EMS VEHICLE AND EQUIPMENT GRANT REPORT

FY 2020 - FY 2024

A PUBLICATION OF THE BUREAU OF EMERGENCY MEDICAL SERVICES AND PREPAREDNESS

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DIVISION OF PUBLIC HEALTH

Executive Summary

Resulting from the 1999 Legislative session, the Bureau of Emergency Medical Services and Preparedness (hereafter referred to as “the Bureau”) was charged with the responsibility of distributing funds through the Emergency Medical Services (EMS) Account III Grant (Appendix A) to qualifying EMS agencies in the state of Idaho. These funds are collected from Idaho driver’s license fees. This grant program enables Idaho EMS agencies to acquire vehicles and patient care equipment for their communities that they might not have been able to afford otherwise.

To be eligible, EMS agencies must be either governmental or non-profit, and they need to be part of the 911 response system. Application information includes data points which, when evaluated and scored, give priority to agencies with larger proportions of volunteer personnel, larger response areas, and older existing resources. For FY2024, of the 190 licensed agencies in Idaho, all but 47 were eligible to apply. From FY2020 – FY2024, 61 ambulances and non-transport vehicles and over 1,000 pieces of equipment have been funded.

Background and Grant Overview

In the late 1990's, conversations began in North central Idaho with local providers and state legislators addressing the need for EMS resources in rural areas. In 2000, the Idaho Legislature created the EMS Account III Grant, to provide vehicles and equipment for EMS personnel in the performance of their duties. The grant is funded by a $1 a year fee on each Idaho driver's license. The first grant funds were awarded to eligible Idaho EMS agencies in 2001.

Each year, grant applications (Appendix E) are made available in January to eligible Idaho EMS agencies and are due back to the Bureau by June 1st. Applicants receive notification of their application status in July and all money is distributed to awardees in the Fall.

Ambulances generally cost more than medical rescue or extrication vehicles. Although a significant number of aging vehicles have been replaced during the 22 years of this grant program, there continues to be a significant need for emergency vehicle funding due to population growth, increased incident response, and the ever-rising cost of emergency vehicles.

All eligible Idaho EMS agencies are encouraged to apply. The bureau provides a yearly webinar to walk applicants through the application process and communicate any changes from previous years.

Scoring Criteria

Two information sources are used for calculations associated with the scoring process, the grant application, and the current agency licensure information records. Each request is scored and assigned a numerical score. For both vehicles and equipment, greater weight is assigned to those conditions which indicate greater need (Appendix B, C, and D).

Qualifications

To apply, Idaho EMS agencies must:

- Be a non-profit or governmental entity
- Hold a current license as an ambulance or non-transport service issued by the State of Idaho
- Demonstrate a need based on criteria established by the Bureau
- Submit application, documents, and narratives by the deadline

Grant Changes/Additions

FY 2020

Due to changes in reporting and scoring methodology, previous reports may vary when compared to current years. To minimize potential data reporting errors and to streamline naming conventions, past reports will reflect several changes in totals. The FY2016-FY2020 report and reports moving forward will include equipment figures for each fiscal year. Equipment figures required equipment data for each fiscal year.

Categories were determined based on recurring equipment type requests; however, equipment types can change from year to year due to equipment item eligibility. The figures are comprised of actual equipment awards, equipment category, quantity awarded, and the monetary total for each equipment category. The table for Equipment Categories and Types can be found on page 5 and fiscal-year equipment figures can be found on page 21.

FY 2021

Due to the COVID-19 global pandemic and the impacts on Idaho's EMS agencies, the application process and deadline did not follow the normal timeline for this fiscal year. The grant cycle was in process when the lockdowns were ordered which led to postponing the application deadline to June 30, 2020. Applications were reviewed and scored, notices of awards, and subgrants were developed and emailed by mid-October 2020.

FY 2022

Again, due to the COVID-19 pandemic, its persistence, and impacts to EMS agencies throughout Idaho, the application deadline was extended to June 1, 2021. Previously, Idaho Code 56-108b allowed grant funds to be used solely for the purchase of EMS vehicles and equipment. The 2022 legislative session amended the list of allowable items that can be purchased with grants funds to include training, licensing expenses, communication technology, dispatch services and costs (not to include personnel salaries) associated with the provision of EMS. See Appendix A for the change in code language.

FY 2023

There were more funds awarded to equipment than vehicles due to changes in award acceptance. An initial supplemental award for $27,512 for a vehicle was offered to an agency, but the agency declined. That amount was then allocated to different agencies for equipment.

FY 2024

There were no substantial changes to the process, the awarded amounts/limits, or the application process from the previous grant cycle.

ARPA

For FY 2023 the Idaho Legislature appropriated 2.5 million dollars from American Recovery Plan Act (ARPA) funds for the purchase of ambulances. The maximum reward was $192,307.69. The distributions of funds are reported in this document alongside the EMSAVE grant.

The same amount was appropriated in the FY 2024 grant cycle with a similar grant process. This grant is not a recurring grant, and the FY 2024 cycle is likely the last disbursement of ARPA funds. The maximum reward for this fiscal year was $208,333. See Appendix F for the ARPA grant application.

Table 1: Equipment Categories and Types

Patient Treatment

- Splint/Splint Kit
- Jump Kit
- Transport Ventilator
- Vital Signs Monitor
- Pelvic Sling
- Blood Glucose Meter
- Pulse Oximeter
- Stethoscope
- Continuous Positive Airway Pressure (CPAP)
- Equipment Bags
- Triage Kit
- Stop the Bleed Kit
- Tourniquet
- Suction Unit
- Video Laryngoscope Kit
- Oxygen Administration Kit
- IV Warmer

Extrication

- Extrication Combi Package
- Tools
- Strut Kits
- Edraulic Spreader
- Extrication Pump
- Stabilization Kit/Set
- Batteries/Charger
- Car Kit
- Telescopic Ram Kit

Electrocardiogram (ECG)

- ECG

Automated External Defibrillator (AED)

- AED

Cardiac Monitor

- Cardiac Monitor

Mechanical CPR Device

- Mechanical CPR Device

Patient Movement

- Gurney Load System
- Upgrade Kit
- Vacuum Immobilizer
- Spine Board
- Res-Q Trailer
- Stair Chair
- Stretcher
- Bariatric Transfer Flat
- Rescue Stretcher System

Personal Protective Equipment (PPE)

- Rescue PPE
- Harness
- Helmets
- Coveralls
- Vests
- Boots
- Pants
- Jackets
- Googles
- Gloves
- Hoods
- Ice Rescue Package

Communication

- Computer/Laptop
- Pagers
- Portable Radios
- Mobile Router System

Other

- Oxygen Cylinder
- Thermal Imaging Camera
- Vehicular Power Inverter
- Scene Lighting
- Light Box
- Fire Extinguisher
- Rearview Backing Camera
- Liquid Suspension Retrofit
- MME Battery Charger

Table 2: Distribution of Funds FY2020-FY2024

EMS Account III Grant Data	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Grant Requests for Vehicles and Equipment	$3,079,589	$4,325,356	$2,488,100	$5,990,251	$3,182,329
Grants Awarded for Vehicles and Equipment	$1,350,000	$1,700,000	$1,700,000	$1,700,000	$1,700,000
# of Vehicles Requested	19	25	14	30	14
# of Vehicles Awarded	6	7	9	6	7
Pieces (#) of Equipment Requested	263	237	234	241	249
Pieces (#) of Equipment Awarded	126	162	192	144	151
# of Agencies Requesting Vehicles and Equipment	73	81	55	63	50
# of Agencies Awarded Funds for Vehicles and Equipment	52	63	47	54	46

Figure 1: Five Year Vehicle Requests and Awards

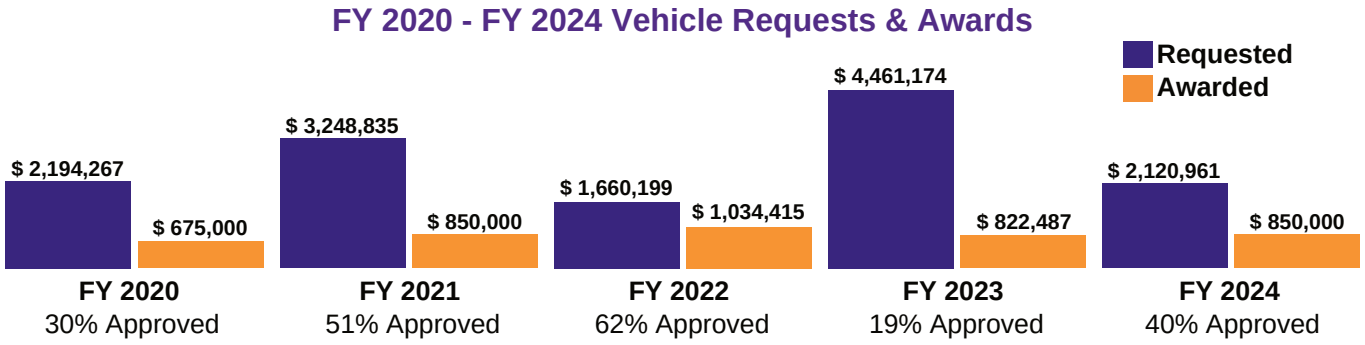


Figure 2: Five Year Equipment Requests and Awards

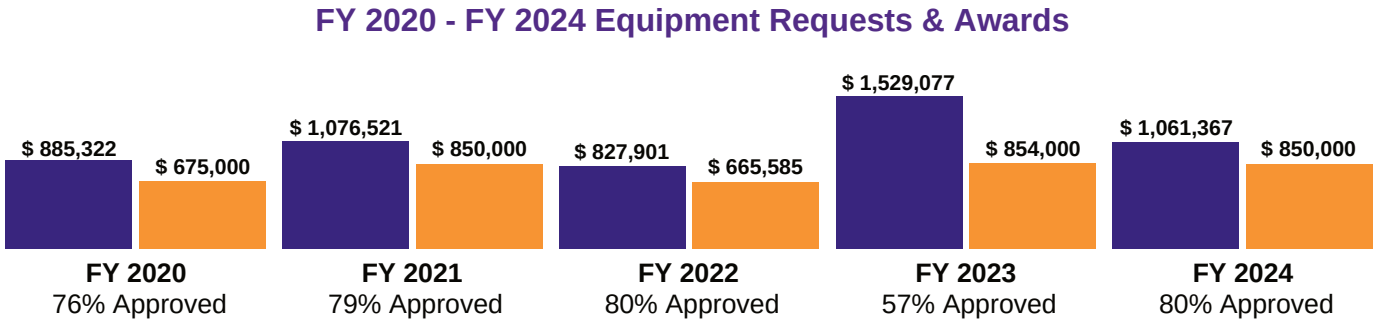


Table 3: Distribution of ARPA Funds

ARPA Vehicle Grant Data	FY 2023	FY 2024
Grant Requests for Vehicles	$6,926,797	$4,806,051
Grants Awarded for Vehicles and Equipment	$2,500,000	$2,500,000
# of Vehicles Requested	37	25
# of Vehicles Awarded	13	13
# of Agencies Requesting Funds for Vehicles	35	25
# of Agencies Awarded Funds for Vehicles	13	13

