FY 21-25

EMS Agency Vehicle and Equipment (EMSAVE) GRANT REPORT

A PUBLICATION OF

THE IDAHO BUREAU OF EMERGENCY MEDICAL SERVICES AND PREPAREDNESS

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Council
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Jordan Valley
Mountain Home
FRANK CHURCH–
RIVER of NO RETURN
WILDERNESS
SALMON RIVER
MTNS
Salmon
Challis
Borah Pk
Big Hole
Pioneer
Mtns
Beaverhead Mts

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 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 FY2021 – FY2025, 35 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 June 1st. Applicants receive notification of their application status in July and all money is distributed to awardees prior to the end of the fiscal year.

Ambulances generally cost more than medical rescue or extrication vehicles. Although a significant number of aging vehicles have been replaced during the 23 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, communicate any changes, and answer questions.

SCORING CRITERIA

The details provided by the agency in the grant application and agency's data in our licensing management system are the two primary sources of information used for scoring applications. For both vehicles and equipment, greater weight is assigned to those conditions which indicate a greater need (Appendix B, C, and D).

QUALIFICATIONS

To apply, Idaho EMS agencies must:

- Be a non-profit or governmental entity and part of the 911 response system
- 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 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.
FY 2025	This grant year marked the first year that remount vehicles were not eligible to purchase with grant funds.

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
- Goggles
- 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 FY2021-FY2025

	FY 2025	FY 2024	FY 2023	FY 2022	FY 2021
Grant Funds Requested for Vehicles and Equipment	**$3,141,748**	**$3,182,329**	**$5,990,251**	**$2,488,100**	**$4,325,356**
Grant Funds Awarded for Vehicles and Equipment	**$1,700,000**	**$1,700,000**	**$1,700,000**	**$1,700,000**	**$1,700,000**
Number of Vehicles Requested	**10**	**14**	**30**	**14**	**25**
Number of Vehicles Awarded	**6**	**7**	**6**	**9**	**7**
Pieces (#) of Equipment Requested	**249**	**249**	**241**	**234**	**237**
Pieces (#) of Equipment Awarded	**163**	**151**	**144**	**192**	**162**
# of Agencies Requesting Vehicles and Equipment	**53**	**50**	**63**	**55**	**81**
# of Agencies Awarded Funds for Vehicles and Equipment	**46**	**46**	**54**	**47**	**63**

