level of users' EMS training: _____

*Attach copy of specifications and price quotation(s)

EMS PUBLIC SAFETY EDUCATION

Subject: _____

Format:	Price each	
Videos	\$ _____	*Attach copy of price quotations and context of material
Pamphlets	\$ _____	
TV Spots	\$ _____	
Radio Spots	\$ _____	
Other media (specify)	\$ _____	
Total Cost	\$ _____	

Person responsible for project: _____

Training/background of person responsible for project: _____

Duration of project: _____

SECTION C: Please provide detailed information relating to your project as described below. The Grant Committee will review this information to evaluate your application as it relates to the grant program guidelines and as it compares to other applications.

1. PROBLEM STATEMENT

- a) Describe the situation. Include data and any other information to establish the existing conditions.
- b) State why this situation is undesirable.
- c) What are the causes?
- d) Identify changes needed to resolve the identified problem(s).

2. PROPOSED ACTIVITIES

- a) Describe the final goal of the project. What will the situation look like if the project is successful?
- b) Describe the specific steps that the project team will take to complete the project, and when you project those steps will be completed?

SECTION C (continued):

3. EQUIPMENT/MATERIALS TO BE PURCHASED

- a) What equipment and/or materials, if any, will be purchased to meet the needs of this project?

4. EVALUATION AND MONITORING

- a) Describe how you will monitor project activity and progress during the execution of the project.
- b) Describe how you will determine whether the project has been successful. Administrative, performance or impact measures can be used.