Figure 3: ARPA Grant Cycles Requests and Awards

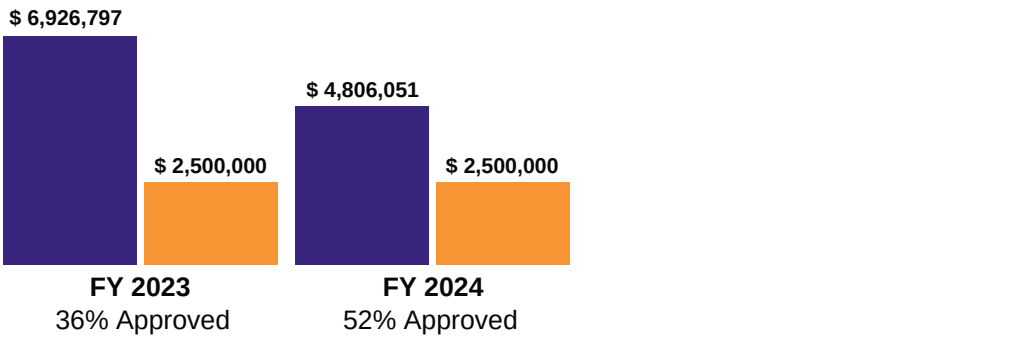


Figure 4: FY 2024 Vehicle and Equipment Awards by Agency - Main EMSAVE Grant

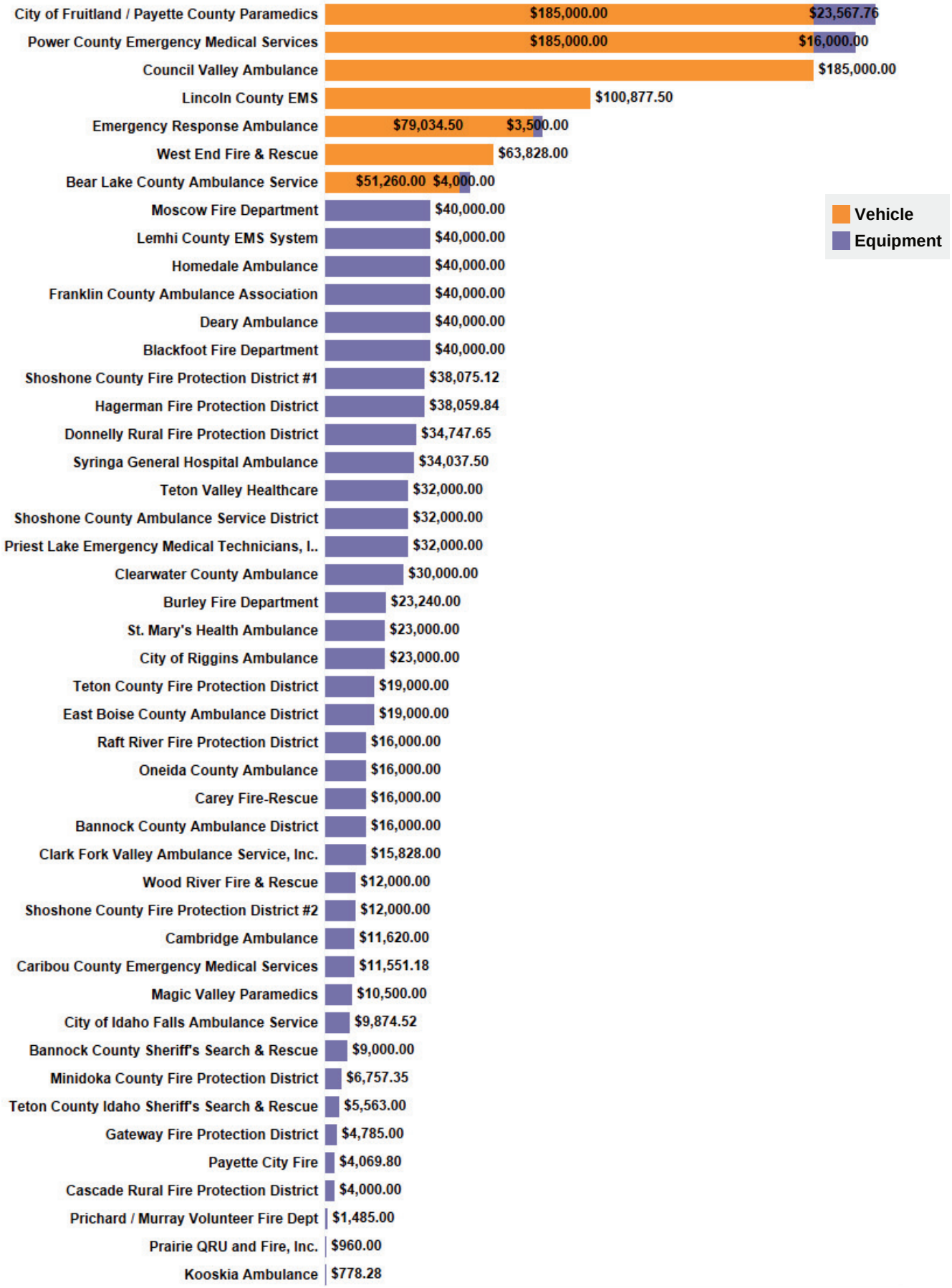


Table 4: FY 2020 Vehicle Awards and Disbursement by County/Agency

FY 2020 Vehicle Award Breakdown

County	EMS Agency Awarded	Type	$ Awarded and Disbursed
Cassia	Raft River Fire Protection District	Ambulance	$125,000
Clearwater	Clearwater County Ambulance	Modified Truck	$110,733
Idaho	Kooskia Ambulance	Ambulance	$125,000
Lemhi	Salmon Advanced EMT's	Ambulance	$125,000
Nez Perce	Culdesac QRU	Ambulance	$64,267
Oneida	Oneida County Ambulance	Ambulance	$125,000
		Total	**$675,000**

Table 5: FY 2021 Vehicle Awards and Disbursement by County/Agency

FY 2021 Vehicle Award Breakdown

County	EMS Agency Awarded	Type	$ Awarded and Disbursed
Bear Lake	Bear Lake County Ambulance Services	Ambulance	$135,000
Benewah	Gateway Fire Protection District St Marie's Ambulance	Ambulance	$135,000
Bonner	Priest Lake Emergency Medical Technicians, Inc.	Ambulance	$135,000
Franklin	Franklin County Ambulance Association	Ambulance	$135,000
Idaho	City of Riggins Ambulance	Ambulance	$135,000
Power	Power County Emergency Medical Services	Ambulance	$40,000
		Total	**$850,000**

Table 6: FY 2022 Vehicle Awards and Disbursement by County/Agency

FY 2022 Vehicle Award Breakdown

County	EMS Agency Awarded	Type	$ Awarded and Disbursed
Bannock	Bannock County Ambulance District	Ambulance	$140,000
Bingham	Blackfoot Fire Department	Ambulance	$140,000
Boise	East Boise County Ambulance District	Ambulance	$140,000
Camas	Camas County Ambulance	Ambulance	$140,000
Cassia	Intermountain Cassia Regional Hospital Paramedics	Ambulance	$32,872.58
Custer	South Custer County Ambulance	Ambulance	$102,000
Franklin	Franklin County Ambulance Association	Ambulance	$140,000
Lincoln	Dietrich Quick Response Unit, Inc.	Modified Truck	$59,542.01
Valley	Cascade Rural Fire Protection District	Ambulance	$140,000
		Total	**$1,034,414.59**

Table 7: FY 2023 Vehicle Awards and Disbursement by County/Agency

FY 2023 Vehicle Award Breakdown

County	EMS Agency Awarded	Type	$ Awarded and Disbursed
Canyon	Murphy Reynolds Wilson EMS	Modified SUV	$67,487.63
Franklin	Franklin County Ambulance Association	Ambulance	$185,000
Idaho	St Mary's Hospital Ambulance	Ambulance	$185,000
Kootenai	Kootenai County EMS	Ambulance (Remount)	$125,000
Lewis	Winchester QRU	Modified SUV	$75,000
Washington	Cambridge Ambulance	Ambulance	$185,000
		Total	**$822,487.63**

Table 8: FY 2024 Vehicle Awards and Disbursement by County/Agency

FY 2024 Vehicle Award Breakdown

County	EMS Agency Awarded	Type	$ Awarded and Disbursed
Adams	Council Valley Ambulance	Ambulance	$185,000
Bear Lake	Bear Lake County Ambulance Service	Modified SUV	$51,260
Lincoln	Lincoln County EMS	Ambulance	$100,877.50
Minidoka	Emergency Response Ambulance	Ambulance (Partial)	$79,034.50
Minidoka	West End Fire & Rescue	Modified SUV	$63,828
Payette	City of Fruitland / Payette County Paramedics	Ambulance	$185,000
Power	Power County Emergency Medical Services	Ambulance	$185,000
		Total	**$850,000**

Table 9: FY 2023 - ARPA Vehicle Awards and Disbursement by County/Agency

FY 2023 - ARPA Vehicle Award Breakdown

County	EMS Agency Awarded	Type	$ Awarded and Disbursed
Caribou	Caribou County EMS	Ambulance	$192,307.69
Clearwater	Clearwater County Ambulance	Ambulance	$192,307.69
Idaho	Elk City Ambulance Service Inc	Ambulance	$192,307.69
Idaho	City of Riggins Ambulance	Ambulance	$192,307.69
Jefferson	Mud Lake Ambulance	Ambulance	$192,307.69
Latah	Potlatch Ambulance	Ambulance	$192,307.69
Latah	Deary Ambulance	Ambulance	$192,307.69
Lewis	Nezperce Ambulance Inc	Ambulance	$192,307.69
Oneida	Oneida County Ambulance	Ambulance	$192,307.69
Owyhee	Grand View Ambulance Service	Ambulance	$192,307.69
Owyhee	Homedale Ambulance	Ambulance	$192,307.69
Owyhee	Marsing Ambulance Service Inc	Ambulance	$192,307.69
Shoshone	Shoshone County Ambulance Service District	Ambulance	$192,307.69
		Total	**$2,500,000**

Table 10: FY 2024 - ARPA Vehicle Awards and Disbursement by County/Agency

FY 2024 - ARPA Vehicle Award Breakdown

County	EMS Agency Awarded	Type	$ Awarded and Disbursed
Adams	Meadows Valley Rural Fire District	Ambulance	$208,333
Canyon	Parma Ambulance Service	Ambulance	$199,301
Clark	Clark County Ambulance	Ambulance	$208,333
Custer	North Custer Hospital District	Ambulance	$208,333
Custer	Stanley Ambulance	Ambulance	$208,333
Elmore	Elmore Ambulance Service	Ambulance	$104,469
Idaho	Kooskia Ambulance	Ambulance	$208,333
Kootenai	Harrison Community Ambulance	Ambulance	$208,333
Latah	Troy Volunteer Ambulance	Ambulance	$208,333
Lemhi	Lemhi County EMS System	Ambulance	$208,333
Lewis	Kamiah Fire-Rescue	Ambulance	$208,333
Lincoln	Lincoln County EMS	Ambulance	$112,900
Oneida	Oneida County Ambulance	Ambulance	$208,333
		Total	**$2,500,000**

Table 11: FY2020-FY2024 Vehicle Requests and Awards by County

County	FY20		FY21		FY22		FY23		FY24		County Total	
	Req	Awd	Req	Awd	Req	Awd	Req	Awd	Req	Awd	Req	Awd
Ada	0	0	0	0	0	0	0	0	0	0	0	0
Adams	1	0	0	0	0	0	1	0	1	1	3	1
Bannock	1	0	1	0	1	1	2	0	0	0	5	1
Bear Lake	0	0	1	1	0	0	1	0	1	1	3	2
Benewah	1	0	2	2	0	0	0	0	0	0	3	2
Bingham	0	0	2	0	1	1	1	0	0	0	4	1
Blaine	1	0	0	0	1	0	0	0	0	0	2	0
Boise	1	0	2	0	1	1	0	0	0	0	4	1
Bonner	0	0	1	1	0	0	0	0	0	0	1	1
Bonneville	1	0	0	0	0	0	0	0	0	0	1	0
Boundary	0	0	0	0	0	0	0	0	0	0	0	0
Butte	0	0	0	0	0	0	1	0	1	0	2	0
Camas	0	0	0	0	1	1	0	0	0	0	1	1
Canyon	0	0	0	0	0	0	0	0	0	0	0	0
Caribou	0	0	0	0	0	0	1	0	0	0	1	0
Cassia	2	1	1	0	1	1	0	0	1	0	5	2
Clark	0	0	0	0	0	0	0	0	0	0	0	0
Clearwater	1	1	0	0	0	0	0	0	0	0	1	1
Custer	0	0	0	0	1	1	1	0	1	0	3	1
Elmore	0	0	0	0	0	0	1	0	1	0	2	0
Franklin	0	0	1	1	1	1	1	1	1	0	4	3
Fremont	0	0	1	0	0	0	0	0	0	0	1	0
Gem	0	0	1	1	0	0	0	0	0	0	1	0
Gooding	0	0	1	0	0	0	1	0	0	0	2	0
Idaho	1	1	1	1	1	0	2	1	0	0	5	3
Jefferson	1	0	1	0	1	0	1	0	0	0	4	0
Jerome	0	0	0	0	0	0	0	0	0	0	0	0
Kootenai	0	0	0	0	0	0	1	1	0	0	1	1
Latah	0	0	2	0	0	0	2	0	0	0	4	0
Lemhi	1	1	0	0	0	0	0	0	0	0	1	1
Lewis	0	0	0	0	0	0	2	1	0	0	2	1
Lincoln	1	0	0	0	1	1	2	0	1	1	5	2
Madison	0	0	1	0	0	0	0	0	0	0	1	0
Minidoka	0	0	0	0	0	0	0	0	2	2	2	2
Nez Perce	1	1	0	0	0	0	0	0	0	0	1	1
Oneida	1	1	0	0	0	0	1	0	0	0	2	1
Owyhee	0	0	1	0	0	0	2	1	0	0	3	1
Payette	0	0	1	0	0	0	0	0	1	1	2	1
Power	0	0	1	1	0	0	0	0	1	1	2	2
Shoshone	1	0	1	0	1	0	2	0	0	0	5	0
Teton	0	0	0	0	0	0	2	0	2	0	4	0
Twin Falls	1	0	0	0	0	0	0	0	0	0	1	0
Valley	1	0	1	0	1	1	0	0	0	0	3	1
Washington	1	0	1	0	1	0	2	1	0	0	5	1
FY Totals	19	6	25	7	14	9	30	6	14	7	102	35