FIGURE 1: FIVE YEAR VEHICLE REQUESTS AND AWARDS

FIVE YEAR VEHICLE REQUESTS & AWARDS

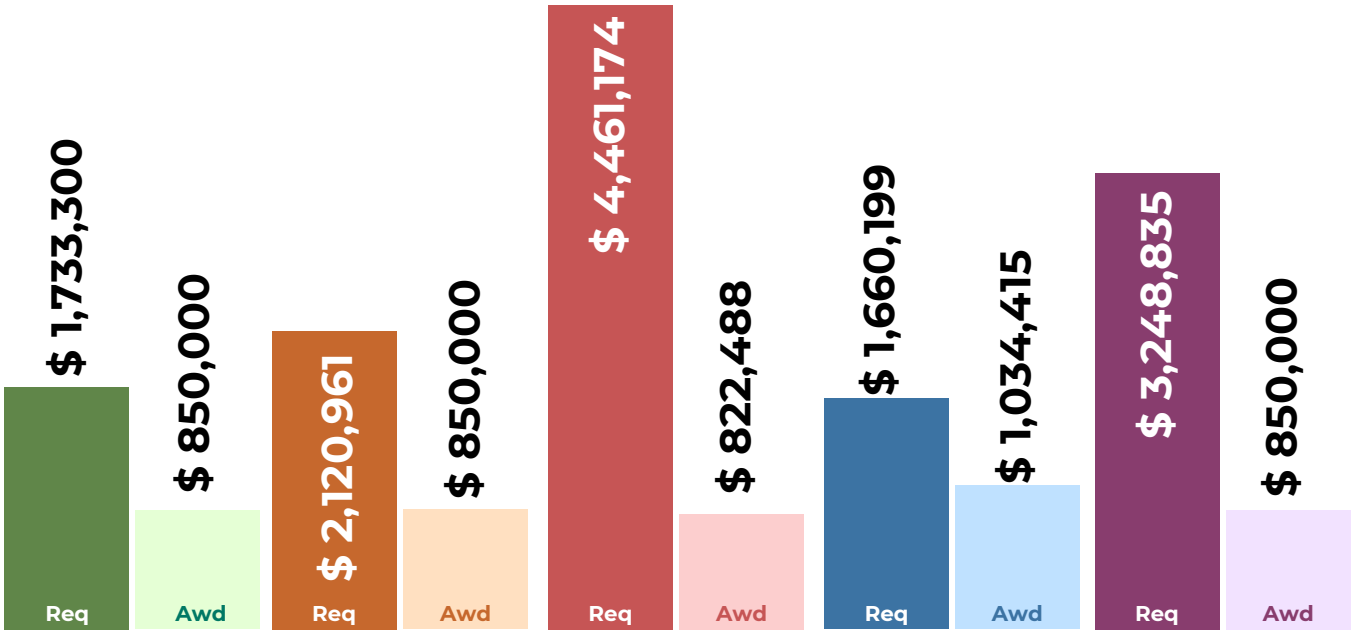


FIGURE 2: FIVE YEAR EQUIPMENT REQUESTS AND AWARDS

FIVE YEAR EQUIPMENT REQUESTS & AWARDS

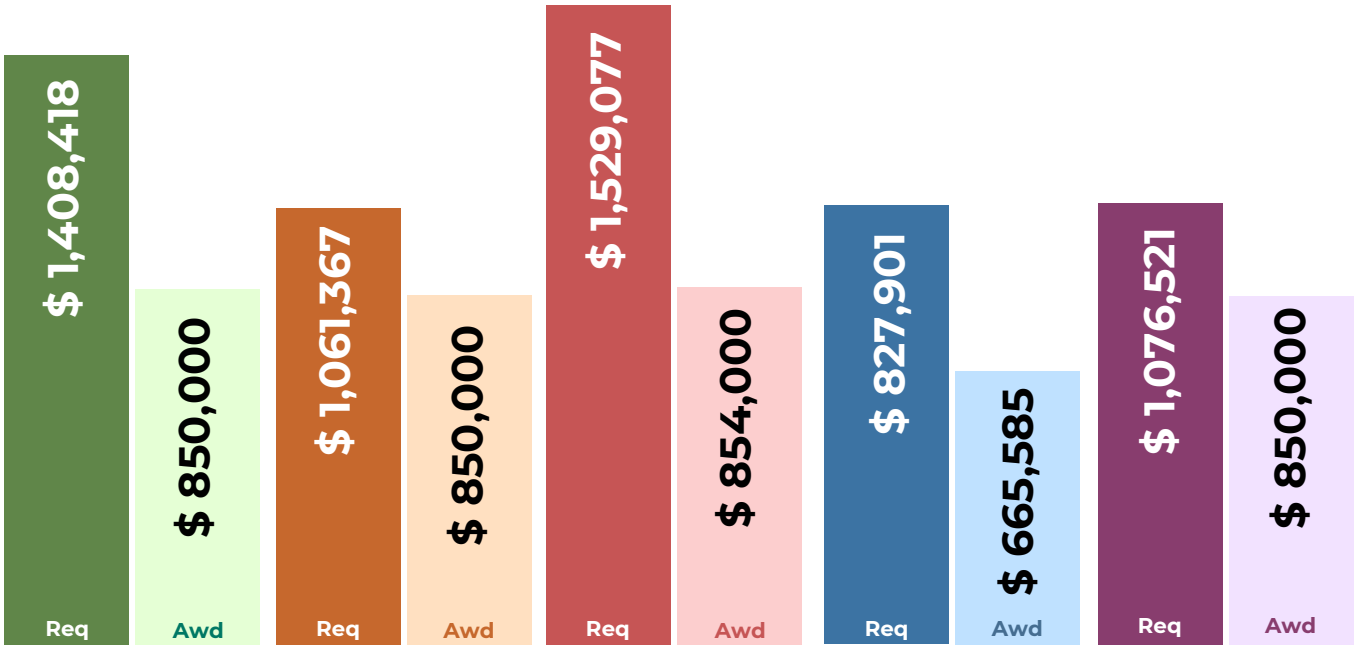


FIGURE 3: FY 2025 VEHICLE AND EQUIPMENT AWARDS BY AGENCY

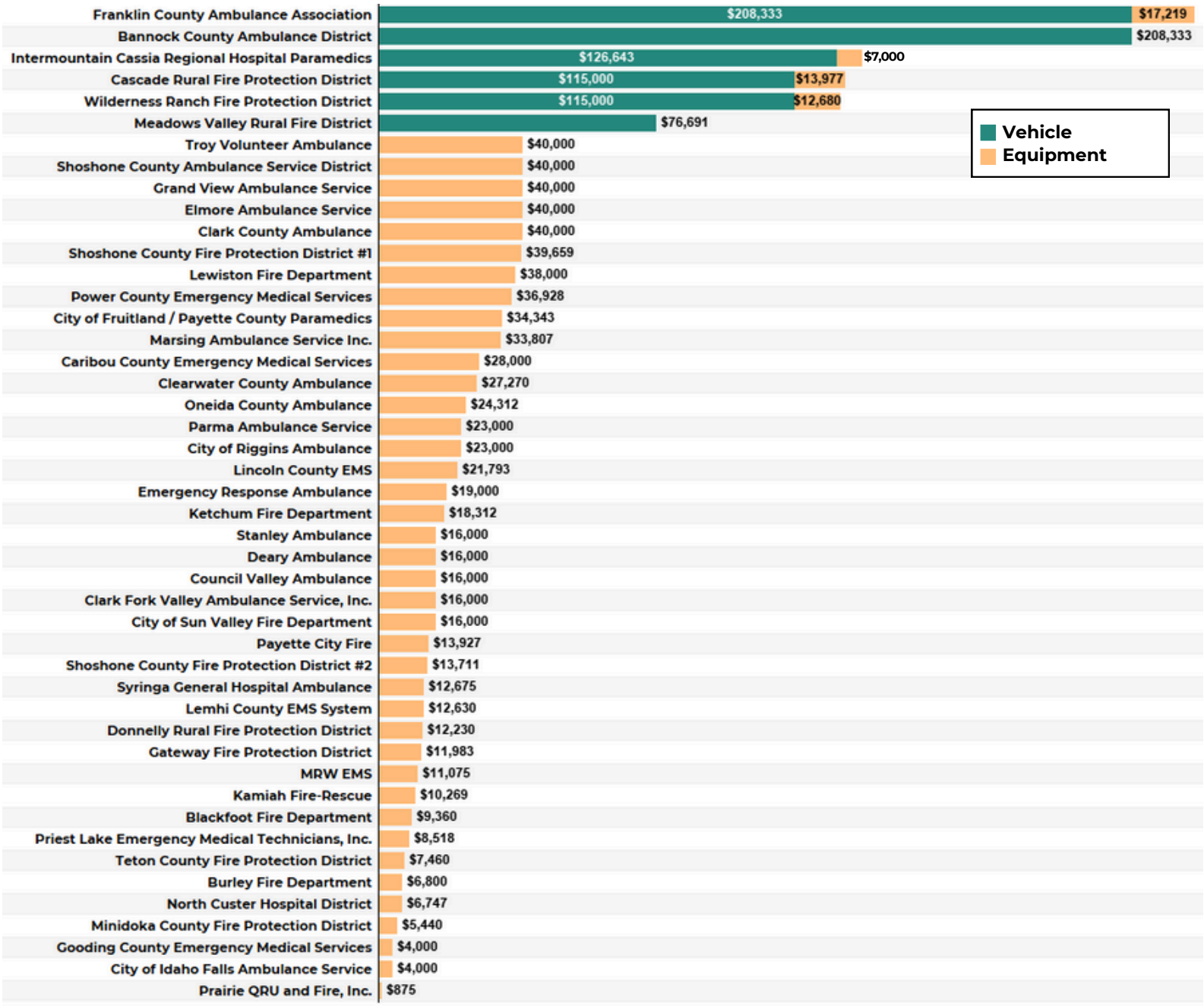


TABLE 3: FY 2025 VEHICLE AWARDS AND DISBURSEMENT BY COUNTY/AGENCY

FY 2025 VEHICLE AWARD BREAKDOWN			
County	**EMS Agency Awarded**	**Type**	**$ Awarded and Disbursed**
Ada	Wilderness Ranch Fire Protection District	Non-Transport/Rescue	$115,000
Adams	Meadows Valley Rural Fire District	Non-Transport/Rescue	$76,691
Bannock	Bannock County Ambulance District	Ambulance	$208,333
Cassia	Intermountain Cassia Regional Hospital Paramedics	Ambulance (Partial)	$126,643
Franklin	Franklin County Ambulance Association	Ambulance	$208,333
Valley	Cascade Rural Fire Protection District	Non-Transport/Rescue	$115,000
		Total	**$850,000**

TABLE 4: 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 5: FY 2023 VEHICLE AWARDS AND DISBURSEMENT BY COUNTY/AGENCY

FY 2023 VEHICLE AWARD BREAKDOWN			
County	**EMS Agency Awarded**	**Type**	**$ Awarded and Disbursed**
Canyon	MRW 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 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 (Partial)	$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 SUV	$59,542.01
Valley	Cascade Rural Fire Protection District	Ambulance	$140,000
		Total	**$1,034,414.59**

TABLE 7: 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	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 (Partial)	$40,000
		Total	**$850,000**