Figure 4: FY2020-FY2024 EMSAVE Vehicle Requests/Awards by County

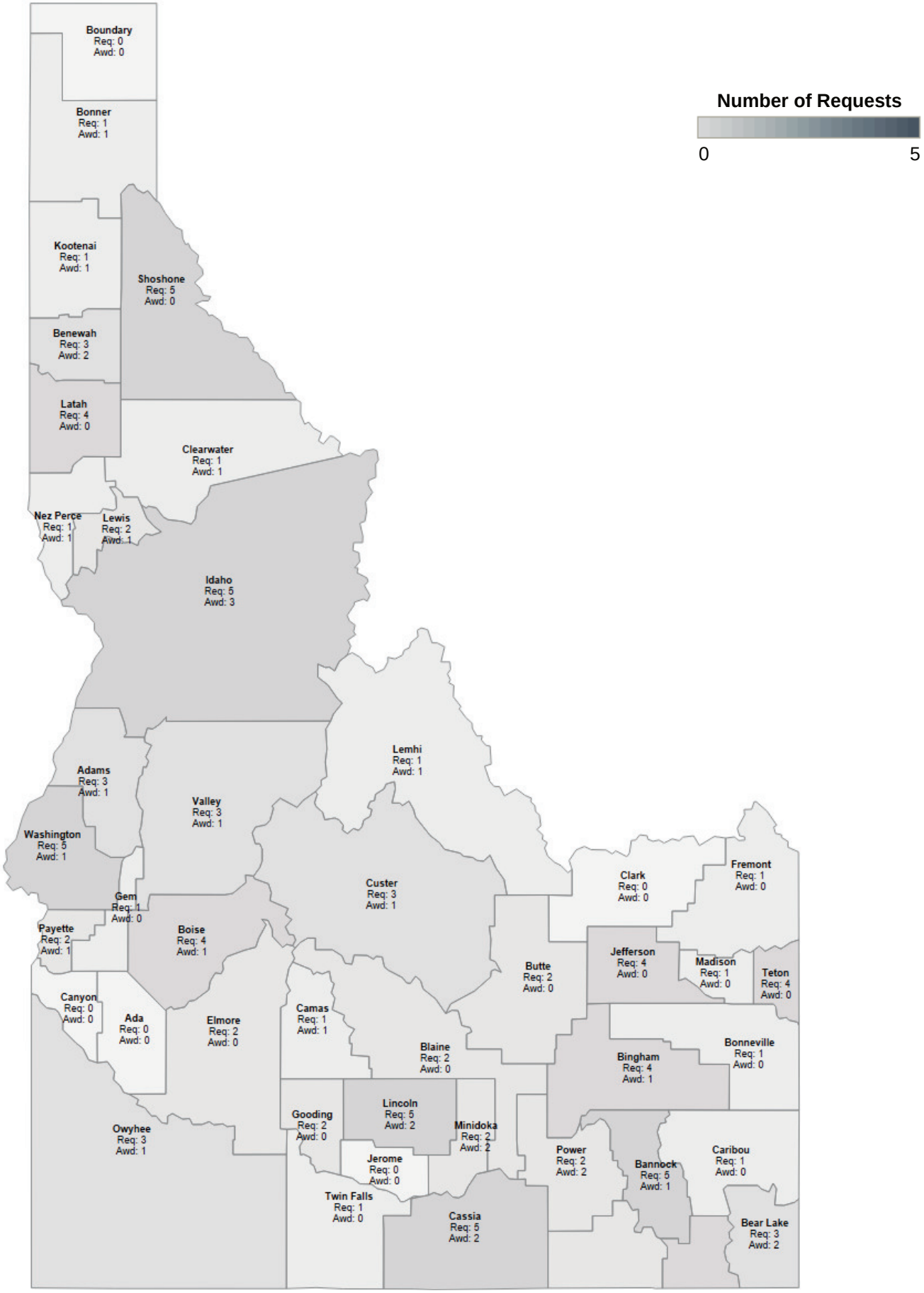
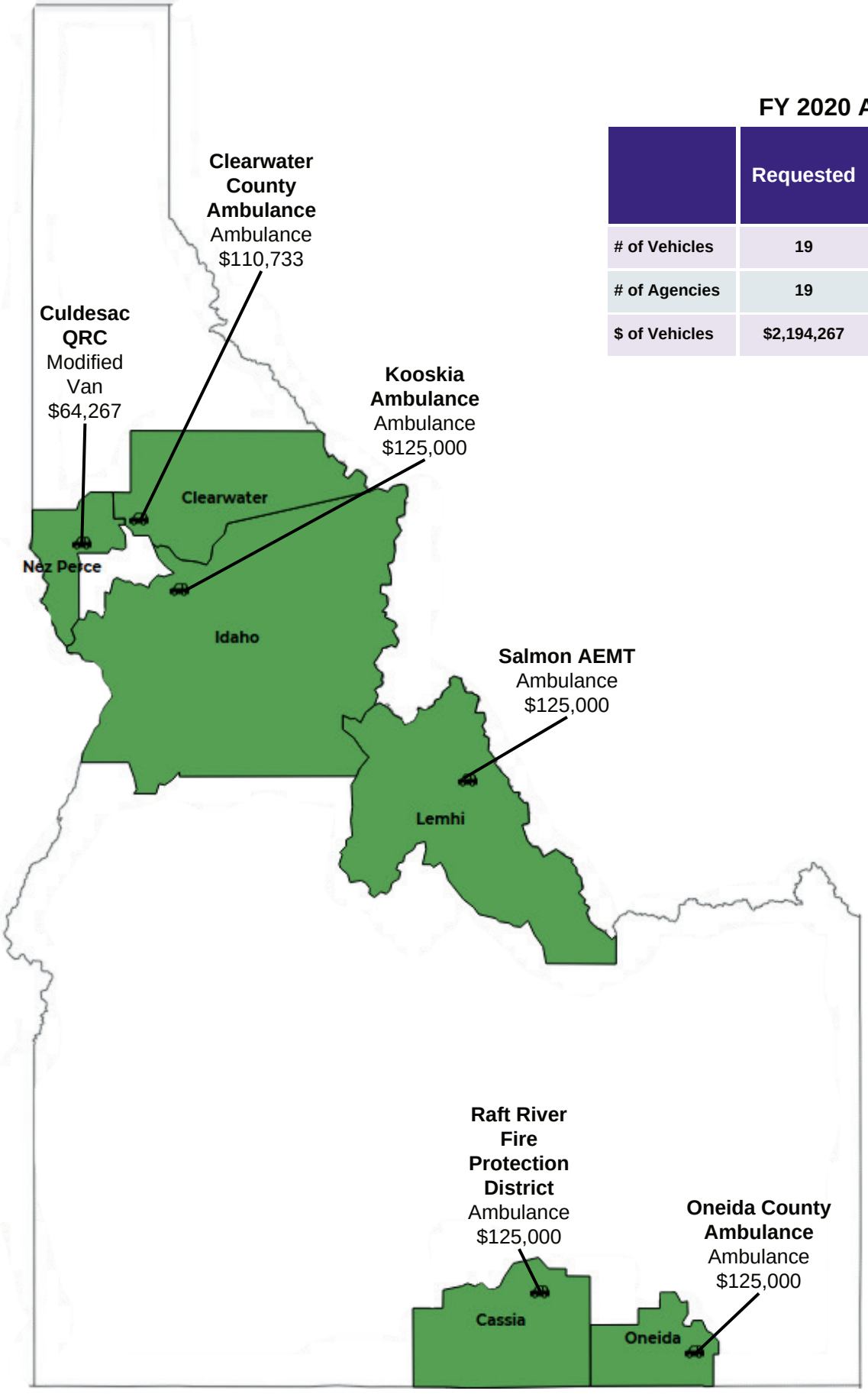


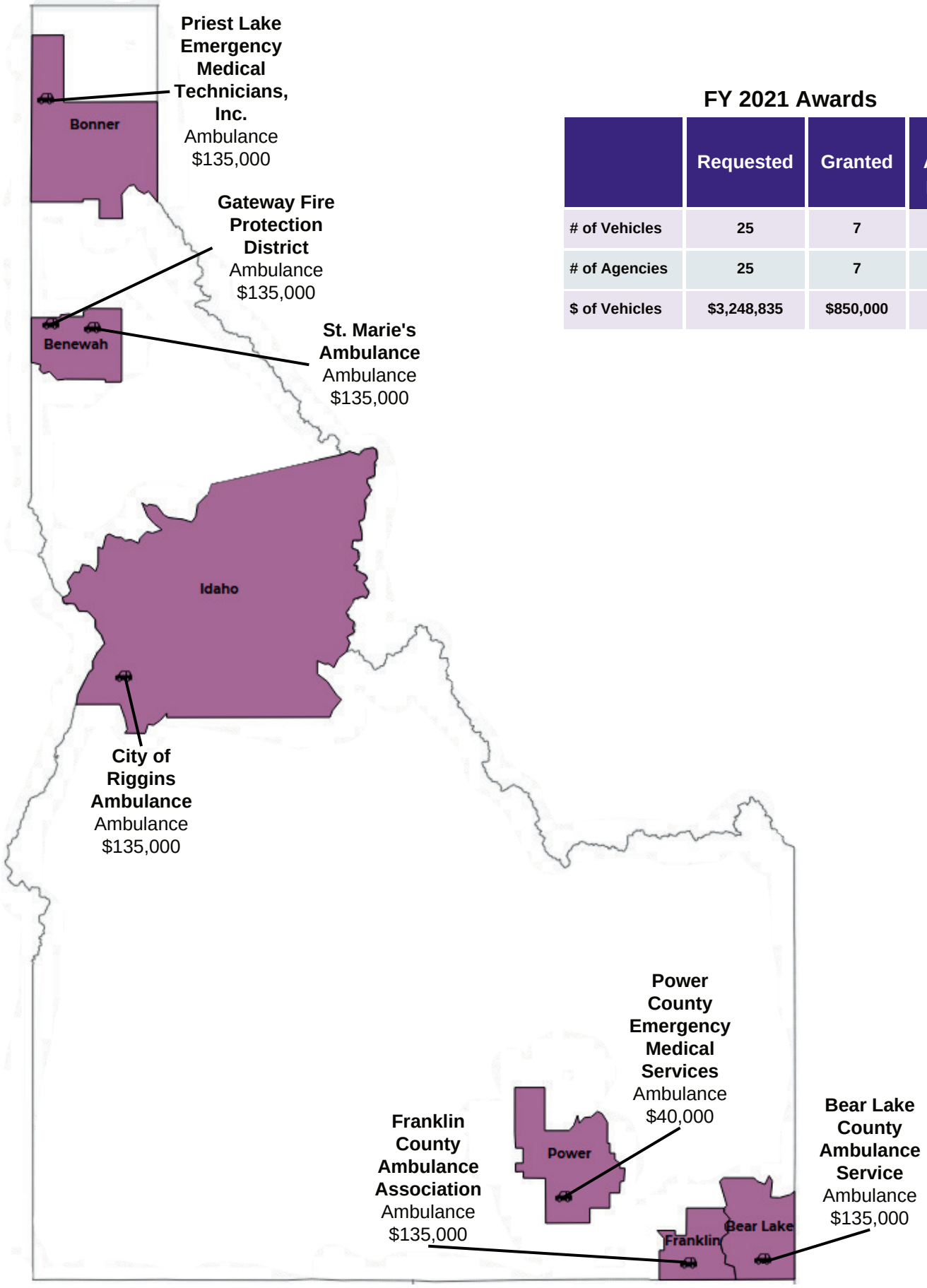
Figure 5: Map/Table of FY 2020 Vehicle Disbursements



FY 2020 Awards

	Requested	Granted	% of Awarded Request
# of Vehicles	19	6	30%
# of Agencies	19	6	30%
$ of Vehicles	$2,194,267	$675,000	31%

Figure 6: Map/Table of FY 2021 Vehicle Disbursements



FY 2021 Awards

	Requested	Granted	% of Awarded Request
# of Vehicles	25	7	28%
# of Agencies	25	7	28%
$ of Vehicles	$3,248,835	$850,000	26%

Figure 7: Map/Table of FY 2022 Vehicle Disbursements

FY 2022 Awards

	Requested	Granted	% of Awarded Request
# of Vehicles	14	9	64%
# of Agencies	14	9	64%
$ of Vehicles	$1,660,199	$1,034,415	62%

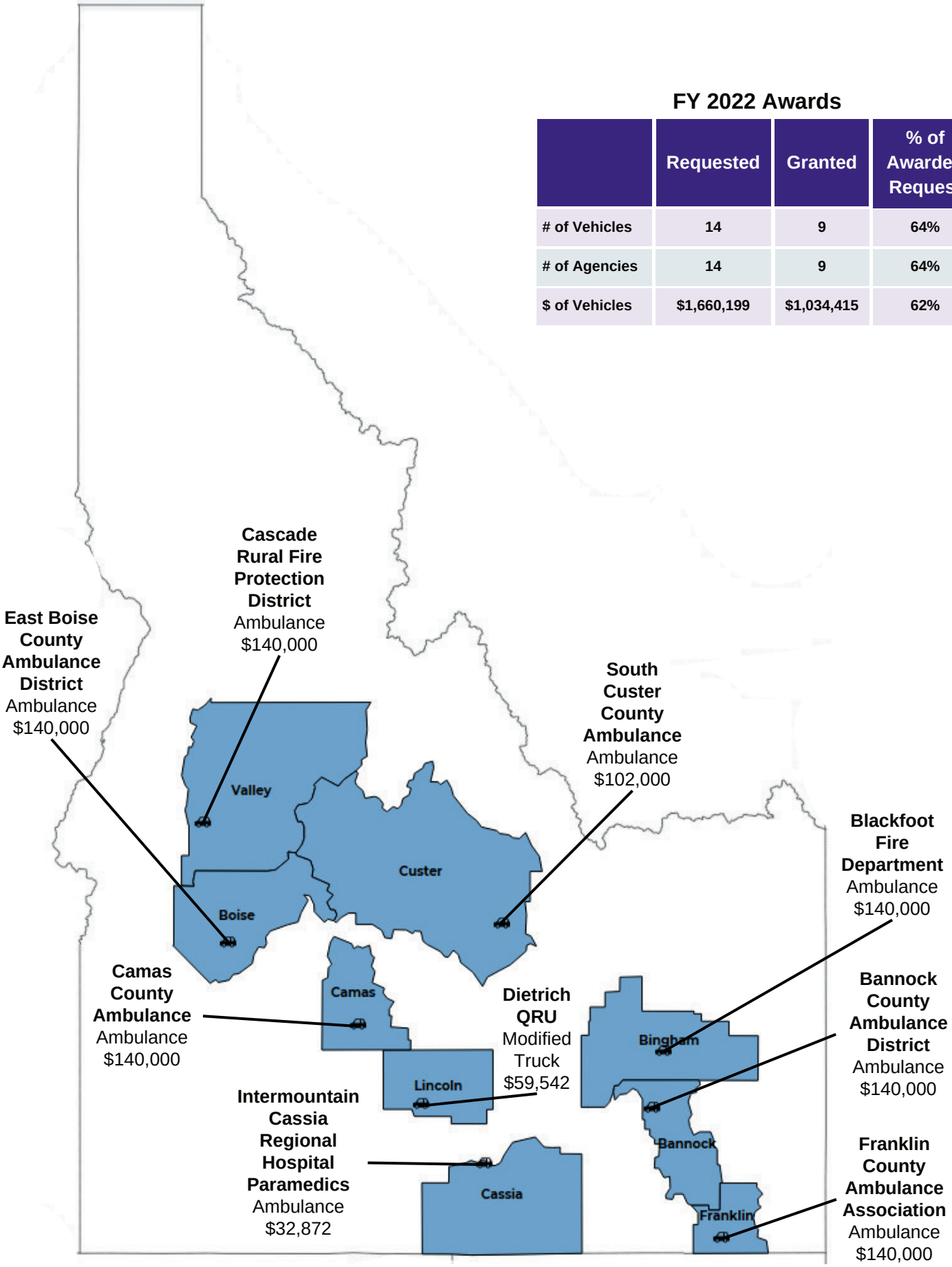
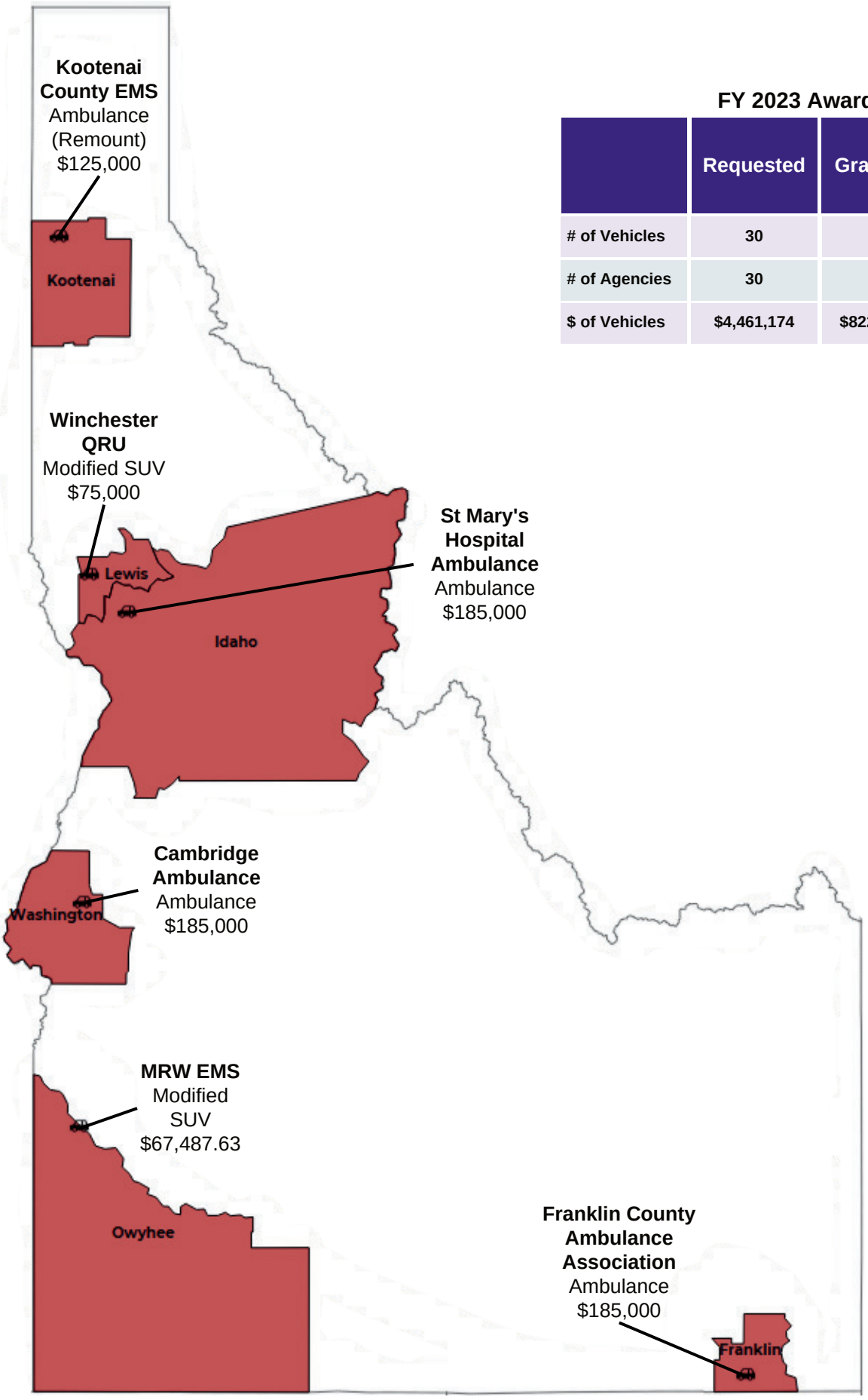


Figure 8: Map/Table of FY 2023 Vehicle Disbursements



FY 2023 Awards

	Requested	Granted	% of Awarded Request
# of Vehicles	30	6	20%
# of Agencies	30	6	20%
$ of Vehicles	$4,461,174	$822,487	18%

Figure 9: Map/Table of FY 2024 Vehicle Disbursements

FY 2024 Awards

	Requested	Granted	% of Awarded Request
# of Vehicles	14	7	50%
# of Agencies	14	7	50%
$ of Vehicles	$2,120,961	$850,000	40%

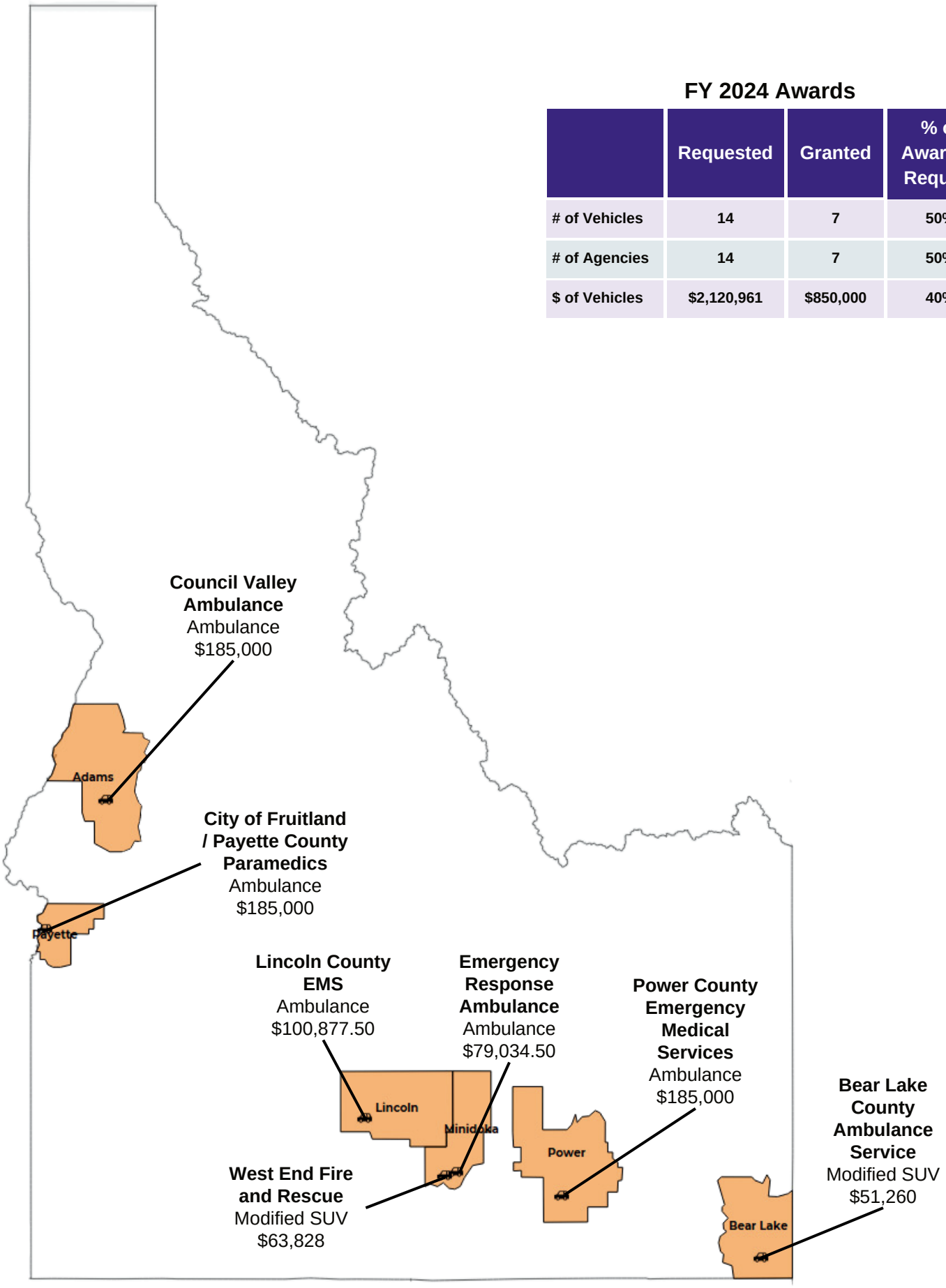
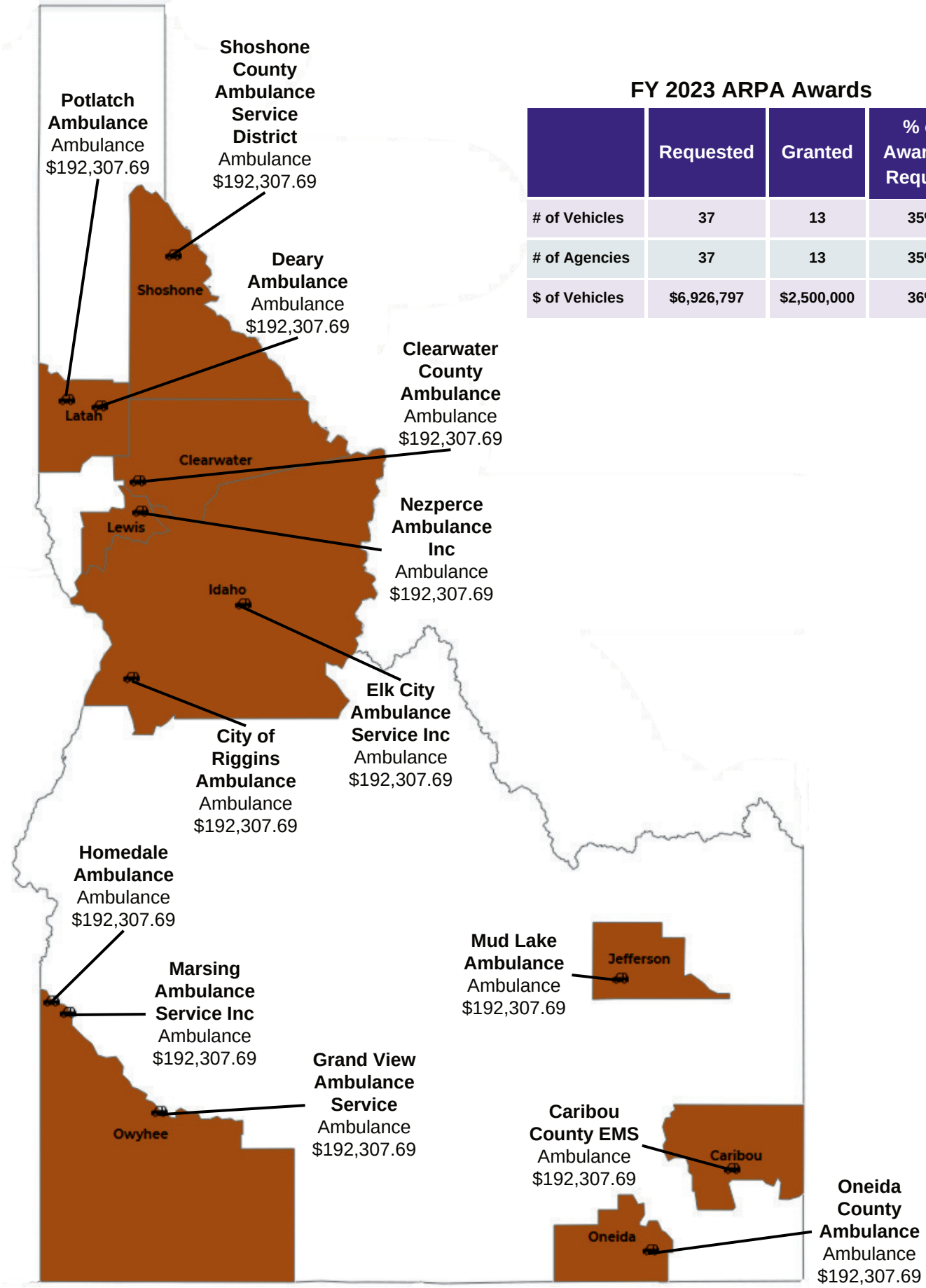