TABLE 8: FIVE YEAR VEHICLE REQUESTS AND AWARDS BY COUNTY

COUNTY	FY25		FY24		FY23		FY22		FY21		TOTAL	
	REQ	AWD	REQ	AWD	REQ	AWD	REQ	AWD	REQ	AWD	REQ	AWD
ADA	1	1	0	0	0	0	0	0	0	0	1	1
ADAMS	1	1	1	1	1	0	0	0	0	0	3	2
BANNOCK	1	1	0	0	2	0	1	1	1	0	5	2
BEAR LAKE	0	0	1	1	1	0	0	0	1	1	3	2
BENEWAH	0	0	0	0	0	0	0	0	2	2	2	2
BINGHAM	1	0	0	0	1	0	1	1	2	0	5	1
BLAINE	0	0	0	0	0	0	1	0	0	0	1	0
BOISE	0	0	0	0	0	0	1	1	2	0	3	1
BONNER	0	0	0	0	0	0	0	0	1	1	1	1
BONNEVILLE	0	0	0	0	0	0	0	0	0	0	0	0
BOUNDARY	0	0	0	0	0	0	0	0	0	0	0	0
BUTTE	0	0	1	0	1	0	0	0	0	0	2	0
CAMAS	0	0	0	0	0	0	1	1	0	0	1	1
CANYON	1	0	0	0	0	0	0	0	0	0	1	0
CARIBOU	0	0	0	0	1	0	0	0	0	0	1	0
CASSIA	1	1	1	0	0	0	1	1	1	0	4	2
CLARK	0	0	0	0	0	0	0	0	0	0	0	0
CLEARWATER	0	0	0	0	0	0	0	0	0	0	0	0
CUSTER	0	0	1	0	1	0	1	1	0	0	3	1
ELMORE	0	0	1	0	1	0	0	0	0	0	2	0
FRANKLIN	1	1	1	0	1	1	1	1	1	1	5	4
FREMONT	0	0	0	0	0	0	0	0	1	0	1	0
GEM	0	0	0	0	0	0	0	0	1	1	1	0
GOODING	0	0	0	0	1	0	0	0	1	0	2	0
IDAHO	0	0	0	0	2	1	1	0	1	1	4	2
JEFFERSON	0	0	0	0	1	0	1	0	1	0	3	0
JEROME	0	0	0	0	0	0	0	0	0	0	0	0
KOOTENAI	1	0	0	0	1	1	0	0	0	0	2	1
LATAH	0	0	0	0	2	0	0	0	2	0	4	0
LEMHI	0	0	0	0	0	0	0	0	0	0	0	0
LEWIS	0	0	0	0	2	1	0	0	0	0	2	1
LINCOLN	0	0	1	1	2	0	1	1	0	0	4	2
MADISON	0	0	0	0	0	0	0	0	1	0	1	0
MINIDOKA	0	0	2	2	0	0	0	0	0	0	2	2
NEZ PERCE	0	0	0	0	0	0	0	0	0	0	0	0
ONEIDA	0	0	0	0	1	0	0	0	0	0	1	0
OWYHEE	0	0	0	0	2	1	0	0	1	0	3	1
PAYETTE	0	0	1	1	0	0	0	0	1	0	2	1
POWER	0	0	1	1	0	0	0	0	1	1	2	2
SHOSHONE	0	0	0	0	2	0	1	0	1	0	4	0
TETON	1	0	2	0	2	0	0	0	0	0	5	0
TWIN FALLS	0	0	0	0	0	0	0	0	0	0	0	0
VALLEY	1	1	0	0	0	0	1	1	1	0	3	2
WASHINGTON	0	0	0	0	2	1	1	0	1	0	4	1
FY TOTALS	10	6	14	7	30	6	14	9	25	7	93	35

FIGURE 4: FIVE EMSAVE VEHICLE REQUESTS/AWARDS BY COUNTY MAP

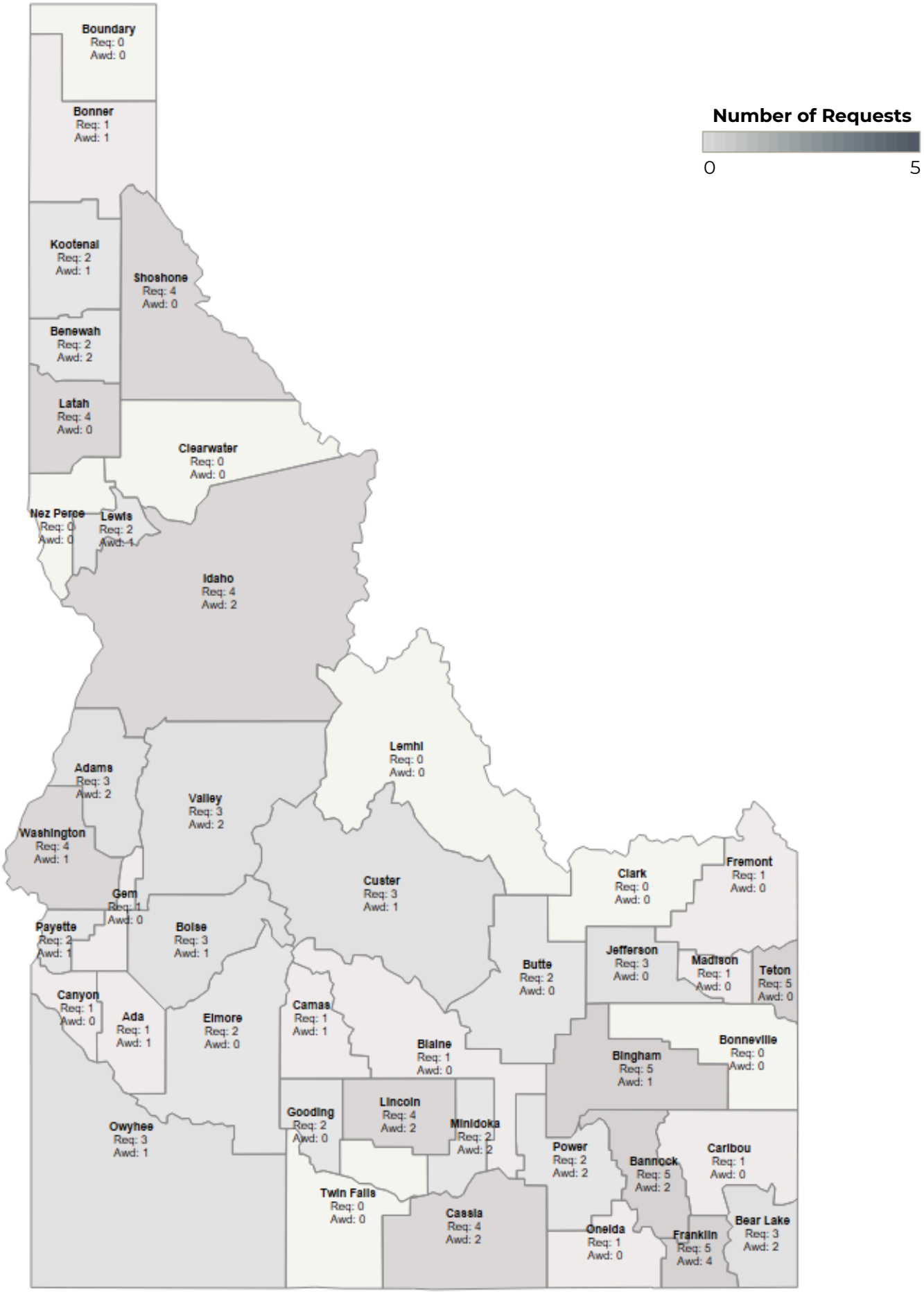


FIGURE 5: MAP/TABLE OF FY 2025 VEHICLE DISBURSEMENTS

FY 2025 VEHICLE AWARDS

	Requested	Granted	% of Awarded Requests
# of Vehicles	10	6	60%
# of Agencies	10	6	60%
$ of Vehicles	$1,733,300	$850,000	49%