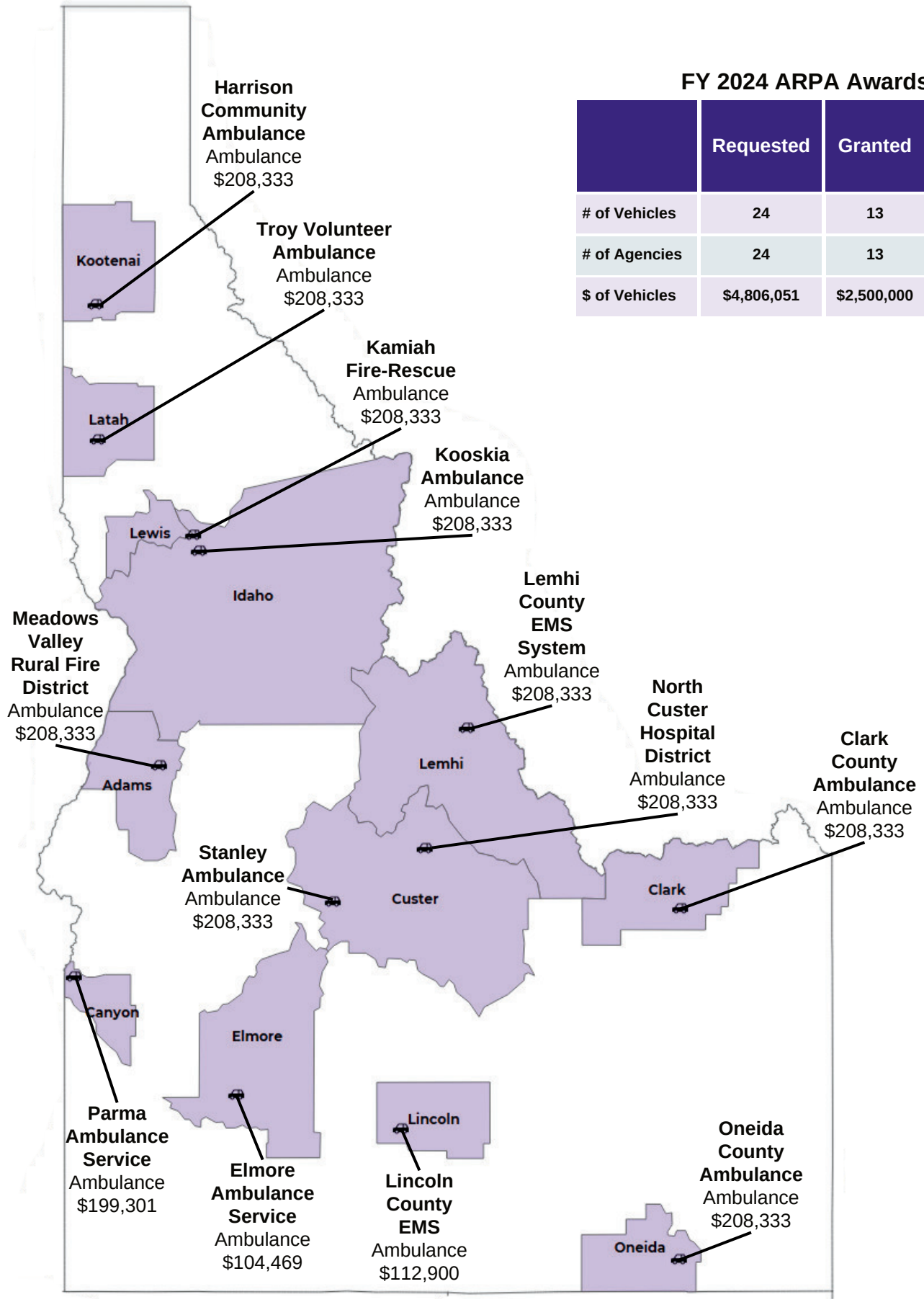
Figure 10: Map/Table of FY 2023 ARPA Vehicle Disbursements



FY 2023 ARPA Awards

	Requested	Granted	% of Awarded Request
# of Vehicles	37	13	35%
# of Agencies	37	13	35%
$ of Vehicles	$6,926,797	$2,500,000	36%

Figure 11: Map/Table of FY 2024 ARPA Vehicle Disbursements



FY 2024 ARPA Awards

	Requested	Granted	% of Awarded Request
# of Vehicles	24	13	54%
# of Agencies	24	13	54%
$ of Vehicles	$4,806,051	$2,500,000	52%

Figure 12: FY 2020 (Equipment Category, Quantity Awarded, and $ Amount)

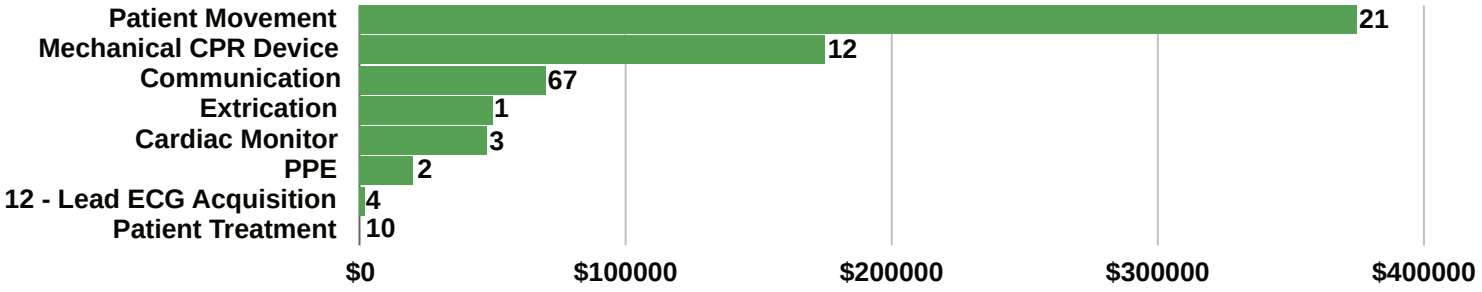


Figure 13: FY 2021 (Equipment Category, Quantity Awarded, and $ Amount)

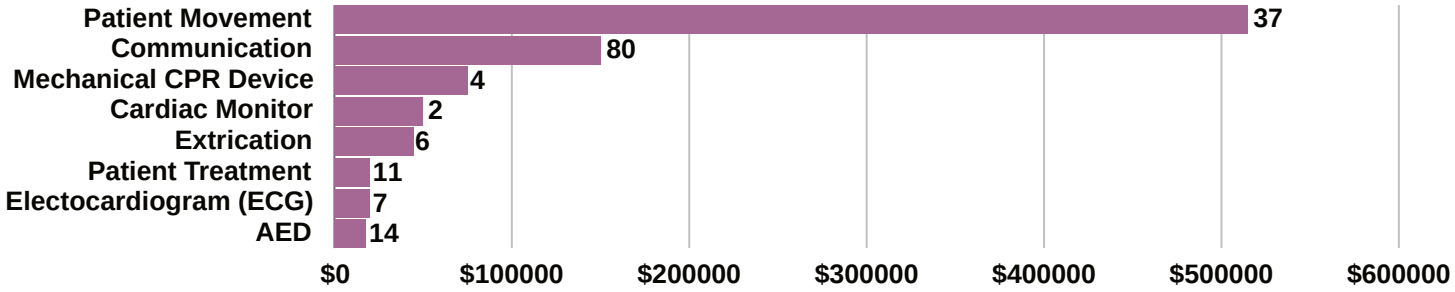


Figure 14: FY 2022 (Equipment Category, Quantity Awarded, and $ Amount)

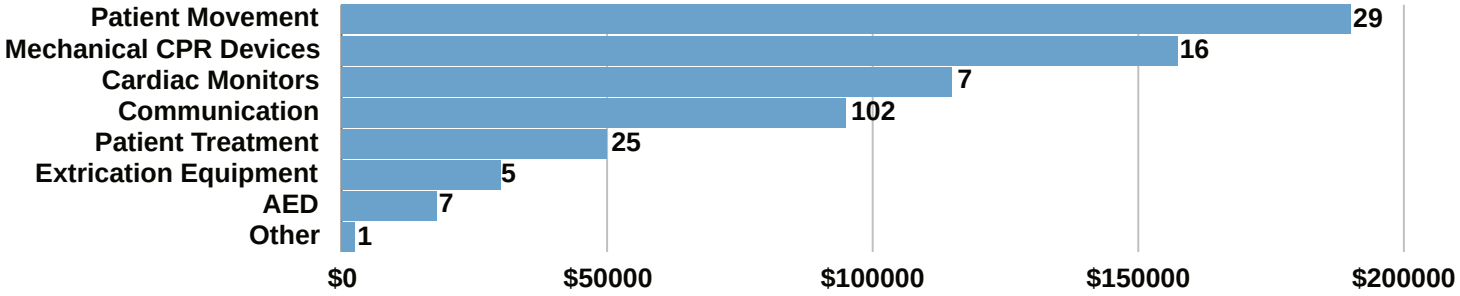


Figure 15: FY 2023 (Equipment Category, Quantity Awarded, and $ Amount)

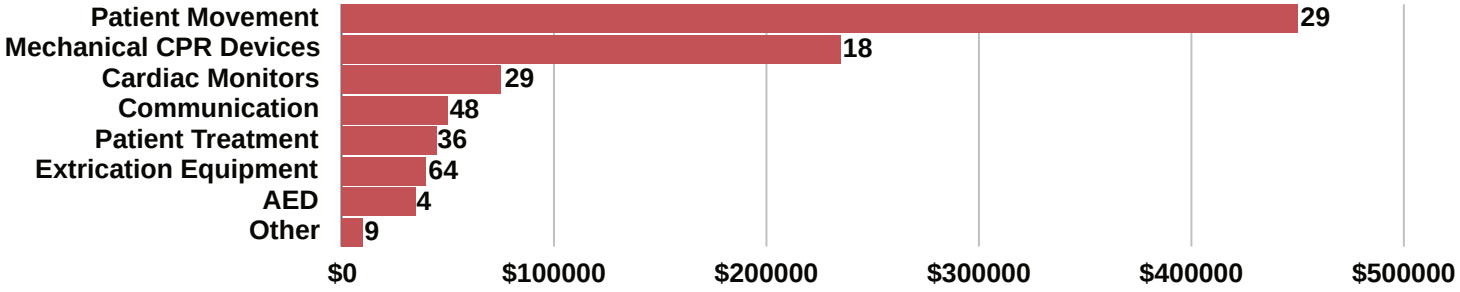
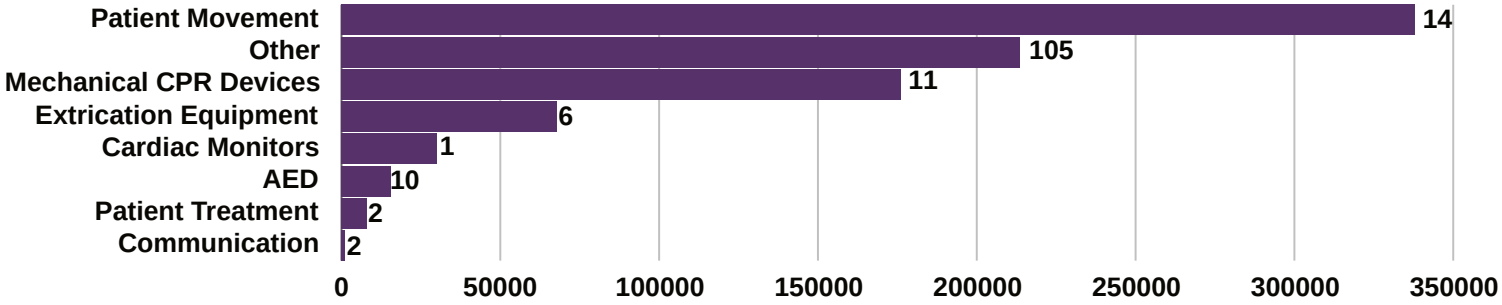


Figure 16: FY 2024 (Equipment Category, Quantity Awarded, and $ Amount)



Conclusion

During FY2020-FY2024, a total of 61 vehicles and over 1000 pieces of equipment were awarded to agencies throughout Idaho. There were $9,231,902 awarded for vehicles and $3,894,585 awarded for equipment during this span.

For 22 years the EMS Vehicle and Equipment grant has provided funding to Idaho EMS agencies and given these agencies the opportunity to purchase emergency vehicles and patient care equipment that they may not have been able to afford otherwise.

If there are any questions about the application or the process, please contact Idaho Bureau of EMS and Preparedness at 208-334-4000. Online resources are available at https://healthandwelfare.idaho.gov/providers/emergency-medical-services-ems/emergency-medical-services-ems-providers.

Appendices

Appendix A. EMS Account III Statute

TITLE 56
PUBLIC ASSISTANCE AND WELFARE
CHAPTER 10
DEPARTMENT OF HEALTH AND WELFARE
56-1018B. EMERGENCY MEDICAL SERVICES FUND III.

(1) There is hereby created in the dedicated fund of the state treasury a fund known as the emergency medical services fund III. Subject to appropriation by the legislature, moneys in the fund shall be used for acquiring vehicles and equipment, training, licensing expenses, communication technology, dispatch services, and costs, not to include personnel salaries, associated with assuring the performance of planned coverage and emergency response, including highway safety and emergency response to motor vehicle accidents.

(2) The bureau of emergency medical services of the department of health and welfare shall be responsible for distributing moneys from the fund to qualifying nonprofit and governmental entities that submit an application for a grant from the fund. The bureau shall approve grants based on the following criteria:
(a) The requesting entity is a nonprofit or governmental entity that holds a current license as an ambulance or non-transport service issued by the state of Idaho;
(b) The requesting entity has demonstrated need based on criteria established by the bureau;
(c) The requesting entity has provided verification that it has received the approval and endorsement of a fire district or city or county within its service area;
(d) The requesting entity has certified that the title to any vehicle purchased with funds from the fund shall be in the name of the fire district or city or county that endorsed the application and shall submit proof of titling as soon as practicable;
(e) The state of Idaho shall retain a security interest in the vehicle to secure the performance of the grant recipient to utilize the vehicle consistent with the intent described in the application.

(3) Notwithstanding the requirements of subsection (2)(c) and (d) of this section, the bureau of emergency medical services is authorized to approve and issue a grant to an applicant in the absence of an endorsement if the endorsement is withheld without adequate justification.

History:
[(56-1018B) 39-146B, added 1999, ch. 360, sec. 1, p. 951; am. and redesig. 2001, ch. 110, sec. 13, p. 382; am. 2018, ch. 168, sec. 3, p. 343; am. 2022, ch. 84, sec. 1, p. 248.]

Appendix B. Definitions

For Vehicles, and where applicable, points awarded are set in comparison to the highest points for that category in each grant cycle. For example:

- Greater mileage of similar vehicle(s) in active use. The Maximum is set from the agency listing the largest number of miles on similar vehicles currently in use on their application in this grant cycle. (During the FY08 Grant cycle, this maximum number was 597,269 miles)
- Greater age of vehicle being replaced. The Maximum is set from the agency replacing the oldest similar vehicle in this grant cycle. (During the FY08 Grant cycle, this maximum number was 29 years old)
- Change in deployment ratio. This is used only when an agency is adding to their fleet. The formula is derived from the change in deployment by the addition of a new vehicle based on the square miles in the agency response area and the population. (In the FY08 Grant cycle, this base number was 0.009)

- DR Change = change in Area DR + change in Population DR
  - Change in Area DR = [# of similar items post change /area] – [# of similar items pre change / area]
  - Change in Population DR = [# of similar items post change / per capita] – [# of similar items pre change / per capita]
- Equipment Sub-total = [(Equip Age / MAX Equip Age *15) + (1 / Similar Items + 1 *5) = (Equip Dist / MAX Equip Dist *2.5) + (Equip Time / MAX Equip Time *2.5)] / [MAX Sub-total points] *1

Appendix C. Vehicles - Weighting Factors, Explanations, and Points

- Greater mileage of similar vehicle(s) in active use
  - Mileage points = [total similar miles in applicant fleet / MAX (total similar miles in applicant fleet)] *15
  - Max Points: 15
- Greater age of vehicle being replaced (replacing vehicle)
  - Age Points = [total age of similar vehicles in applicant fleet / MAX (total age of similar vehicles in applicant fleet)] *15
  - Max Points: 15
- Change in deployment ratio (adding vehicle)
  - Deployment Ratio Points = [Applicant |DR change| / MAX |DR change|] *15
  - Max Points: 15
- Fleet
  - Fleet Points = [1 / total fleet vehicles] *10
  - Max Points: 10
- Fiscal (non-tax funding)
  - Fiscal Points = [non-tax income / total income] *10
  - Max Points: 10
- Prevalence of volunteers
  - Volunteer Points = [# EMS Lic volunteers / # EMS Lic volunteers + Lic career staff] *10
  - Max Points: 10
- Local governmental endorsement
  - Endorsement Points = [1 or more endorsements accompanying application] = 5
  - Max Points: 5
- Narrative of need and lack of funds
  - Narrative Points = mean of narrative scores submitted by reviewers for application (10 points possible)
  - Max Points: 10
- Previous award of vehicle
  - Previous award of vehicle = [most recent grant award of vehicle] 1-5 points available based on most recent award (most recent getting a lower score)
  - Max Points: 5
- EMS response type
  - EMS Response Type = [# 9-1-1 scene responses / # total responses] *10
  - Max Points: 10

Appendix D. Equipment - Weighting Factors, Explanations, and Points

- Anticipated use of item
  - Anticipated Equipment Use Points = [(Anticipated Use # / Call Volume) / MAX (Anticipated Use # / Call Volume)] *15
  - Max Points: 15
- Duration of use per call
  - Equipment Duration Points = [Time per use / MAX Time per use] *15
  - Max Points: 15
- Change in deployment ratio (adding vehicle)
  - Deployment Ratio Points = [Applicant |DR change| / MAX |DR change|] *15
  - Max Points: 15
- Fiscal (non-tax funding)
  - Fiscal Points = [non-tax income / total income] *10
  - Max Points: 10
- Prevalence of volunteers
  - Volunteer Points = [# EMS Lic volunteers / # EMS Lic volunteers + Lic career staff] *10
  - Max Points: 10
- Local governmental endorsement
  - Endorsement Points = [1 or more endorsements accompanying application] = 5
  - Max Points: 5
- Narrative of need and lack of funds
  - Narrative Points = mean of narrative scores submitted by reviewers for application (10 points possible)
  - Max Points: 10
- Applicant Equipment Points
  - [Equip Age Pts. + Similar Equip Pts. + Equip Dist. Pts. + Equip Time Pts. / MAX Sub-total Pts] *15
    - Equipment Age Points = [Similar Item age / MAX Similar Item age] *5
    - Equipment Distance Points = [Similar Item Distance / MAX distance] *2.5
    - Equipment Time Points = [Similar equipment access time / MAX similar item access time] *2.5
    - Equipment Availability Points = [1 / similar items + 1] *5
  - Max Points: 15

FY 2024
Idaho EMSAVE Grant
Emergency Medical Services Agency Vehicle and Equipment Grant

IMPORTANT INSTRUCTIONS FOR SUBMITTING YOUR APPLICATION

1. When you submit an application for this grant, it is FINAL and cannot be modified.
2. We will only accept ONE application per grant cycle for each applicant agency.
3. We cannot do a "courtesy review" of applications but are happy to answer questions before your submit your application. If you have questions, please call us at (208) 334-4000.
4. Required attachments (vendor quotes, W-9, etc.) are **REQUIRED**. If all attachments identified as required in the application are not included, your application will not be considered for funding.
5. We hold a Grant Application Webinar every year to help you complete the application. We strongly recommend that you attend this webinar as it will likely answer many of the questions you may have. The webinar is recorded so you can watch it or review when it's convenient for you. The FY2024 webinar is posted on the grants page of the EMS website at www.idahoems.org. This year, the webinar will be held on March 30, 2023 at 7pm MST.
6. Your agency records in IGEMS ***must*** be updated as we will populate your grant application with data from your agency's IGEMS record. Please ensure your vehicles, mileage, personnel information (to include career vs. volunteer), and contact information are updated.
7. We will use your IGEMS Elite (Elite) (formerly PERCS) patient care reporting (PCR) data to populate your grant application.
8. The grant application is a fillable pdf document that can be completed using Adobe Reader (https://www.adobe.com/downloads.html). We recommend that you save a copy of the application to your computer.
9. When you submit your application, we will send you an email confirmation when we receive it. If you do not receive an email confirmation within 1-2 business days of submitting your application, assume it was not received. You can also verify receipt on the Grant page at www.idahoems.org).

Application Due: On or before June 1, 2023

	Email – Preferred method	In Person	Mail	Fax
Submission Methods	emsgrants@dhw.idaho.gov	2224 Old Penitentiary Rd Boise, Idaho, 83712	Bureau of EMS and Preparedness PO Box 83720 Boise, ID 83720-0036	208-334-4015
Send Deadline	11:59 p.m. June 1, 2023	5:00 p.m. June 1, 2023	Postmarked: June 1, 2023	11:59 p.m. June 1, 2023

For Bureau Use Only

Method of Receipt
Email Fax In Person Mail

Date and Time Received:

Date Postmarked:

REMINDER!

The webinar has proven helpful for applicants and most who attend are awarded items. Please consider joining us this year!

March 30th, 2023 7pm

Required Attachment Checklist

1. At least one (1) signed endorsement from a county, fire district or incorporated city government official in your primary response area.