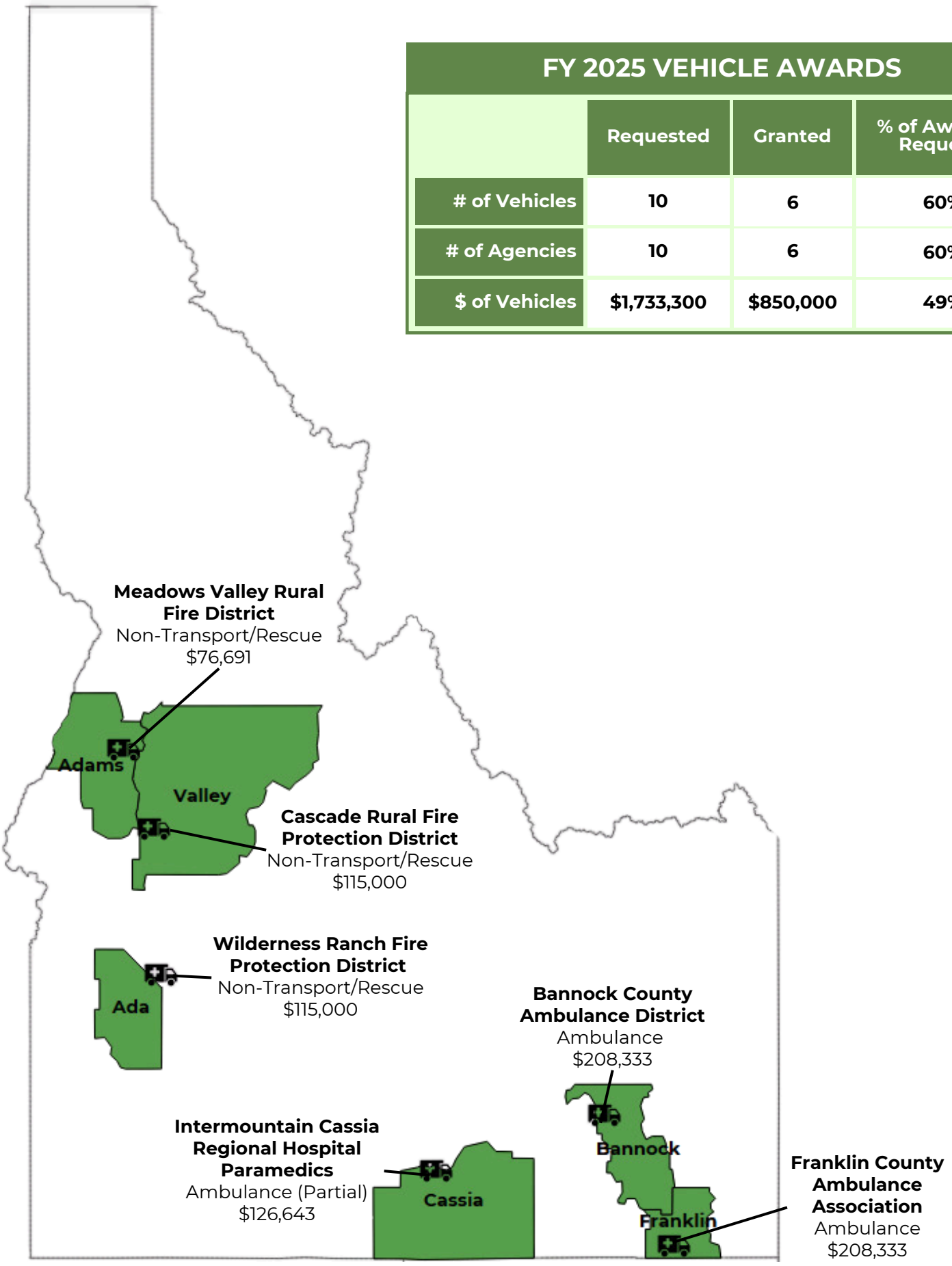


FIGURE 6: MAP/TABLE OF FY 2024 VEHICLE DISBURSEMENTS

FY 2024 VEHICLE AWARDS

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

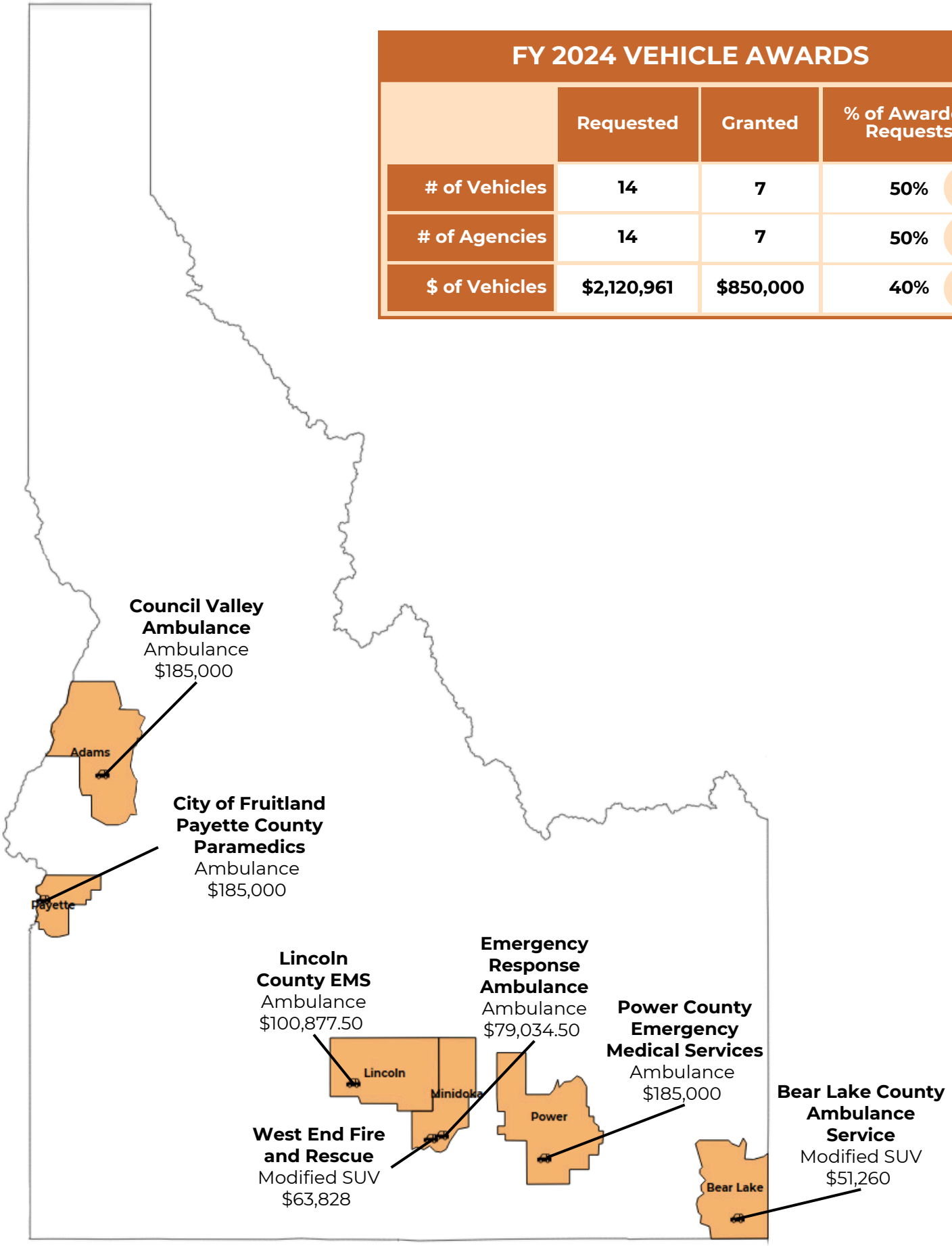
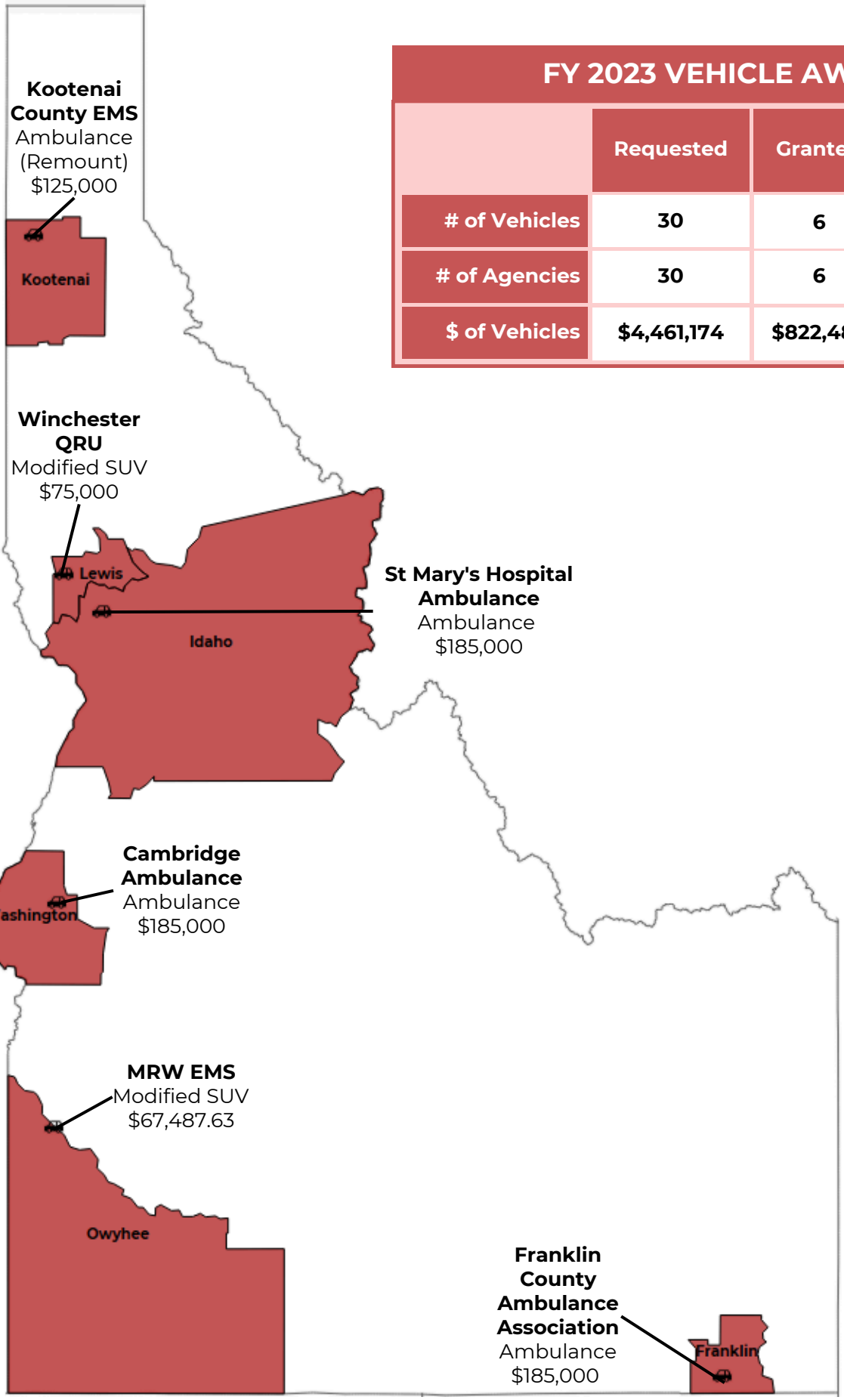


FIGURE 7: MAP/TABLE OF FY 2023 VEHICLE DISBURSEMENTS



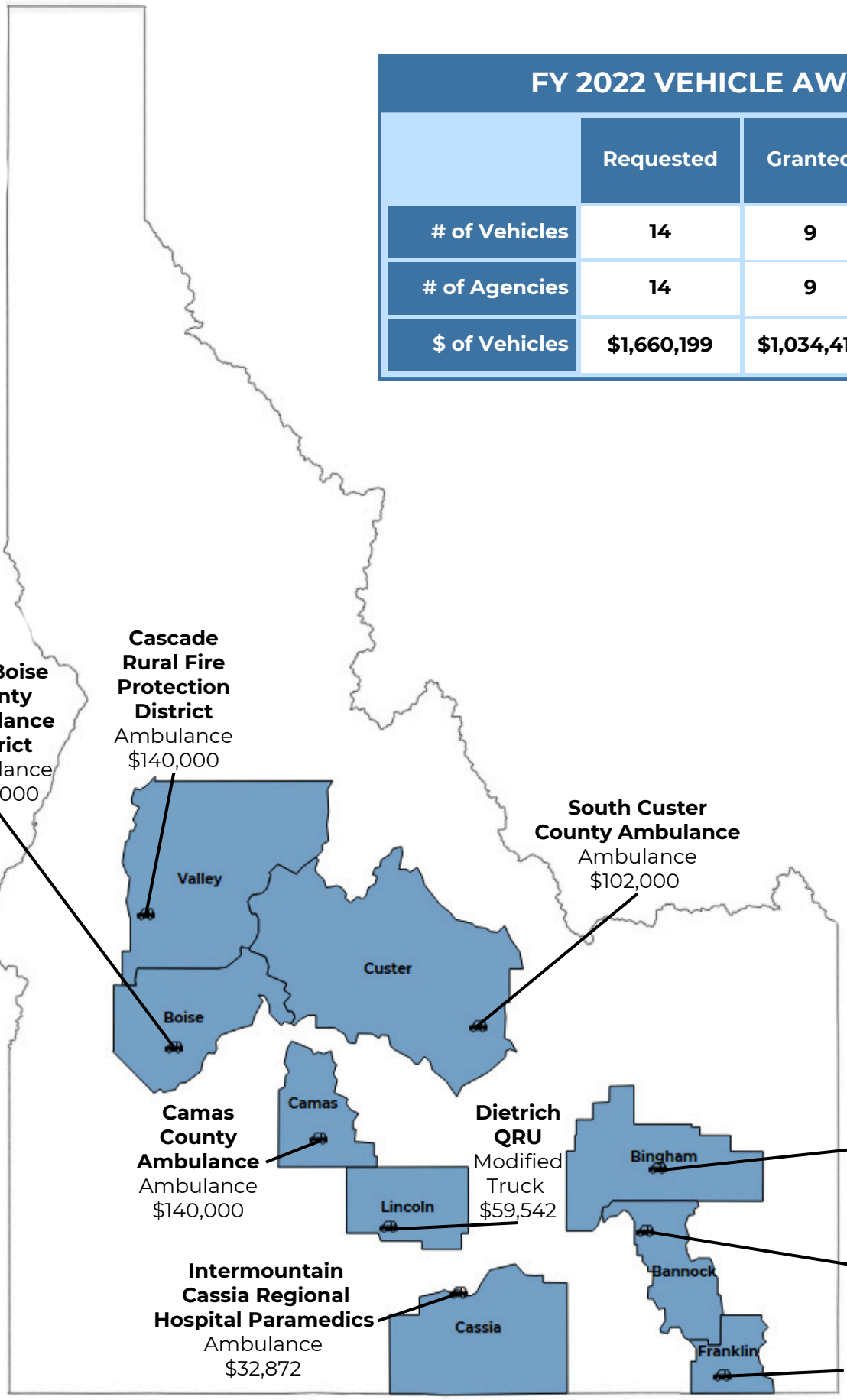
FY 2023 VEHICLE AWARDS

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

FIGURE 8: MAP/TABLE OF FY 2022 VEHICLE DISBURSEMENTS

FY 2022 VEHICLE AWARDS

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



East Boise County Ambulance District
Ambulance
$140,000

Cascade Rural Fire Protection District
Ambulance
$140,000

South Custer County Ambulance
Ambulance
$102,000

Camas County Ambulance
Ambulance
$140,000

Dietrich QRU
Modified Truck
$59,542

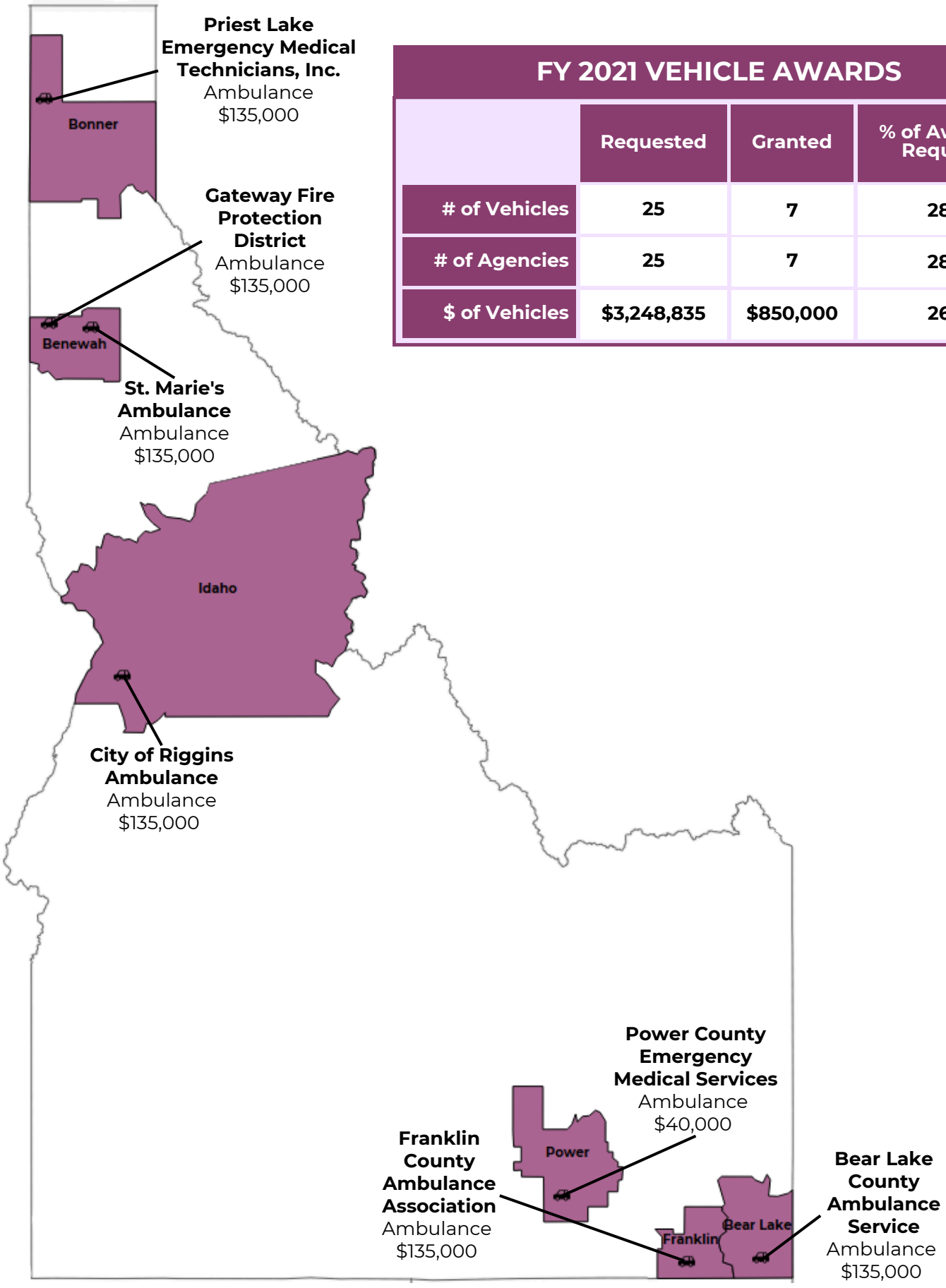
Intermountain Cassia Regional Hospital Paramedics
Ambulance
$32,872

Blackfoot Fire Department