2. One (1) or more vendor price quotes for each vehicle / equipment item requested on your application.

3. Completed and signed W-9. This must have been signed within 6 months of the application submission.

4. Medical Director Endorsement (when required for equipment as stated on page nine (9)).

5. Your agency must have a current registration with the System for Award Management (SAM) and have a Unique Entity Identifier (UEI) upon submission of this grant application. Please make sure that your entity is listed under "Public View" so that we may verify the registration. Check your registration, or register your agency, at www.SAM.gov. Since SAM is a federal website, and the UEI is an agency identifier issued by the federal government, the EMS Bureau is unable to offer technical assistance or issues you may encounter with SAM registration and UEI numbers. If you need assistance, please reach out to the Idaho Procurement Technical Assistance Center (PTAC) at www.idahoptac.org.

    - A Quick Start guide has been added at the end of the document.

    - Information on listing your entity as viewable by the public is listed as Number 10 on page 19 of the application (page 2 of the Quick Start Guide) and has been highlighted Your agency must have e

FY2024 EMSAVE APPLICATION

SECTION A: AGENCY/FINANCIAL/DEMOGRAPHIC INFORMATION

1. GENERAL INFORMATION

Agency Name (as it appears on license) _____

Federal Tax ID Number _____ Registry No. Secretary of State _____
(required for non-profit status)

Unique Entity Identifier (UEI) _____

Contact Name _____ Daytime Phone Number _____

Email _____

2. DEMOGRAPHICS

Number of **full-time** residents within your primary response area in Idaho _____

Attach county and/or city government endorsement(s). Only one (1) is required to receive full points for category.

Acceptable endorsements may be from:

- *County commissioners or incorporated city government officials (mayor, city manager, council members) within your agency's primary Idaho response area*
- *Fire Districts*
- *One of the above endorsements must be the vehicle title holder if you are requesting a vehicle*
- *Endorsements from taxing districts are not acceptable*

If applying for a vehicle, the name of the incorporated city, county, or Fire District to be the titleholder

_____

3. FINANCIAL AND OPERATING INFORMATION

Provide financial operating information for one full fiscal year. This shall be the most recent completed fiscal year data. Do no leave any blanks. Enter "0" if none

Financial information provided for the period of: Start Date _____ End Date _____

Funding Sources and Revenue

Taxing Funds
(Ambulance Tax, Fire Tax District,
Hospital Tax District, General Funds) _____

All other income (Grant Funds,
donations, cash on hand, investment
income, billing for EMS Services, etc) _____

VEHICLE GUIDELINES AND IMPORTANT INFORMATION

If Applying for EMS Vehicles:

- The vehicle must be for providing emergency medical services only.
- The vehicle must be on the EMS License and is subject to inspection.
- Funding for ambulances will only be awarded to those agencies having at least one ambulance transport operational declaration.
- Funding for medical rescue and rescue / extrication is also available.
- All ambulances purchased must be compliant with the current (as of order date) standards of either KKK-A-1822, NFPA 1917, or CAAS GVS.
- Vehicle price caps are located on page fourteen (14) of this application.
- Firefighting vehicles, snowmobiles, boats, all-terrain vehicles, trailers, etc. will not be funded.
- If you are awarded a vehicle you must obtain and provide documentation of appropriate insurance yearly for the life of the lien. You are also responsible for maintenance and keeping it in good working order for the duration of the lien.

SECTION B: Emergency Vehicle Application

If you are NOT applying for a vehicle, skip to Section C

Remember to update vehicle mileage in IGEMS. Mileage calculations will be based on information in IGEMS.

1. TYPE OF VEHICLE REQUESTED

   Vehicle Type _____

2. REQUESTED VEHICLE INFORMATION

   Vendor Quote (attach document) _____

   Amount Requested (cannot exceed price cap) _____

3. MILEAGE TYPE AND PURPOSE OF SIMILAR VEHICLES CURRENTLY IN USE

   Please ensure all vehicle information has been updated in IGEMS prior to submitting your application.

4. AGE AND CONDITION OF VEHICLE BEING REPLACED

   Vehicle VIN Number _____

   Plans for vehicle being replaced:
   (i.e., sold, donated, used for non-EMS purposes) _____

Attach copy of vehicle title or registration for the vehicle being replaced

SECTION B-1: Vehicle Description of Need Narrative Form

Agency Name _____

How many front-line ambulances are active on a daily basis? _____

How many ambulances does your agency have as reserve vehicles? _____

Describe why you are unable to purchase this vehicle without grant funding. Narrative reviewers are interested in the **lack of funding**

Describe the potential impact this vehicle would have on your community. Narrative reviewers are interested in **community need**

VEHICLE GUIDELINES AND IMPORTANT INFORMATION

If Applying for EMS Equipment:

- Equipment must be appropriate based on clinical level of agency license and associated scope of practice as approved by the Idaho EMS Physician Commission
- Equipment price caps have been set at forty thousand ($40,000) per agency (and extended to one-hundred and twenty-eight thousand ($128,000) for Multiple Organization EMS agencies) to allow for more applicants to receive awards.
- Kits – a group of related items may be requested as one priority if it adheres to the definition of a kit. A kit is defined as "a group of items that will not work without the other pieces for a specific purpose." The "kit" must be advertised or cataloged as a kit by the vendor.
- Identical items may be requested as one priority based on the number of licensed personnel listed on the most recent agency renewal application.
- If requesting communications equipment, the equipment you are requesting must be compliant with your local emergency communication system.
- No funding will be provided for training, firefighting equipment, or disposable supplies (including epi auto-injectors). Additional ineligible items are listed on page ten (10) of this application
- If you are awarded equipment, you must maintain it in good working order or replace it for 5 years after purchase.
- The number of items for personnel may not exceed the number of personnel on the current roster in your Agency IGEMS account.

SECTION C: PRIORITY 1 EQUIPMENT APPLICATION

1. EQUIPMENT REQUES*T

Item _____ Quantity _____

Patient Type _____

For how many calls do you anticipate using this equipment in the next year? (whole numbers only) _____

Average length of time (in minutes) the equipment would be used for a patient (whole numbers only, i.e. 2 hours = 120 minutes) _____

Vendor Quote (attach documentation) _____

Amount Requested (cannot exceed price cap) _____

2. SIMILAR EQUIPMENT

Similar equipment currently in use by your agency: similar equipment is used for the same purpose as the requested item and would be subject to the same price cap. For example, a gurney and power gurney would NOT be similar equipment since they have different price caps.

For the next two questions, "similar equipment" refers to equipment already owned and in use by your agency or a neighboring agency with which you have a mutual aid agreement. "Similar equipment" is used for the same purpose as the requested equipment item. For example, if you plan to replace a current equipment item with the requested equipment item, then the distance would be "0 miles same station" and the time would be "0 min same station." If the only similar equipment your agency has access to is kept at a neighboring agency's station eight miles and 14 minutes away, then the distance would be "6-10 miles" and the time would be "11-20 min." If your agency does not currently have similar equipment and has no mutual aid agreement that gives access to similar equipment, then the distance would be "equip not available" and the time would be "equip not available"

Distance in miles to closest similar equipment _____

Time in minutes to closest similar equipment _____

Quantity (number of similar items you have – whole numbers only) _____

Are you replacing (and removing from service) your similar items with this priority request? _____

ONLY fill out this section if you ARE REPLACING (and removing from service) equipment. If you are NOT REPLACING (i.e. adding to) equipment, please skip to next page.

Similar Equipment Item Description _____

CONDITION OF EQUIPMENT USED FOR SAME PURPOSE (Select One)	Excellent	Good	Fair	Poor	Very Poor

Year Manufactured _____

SECTION C-1: PRIORITY 1 EQUIPMENT NARRATIVE

Agency Name _____

Item Requested _____

The communication equipment requested has been reviewed by the County or Regional Communications Center providing services to my agency, and/or the District Interoperability Governing Board (DIGB) and is compliant with the communications plans developed.

Describe the **need** for the requested equipment and **lack of funding** availability from other sources.

SECTION D: PRIORITY 2 EQUIPMENT APPLICATION

3. EQUIPMENT REQUES*T

Item _____ Quantity _____

Patient Type _____

For how many calls do you anticipate using this equipment in the next year? (whole numbers only) _____

Average length of time (in minutes) the equipment would be used for a patient (whole numbers only, i.e. 2 hours = 120 minutes) _____

Vendor Quote (attach documentation) _____

Amount Requested (cannot exceed price cap) _____

4. SIMILAR EQUIPMENT

Similar equipment currently in use by your agency: similar equipment is used for the same purpose as the requested item and would be subject to the same price cap. For example, a gurney and power gurney would NOT be similar equipment since they have different price caps.

For the next two questions, "similar equipment" refers to equipment already owned and in use by your agency or a neighboring agency with which you have a mutual aid agreement. "Similar equipment" is used for the same purpose as the requested equipment item. For example, if you plan to replace a current equipment item with the requested equipment item, then the distance would be "0 miles same station" and the time would be "0 min same station." If the only similar equipment your agency has access to is kept at a neighboring agency's station eight miles and 14 minutes away, then the distance would be "6-10 miles" and the time would be "11-20 min." If your agency does not currently have similar equipment and has no mutual aid agreement that gives access to similar equipment, then the distance would be "equip not available" and the time would be "equip not available"

Distance in miles to closest similar equipment _____

Time in minutes to closest similar equipment _____

Quantity (number of similar items you have – whole numbers only) _____

Are you replacing (and removing from service) your similar items with this priority request? _____

ONLY fill out this section if you ARE REPLACING (and removing from service) equipment. If you are NOT REPLACING (i.e. adding to) equipment, please skip to next page.

Similar Equipment Item Description _____

CONDITION OF EQUIPMENT USED FOR SAME PURPOSE (Select One)	Excellent	Good	Fair	Poor	Very Poor

Year Manufactured _____

SECTION D-1: PRIORITY 2 EQUIPMENT NARRATIVE

Agency Name _____

Item Requested _____

The communication equipment requested has been reviewed by the County or Regional Communications Center providing services to my agency, and/or the District Interoperability Governing Board (DIGB) and is compliant with the communications plans developed.

Describe the **need** for the requested equipment and **lack of funding** availability from other sources.

SECTION E: PRIORITY 3 EQUIPMENT APPLICATION

5. EQUIPMENT REQUES*T

Item _____ Quantity _____

Patient Type _____

For how many calls do you anticipate using this equipment in the next year? (whole numbers only) _____

Average length of time (in minutes) the equipment would be used for a patient (whole numbers only, i.e. 2 hours = 120 minutes) _____

Vendor Quote (attach documentation) _____

Amount Requested (cannot exceed price cap) _____

6. SIMILAR EQUIPMENT

Similar equipment currently in use by your agency: similar equipment is used for the same purpose as the requested item and would be subject to the same price cap. For example, a gurney and power gurney would NOT be similar equipment since they have different price caps.

For the next two questions, "similar equipment" refers to equipment already owned and in use by your agency or a neighboring agency with which you have a mutual aid agreement. "Similar equipment" is used for the same purpose as the requested equipment item. For example, if you plan to replace a current equipment item with the requested equipment item, then the distance would be "0 miles same station" and the time would be "0 min same station." If the only similar equipment your agency has access to is kept at a neighboring agency's station eight miles and 14 minutes away, then the distance would be "6-10 miles" and the time would be "11-20 min." If your agency does not currently have similar equipment and has no mutual aid agreement that gives access to similar equipment, then the distance would be "equip not available" and the time would be "equip not available"

Distance in miles to closest similar equipment _____

Time in minutes to closest similar equipment _____

Quantity (number of similar items you have – whole numbers only) _____

Are you replacing (and removing from service) your similar items with this priority request? _____

ONLY fill out this section if you ARE REPLACING (and removing from service) equipment. If you are NOT REPLACING (i.e. adding to) equipment, please skip to next page.

Similar Equipment Item Description _____

CONDITION OF EQUIPMENT USED FOR SAME PURPOSE (Select One)	Excellent	Good	Fair	Poor	Very Poor

Year Manufactured _____

SECTION E-1: PRIORITY 3 EQUIPMENT NARRATIVE

Agency Name _____

Item Requested _____

The communication equipment requested has been reviewed by the County or Regional Communications Center providing services to my agency, and/or the District Interoperability Governing Board (DIGB) and is compliant with the communications plans developed.

Describe the **need** for the requested equipment and **lack of funding** availability from other sources.

SECTION F: SIGNATURE PAGE

As an authorized representative (i.e., president, licensed EMS agency administrator) for my agency, I certify that the information provided in this application document, including any attached supplemental information, is complete and accurate.