Ambulance
$140,000

Bannock County Ambulance District
Ambulance
$140,000

Franklin County Ambulance Association
Ambulance
$140,000

FIGURE 9: MAP/TABLE OF FY 2021 VEHICLE DISBURSEMENTS



FY 2021 VEHICLE AWARDS

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

FIGURE 10: FY 2025 (EQUIPMENT CATEGORY, QUANTITY AWARDED, AND $ AMOUNT)

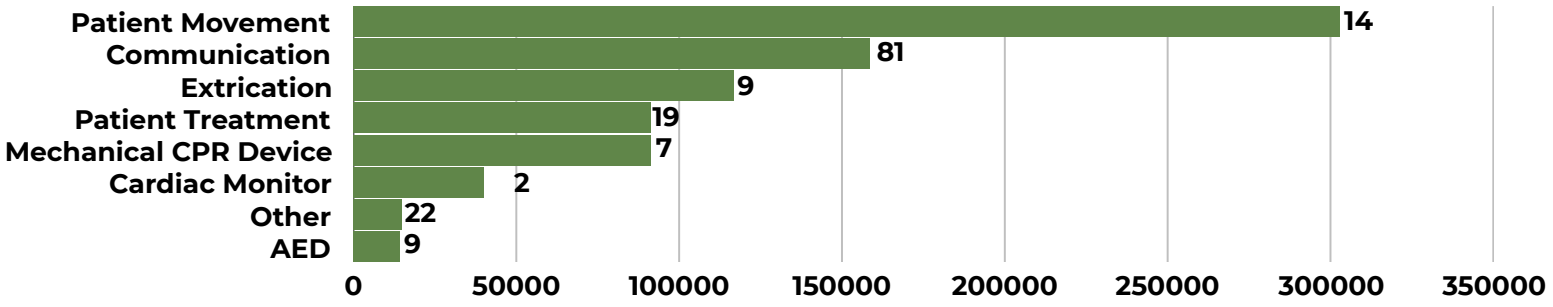


FIGURE 11: FY 2024 (EQUIPMENT CATEGORY, QUANTITY AWARDED, AND $ AMOUNT)

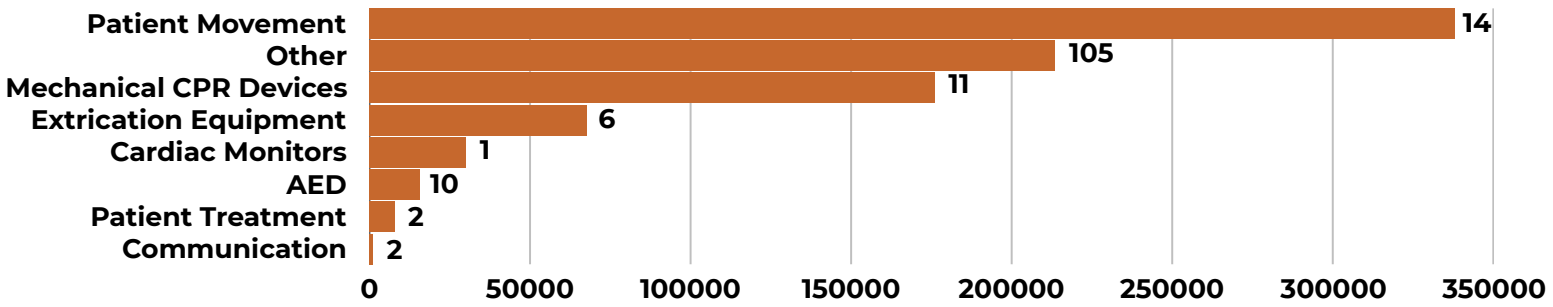


FIGURE 12: FY 2023 (EQUIPMENT CATEGORY, QUANTITY AWARDED, AND $ AMOUNT)

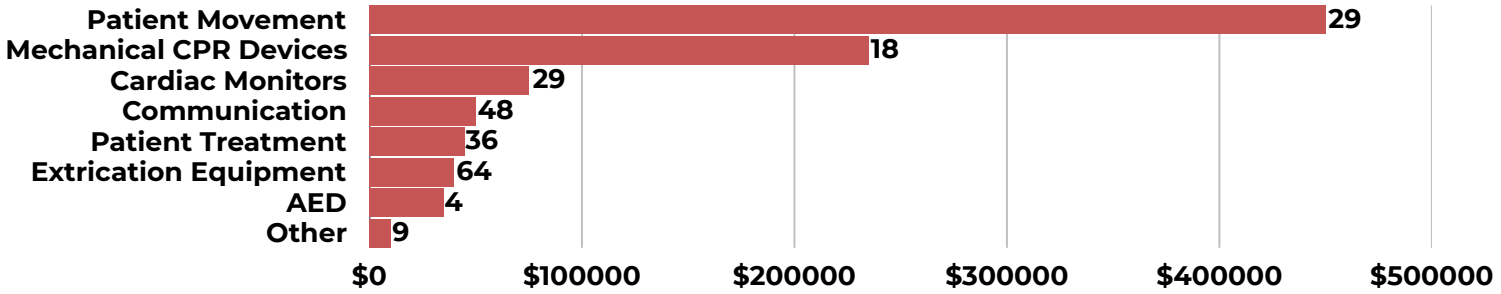


FIGURE 13: FY 2022 (EQUIPMENT CATEGORY, QUANTITY AWARDED, AND $ AMOUNT)

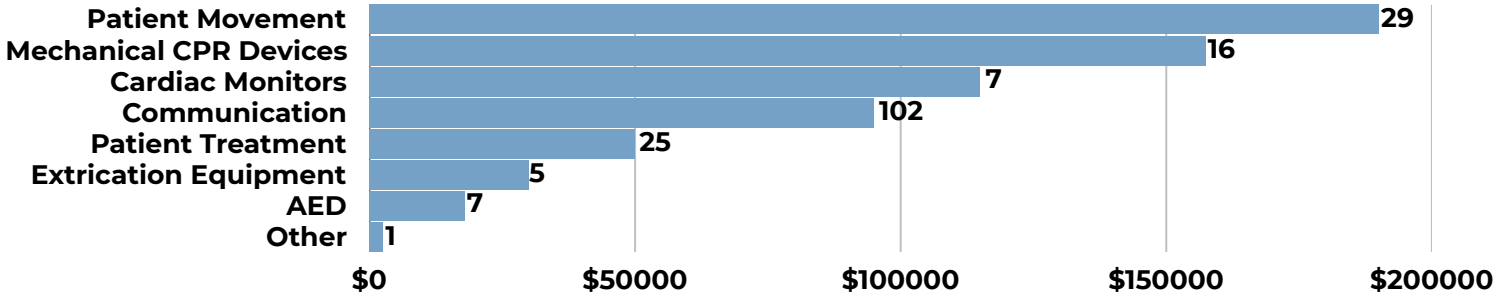
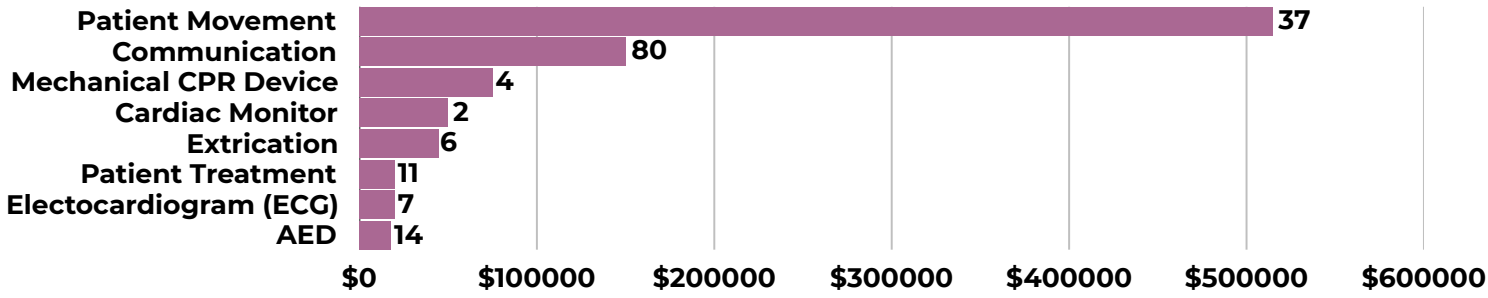


FIGURE 14: FY 2021 (EQUIPMENT CATEGORY, QUANTITY AWARDED, AND $ AMOUNT)



CONCLUSION

During FY2021-FY2025, a total of 35 vehicles and over 1000 pieces of equipment were awarded to agencies throughout Idaho. There were $4,406,903 awarded for vehicles and $4,069,585 awarded for equipment during this span.

For 23 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 nontransport 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 2025 Idaho EMSAVE Grant
Emergency Medical Services Agency
Vehicle and Equipment Grant Application

Important Information for Submitting Your Application

1. Once you submit the grant application, it is FINAL and cannot be modified.
2. Only ONE application per agency and grant cycle will be accepted.
3. 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.
4. 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.
5. Your agency records in IGEMS ***must*** be updated as we will populate your grant application with data from your agency's IGEMS record. Ensure your vehicles, mileage, personnel information (to include career vs. volunteer), and contact information are current. Your IGEMS Elite (Elite) (formerly PERCS) patient care reporting (PCR) data will be used to populate your grant application.
6. 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 FY2025 webinar will be posted on the grants page of the EMS website at www.idahoems.org. The webinar will be held on Wednesday, April 3, 2024 at 7pm MST.
7. 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.
8. We will send you an email confirmation when the application is received by our office. If you do not receive a confirmation within 1-2 business days, please contact Gail at 208 334-4002 or 986 236-1179 or email EMSGrants@dhw.idaho.gov.

Application is due no later than 11:59PM on June 1, 2024.
and must be submitted via email attachment to:
EMSGrants@DHW.Idaho.gov

Reminder

Please consider joining us for the webinar on April 3, 2024 at 7 PM, MST.

For Bureau Use Only:

Date and Time Received: _____

APPLICATION INSTRUCTIONS AND GUIDELINES

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) vendor price quote for **each** vehicle and/or equipment item requested on your application.

3. Medical Director Endorsement, if applicable. Please reference Price Cap List for equipment requiring an endorsement.

OTHER REQUIREMENTS:

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

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

3. Your IGEMS PCR data will be used to populate your call volume.

4. A Unique Entity Identifier (UEI) number is required for all awards. The registration of the agency with the System for Award Management (SAM.gov) must be current and **the profile must be viewable by the public**. Screenshots or other documentation of UEI number will not be accepted.

    a. A Quick Start guide can be accessed at: Quick Start Guide for Getting a Unique Entity ID (idaho.gov)
    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.

FY2025 EMSAVE 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:

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 PCR

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 SPECIFIC INSTRUCTIONS AND GUIDELINES:

1. The vehicle must be used for emergency medical services only. The vehicle must also be listed on your agency's EMS fleet report in IGEMS, which is subject to bureau inspection.
2. Funding for ambulances will only be awarded to those agencies having an ambulance transport operational declaration (9-1-1 transport service).
3. Funding for medical rescue and rescue/extrication vehicles is also available.
4. All requested ambulances must be compliant with the current (as of order date) standards of either KKK-A-1822, NFPA 1917, or CAAS GVS.
5. Firefighting vehicles, snowmobiles, boats, all-terrain vehicles, trailers, etc. will not be funded.
6. 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 the vehicle in good working order for the duration of the lien.

SECTION B: EMERGENCY VEHICLE INFORMATION

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

1. **Type of Vehicle Requested:**

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

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

Vendor Quote
(attach document)

Amount Requested
(cannot exceed $208,333)

Last Grant Year Awarded
(vehicle)

2. **Mileage Type and Purpose of Similar Vehicles Currently in Use:**
Please ensure all vehicle information has been updated in IGEMS, 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 Vehicle Used for Same Purpose:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Plans for vehicle being replaced (i.e. sell, donate, use for non-EMS purposes)

A copy of the vehicle title or registration for the vehicle being replaced is required with this application.

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 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 **local need.**

SECTION B-1: VEHICLE NARRATIVE FORM *(CONTINUED, IF NEEDED)*

EMS Equipment Specific Instructions and Guidelines:

1. Equipment must be appropriate based on clinical level of agency license and associated scope of practice as approved by the Idaho EMS Physician Commission.