I also understand that providing false or incomplete information on any application or document submitted under these rules is grounds for declaring the application ineligible, and that all funds determined to have been acquired based on fraudulent information must be returned to the EMS III Account.

I acknowledge that the tax ID number on the attached W-9 is associated with the address provided. If my agency is granted an award, the funds will be mailed to the address provided on the attached W-9.

Further, I acknowledge that if my agency is granted an award, my agency will be required to provide follow up documentation to the Bureau.

For all awards, this includes:

A completed Accounting Form with supporting documentation

For vehicle awards, this includes:

A copy of the vehicle specifications at the time of the purchase contract is accepted/executed

Proof of obligation of funds

Title listing the Bureau of EMS and Preparedness listed as lienholder

Insurance certificate showing Bureau of EMS and Preparedness listed as lienholder

A completed vehicle replacement form

For communication equipment awards, this includes:

County or Regional Communications Center and/or the District Interoperability Governing Board (DIGB) sign-off that equipment is compliant with the communications plans developed.

Name of Individual Completing Application: _____

Signature of Person Authorizing Application: _____

Title: _____

Date: _____

FY2024 VEHICLE PRICE CAPS

Vehicle Type	Price Cap
Ambulance (Transport)	$185,000
Non-Transport/Rescue	$75,000
Ambulance Remount	$125,000

Note: Any additional expenses due to add-ons to the vehicle that are above the price cap are the responsibility of the agency receiving the grant funds.

FY2024 EQUIPMENT PRICE CAPS & REQUIREMENTS

Agency Equipment Price Caps: $40,000
System Equipment Price Caps: $128,000

Approved Equipment	Price Cap	Comment
AEDs	$1,700	Base Model
Automatic Transport Ventilators	$4,000	*Medical Director Letter Required**
12 Lead Monitor/Defibrillator (Agency Clinical Level = Paramedic or higher)	$30,000	*Medical Director Letter Required**
12 Lead Acquisition Device (Agency Clinical Level = EMR, EMT, or AEMT)	$3,000	*Medical Director Letter Required**
Computers Desktop Laptop Tablet	 $1,000 $1,000 $1,000	
Extrication Items Cutter Spreader Pusher / RAM Stabilization tools	 $11,000 $12,000 $9,000 $7,000	Must provide proof of personnel on the agency roster who have been trained at the extrication operations or technician levels meeting current NFPA 1670 standards.
Gurney Power Power Gurney Load System Power Gurney and Load System Kit	 $19,000 $23,000 $40,000	 *Must be identified as "Kit" on Quote*
Mechanical CPR Devices	$16,000	
Pulse Oximeter Without CO monitoring With CO monitoring	 $1,000 $5,000	Base – standalone units (NOT part of a BP Monitor Kit)
Stair Chair	$3,500	
Video Laryngoscope	$2,000	*Medical Director Letter Required**

*Template enclosed

INELIGIBLE ITEMS LIST

NO funding for items beyond current scope of practice

The following items are **INELIGIBLE for grant funding:**

1. Avalanche Beacons
2. Digital Camera
3. Disposable Items (includes radio batteries, AED pads, bandaging supplies, medications, etc.)
4. Doppler Scope
5. Firefighting Equipment or vehicles, snowmobiles, boats, All-Terrain Vehicles, trailers, etc.
6. Power Generators
7. Vital Sign Monitor combination device (standalone oximeters are eligible)
8. Repeaters, Duplexers
9. Structural Firefighting Turnouts
10. Training Equipment
11. Ballistic Equipment
12. Equipment used solely for a trial basis or pilot project

The following items are **INELIGIBLE for NON-TRANSPORT AGENICES:**

13. Retrofit Power Gurney
14. Power Gurney
15. Power – Load System
16. Power Gurney and Load System Kit

{MEDICAL DIRECTOR LETTER TEMPLATE}

[Date]

EMSAC Dedicated Grant Review Committee,

I have reviewed the grant application for **[Service Name]** and agree with the stated need and appropriateness of the requested equipment listed below. If the requested equipment should require specific training for use as a part of the Optional Module program I will ensure that an appropriate number of the members receive this training, and are credentialed by me to provide the procedures relating to the equipment requested prior to it being put into use by the EMS agency.

Equipment requested and endorsed:

Respectfully,

Medical Director

FY 2024
The American Recovery Plan (ARPA)
Ambulance Grant Application

Important Instructions for Submitting Your Application

1. This grant is limited to transport vehicles (ambulances) only.
2. You must be an Idaho 911 EMS licensed agency that provides pre-hospital patient transport.
3. Once you submit the grant application, it is FINAL and cannot be modified.
4. Only ONE application per agency will be accepted.
5. We are not able to do a "courtesy review" of applications, but are able to answer questions, prior to your submission. If you have questions, please call us at (208) 334-4000.
6. Attachments (vendor quotes, W-9, etc.) listed on Required Attachment Checklist on Page 2 are **REQUIRED**. If any are missing, your application will not be considered for funding.
7. A Grant Application Webinar is held to help you complete the application. We strongly recommend that you attend this webinar as it will likely answer many of the questions you may have. The webinar is recorded so you can watch it or review when it's convenient for you. The FY24 webinar will be posted on the grants page of the EMS website at www.idahoems.org. The webinar will be held on Tuesday, October 17th at 7pm MST.
8. Your agency records in IGEMS ***must*** be updated as we will populate your grant application with data from your agency's IGEMS record. Please ensure your vehicles, mileage, personnel information (to include career vs. volunteer), and contact information are updated.
9. Your IGEMS Elite (Elite) (formerly PERCS) patient care reporting (PCR) data will be used to populate your grant application.
10. The grant application is a fillable pdf document that can be completed using Adobe Reader (https://www.adobe.com/downloads.html). We recommend that you save a copy of the application to your computer.
11. When you submit your application, we will send you an email confirmation when we receive it. If you do not receive an email confirmation within 1-2 business days of submitting your application, assume it was not received.

Application Is Due No Later than 11:59PM on November 15, 2023
and Must be Submitted via Email to:
EmsGrants@DHW.Idaho.gov

If you do not have a way to email an application, please notify the Bureau by Tuesday, November 7th

Reminder

Please consider joining us for the webinar on October 17th at 7 PM, MST.

For Bureau Use Only:

Date and Time Received: _____

Required Attachments

1. At least one (1) signed endorsement from a county, fire district or incorporated city government official in your primary response area.

2. One (1) or more vendor price quotes for each vehicle / equipment item requested on your application.

3. A completed W-9, that has been signed and updated within six months is required for all awards.

Other Requirements:

1. Your agency records in IGEMS ***must*** be updated as we will populate your grant application with data from your agency's IGEMS record. Please ensure your vehicles, mileage, personnel information (to include career vs. volunteer) and contact information are current.

2. Your IGEMS Elite (Elite) (formerly PERCS) patient care reporting (PCR) data will be used to populate your grant application.

3. Your agency's registration with the System for Award Management (SAM.gov) must be current.

4. A Unique Entity Identifier (UEI) number to submit this application.

    a. A Quick Start guide has been included with this application form.
    b. Check your registration, or register your agency, at www.SAM.gov. Since SAM is a federal website, and the UEI is an agency identifier issued by the federal government, the EMS Bureau is unable to offer technical assistance or address issues you may encounter with the SAM registration and UEI numbers. If you need assistance, please reach out to the Idaho Procurement Technical Assistance Center (PTAC) at www.idahoptac.org.
    c. Please make sure that your entity is listed under "Public View" so that we may verify the registration.

Vehicle Price Cap:

Vehicle Type	Price Cap
Ambulance (Transport)	$208,333.00

FY2024 ARPA VEHICLE GRANT APPLICATION

SECTION A: AGENCY/FINANCIAL/DEMOGRAPHIC INFORMATION

1. General Information:

Agency Name (as it appears on license):

_____

Federal Tax ID Number: UEI Number Secretary of State Registry Number:

_____ _____ _____

required for non-profit status

Contact Name: Title

_____ _____

Email: Daytime Phone Number:

_____ _____

2. Demographics:

Number of **full-time** residents within your primary response area in Idaho

Source (census, county, city, etc)

_____ _____

Verifiable Call Volume for Calendar Year 2022

Idaho EMS Responses Only -We will be verifying in IGEMS

Name of the incorporated city, county or fire district to be titleholder

_____ _____

3. Financial and Operating Information:

Provide financial operating information for one full fiscal year. This should be the most recent completed fiscal year data. Financial information provided for the period of:

Start Date: _____ to End Date: _____

Do not leave any blanks. Enter "0" if none

Funding Sources and Revenue

Taxing Funds (Ambulance Tax, Fire Tax District, Hospital Tax District, General Funds) _____

All other income (Grant Funds, Donations, Cash-on-Hand, Investment Income, EMS Billing, etc.) _____

VEHICLE GUIDELINES AND IMPORTANT INFORMATION

- The price cap for ambulances purchased is $208,333.00
- The vehicle must be for providing emergency medical services only and must be listed on the EMS License, which is subject to bureau inspection.
- Funding for ambulances will only be awarded to those agencies having at least one ambulance transport operational declaration.
- All requested ambulances must by compliant with the current (as of order date) standards of either KKK-A-1822, NFPA 1917, or CAAS GVS.
- If you are awarded a vehicle, you must obtain and provide documentation of appropriate insurance annually for the life of the lien. Awardees are also responsible for maintenance and keeping it in good working order for the duration of the lien.

SECTION B: EMERGENCY VEHICLE APPLICATION

1. **Requested Vehicle Information:**

Make-Chassis Manufacturer
(Ford, Dodge, Chevy, etc)

Vehicle vendor/modifier
(Horton,Wheeled Coach, etc)

Vendor Quote
(attach document)

Amount Requested
(cannot exceed $208,333)

2. **Mileage Type and Purpose of Similar Vehicles Currently in Use:**
Review the Agency Vehicle Fleet, as the Bureau will be pulling total fleet vehicle information and mileage posted there. This information is used in calculations, so it is important that it is current and complete.

3. **Age and Condition of Vehicle Being Replaced:**

Chassis Manufacture Year

Vehicle VIN Number

Condition of Equipment Used for Same Purpose:

Excellent Good Fair Poor

Plans for vehicle being replaced (i.e. sold, donated, used for non-EMS purposes)

Attached copy of vehicle title or registration for vehicle being replaced

SECTION B-1: VEHICLE DESCRIPTION OF NEED NARRATIVE FORM

Agency Name:

Regardless of funding source, what year did your agency last purchase a vehicle?

How many frontline ambulances does your Agency use to respond EMS calls on daily basis?

How many ambulanced does your agency have as reserve vehicles?

How has COVID affected your agency? Have your funds been diverted to personnel or other required funding instead of saving for a vehicle?

Why are you unable to purchase this vehicle without grant funding?

What preventative maintenance program will you use to ensure the vehicle is kept in good and working order during the life of the lien:

SECTION C: SIGNATURE PAGE

As an authorized representative (i.e., president, agency administrator) for my agency, I certify that the information provided in this application document, including any attached supplemental information, is complete and accurate.

I also understand that providing false or incomplete information on any application or document submitted under these rules is grounds for declaring the application ineligible, and that all funds determined to have been acquired based on fraudulent information by law must be returned to the funding source.

I acknowledge that the tax ID number on the attached W-9 is associated with the address provided. If my agency is granted an award, the funds will be mailed to the address provided on the attached W-9.

Further, I acknowledge that if my agency is granted an award, my agency will be required to provide follow up documentation to the Bureau.

All awards require a completed Accounting Form to be submitted to the Bureau of EMS & Preparedness Grant Team and must include the following:

a. A copy of the vehicle specifications at the time of the purchase contract is accepted/executed
b. Proof of obligation of funds
c. Title listing the Bureau of EMS and Preparedness listed as lienholder
d. Insurance certificate showing Bureau of EMS and Preparedness listed as lienholder
e. A completed vehicle replacement form

Name of Individual Completing Application: _____

Signature of Person Authorizing Application: _____ Title _____ Date _____

Printed Name: _____

SAMPLE ENDORSEMENT LETTER

{Official Letterhead Logo)

[Date]

Grant Review Committee,

The **[name of endorser's entity]** write to express our endorsement of **[Applicant Agency Name]** in their quest to purchase a **[vehicle type]** for **[service type/area]**. The total cost is **[$xxx,xxx.xx]**. Receipt of grant funding to purchase this item assures **[Applicant Agency Name]** can continue to provide quality care for patients.

[Agency/community specific challenges/needs]

[Name of endorser's entity] ask that you look favorably on **[Applicant Agency Name]**'s FY24 ARPA grant application.

Respectfully,

_____ _____

[Name/Title] **[Name/Title]**