2. Equipment price caps have been set at:
    a. $40,000 per agency
    b. $128,000 for multiple organization EMS systems

3. 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.

4. Identical items may be requested as one priority based on the number of licensed personnel listed on the most recent agency renewal application.

5. Requests for communication equipment must have been reviewed by the Public Safety Answering Point (PSAP) which provides services to your agency and/or the District Interoperability Governing Board (DIGB) and must be compliant with the communications plans developed.

6. No funding will be provided for training, firefighting equipment, or disposable supplies (including epi auto-injectors). Additional ineligible items are listed on page 18 of this application.

Section C: Priority 1 Equipment Information

EQUIPMENT REQUEST

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)

SECTION C-1: PRIORITY 1 EQUIPMENT NARRATIVE

Agency Name:

Requested Item:

SIMILAR EQUIPMENT

Similar equipment is equipment already in use or used for the same purpose by your agency or another agency with a mutual aid agreement. Does your agency have similar equipment or have a mutual aid agreement that provides access to similar equipment?

☐ Yes ☐ No

If you have similar equipment or have a mutual aid agreement, please complete questions 1–7. If not, advance to the narrative:

1. Distance in miles closest to similar equipment:

☐ Same Station ☐ 1-5 miles
☐ 6-10 miles ☐ 11+ miles

2. Time in minutes to closest similar equipment:

☐ Same Station ☐ 5-10 minutes
☐ 11-20 minutes ☐ 20+ minutes

3. How many similar items do you have ***(whole numbers only):***

4. Are you replacing and removing from service the similar items with this request:

5. Item description of the similar equipment that is being replaced and removed from service. If you are not REPLACING, please skip and to the narrative portion for your Priority 1 Equipment request.

Age of Equipment:

Condition of equipment used for same purpose: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

SECTION C-1: PRIORITY 1 EQUIPMENT NARRATIVE FORM *(CONTINUED, IF NEEDED)*

SECTION C: PRIORITY 2 EQUIPMENT INFORMATION

EQUIPMENT REQUEST

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)

- - continue to next page to complete narrative - -

SECTION C-1: PRIORITY 2 EQUIPMENT NARRATIVE

Agency Name:

Requested Item:

SIMILAR EQUIPMENT

Similar equipment is equipment already in use or used for the same purpose by your agency or another agency with a mutual aid agreement. Does your agency have similar equipment or have a mutual aid agreement that provides access to similar equipment?

☐ Yes ☐ No

If you have similar equipment or have a mutual aid agreement, please complete questions 1–7. If not, advance to the narrative:

2. Distance in miles closest to similar equipment:

☐ Same Station ☐ 1-5 miles
☐ 6-10 miles ☐ 11+ miles

2. Time in minutes to closest similar equipment:

☐ Same Station ☐ 5-10 minutes
☐ 11-20 minutes ☐ 20+ minutes

3. How many similar items do you have ***(whole numbers only):***

4. Are you replacing and removing from service the similar items with this request:

5. Item description of the similar equipment that is being replaced and removed from service. If you are not REPLACING, please skip and to the narrative portion for your Priority 1 Equipment request.

Age of Equipment:

Condition of equipment used for same purpose: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

SECTION C-1: PRIORITY 2 EQUIPMENT NARRATIVE FORM *(CONTINUED, IF NEEDED)*

SECTION C: PRIORITY 3 EQUIPMENT INFORMATION

EQUIPMENT REQUEST

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)

- - continue to next page to complete narrative - -

SECTION C-1: PRIORITY 3 EQUIPMENT NARRATIVE

Agency Name:

Requested Item:

SIMILAR EQUIPMENT

Similar equipment is equipment already in use or used for the same purpose by your agency or another agency with a mutual aid agreement. Does your agency have similar equipment or have a mutual aid agreement that provides access to similar equipment?

☐ Yes ☐ No

If you have similar equipment or have a mutual aid agreement, please complete questions 1–7. If not, advance to the narrative:

3. Distance in miles closest to similar equipment:

☐ Same Station ☐ 1-5 miles
☐ 6-10 miles ☐ 11+ miles

2. Time in minutes to closest similar equipment:

☐ Same Station ☐ 5-10 minutes
☐ 11-20 minutes ☐ 20+ minutes

3. How many similar items do you have ***(whole numbers only):***

4. Are you replacing and removing from service the similar items with this request:

5. Item description of the similar equipment that is being replaced and removed from service. If you are not REPLACING, please skip and to the narrative portion for your Priority 1 Equipment request.

Age of Equipment:

Condition of equipment used for same purpose: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

SECTION C-1: PRIORITY 3 EQUIPMENT NARRATIVE FORM *(CONTINUED, IF NEEDED)*

SECTION F: 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 understand that providing false or incomplete information on the application or any supplemental document submitted under these rules is grounds for declaring the application ineligible. By law, any and all funds determined to have been acquired based on fraudulent information 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 follow the specified dates on the signed subgrant agreement to purchase our awarded item(s), as the purchase date CANNOT be prior to the beginning date of the subgrant agreement. Additionally, we agree to provide the following documentation to the Bureau:

All awards require a completed Accounting Form with supporting documentation.

Vehicle awards, must also include:

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

Communication equipment awards must also include:

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

The above-mentioned supporting documentation must be submitted to the Bureau of EMS & Preparedness Grant Team, as part of the terms in the subgrant.

Printed Name of Individual Completing Application	Printed Name of Person Authorizing Application
Signature of Person Authorizing Application:	Title / Date

EMS Dedicated Grant

FY25 Price Caps

Vehicles

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.

Vehicle Type	Price Cap
Ambulance (Transport)	$208,333
Non-Transport/Rescue	$115,000

Equipment

Agency Cap: $40,000 System Cap: $128,000

Approved Equipment	Comment	Price Cap
AEDs	Base Model	$1,700
Automatic Transport Ventilators	Medical Director Letter Required*	$4,000
12 Lead Monitor/Defibrillator *Agency Clinical Level = Paramedic or Higher*	Medical Director Letter Required*	$30,000
12 Lead Acquisition Device *Agency Clinical Level = EMR, EMT or AEMT*	Medical Director Letter Required*	$3,000
Computers		
Desktop, Laptop or Tablet		$1,000
Extrication Items		
Cutter	Must provide proof of personnel on the	$14,000
Spreader	agency roster who have been trained at the	$14,000
Pusher/RAM	extrication operation or technician levels	$12,000
Stabilization tools	meeting current NFPA 1670 standards	$10,000
Gurney		
Power		$19,000
Power Gurney Load System		$23,000
Power Gurney and Load System Kit	Must be identified as 'kit' in quote	$40,000
Mechanical CPR Device		$16,000
Pulse Oximeter		
Without CO monitoring	Base – standalone units	$1,000
With CO monitoring	(Not Part of a BP Monitor Kit)	$5,000
Stair Chair	Manual	$3,500
	Power	$15,000
Video Laryngoscope	Medical Director Letter Required*	$2,000

**template included with application packet*

INELIGIBLE ITEMS LIST

NO funding for items beyond current scope of practice of applicant agency

Additionally, 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

{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]**

{OFFICIAL MEDICAL DIRECTOR LETTER TEMPLATE}

[Date]

EMSAC Dedicated Grant Review Committee,

I have reviewed the grant application for **[name of applicant agency]** and agree with the stated need and appropriateness of the requested equipment listed below:

Priority One: **[requested equipment]**

Priority Two: **[requested equipment]**

Priority Three: **[requested equipment]**

Should any of the above-mentioned equipment require specific training as part of the Optional Module program, it will be completed. I will ensure that an appropriate number of members receive the training and will s who receive the training are credentialed. I will ensure that an appropriate number of the members receive this training and are credentialed prior to equipment being put to use by EMS Agency.

Respectfully,

[printed name of medical director]