

**EMS Education Award**

**2021-2022**

**Application Form**

**Award Description**

The Emergency Medical Services (EMS) Education Award is available to all Illinois critical access hospitals **and** resource hospitals. The intent of this award is to provide funding for hospital EMS to conduct local EMS education programs and assist local units with updates on billing practices or leadership development, including EMS Needs Assessment.

**Award Project Suggestions:**

EMT Continuing Education

EMS Safety Training

Advanced Training Courses

Training Manikins

American Heart Association Trainings

Physician Programs on Cardiac Care

EMS Community Awareness

1st Responder Training

Needs Assessment Survey

Education Programs from STEMI Centers

Note—Cannot be used for capital equipment.

**Project Period: September 1, 2021-June 30, 2022**

**Amount: $3,000 maximum for each recipient. There are approximately 15 awards available.**

**Application Deadline: End of Business on Friday, November 12th, 2021**

**Contact:**

**Laura S. Fischer, Flex Grant Project Manager**

 **Illinois Critical Access Hospital Network**

**lfischer@icahn.org**



**EMS Education Award**

**2021-2022**

**Application Form**

*Due back to the Illinois Critical Access Hospital Network by November 12th, 2021*

|  |  |
| --- | --- |
| ***Hospital Name*** | ***Date*** |
| ***Address*** | ***Contact Person*** |
| ***Phone Number*** | ***Email Address*** |
| ***FEIN (Federal Employee Identification Number)*** | ***IDHR # (Illinois Department of Human Rights)*** |

*\*Blank fields may result in application being considered non-responsive.*

***Hospital Ownership (please mark one):***

[ ] For Profit [ ] Not for Profit [ ] Government

 **Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Instructions**

All application fields/sections must be completed. Applications with blank fields/sections will be considered non-responsive and will not be considered for an award. Applicants must be in compliance with all previous awards in order to be eligible. Only one application per hospital per category will be accepted.

Please send completed application to Laura Fischer lfischer@icahn.org. Applications are to be submitted as a Word document or PDF. **Handwritten applications are not accepted**. Fields may be expanded to suit the space requirements of the response; however, all fields must be included, i.e., do not delete any fields or fail to respond to information sought in each field**.**

**PROGRAM NARRATIVE**

|  |
| --- |
| Please respond to each question. Question fields left blank will result in application being considered non-responsive. Each question area should be expanded so sufficient detail can be provided.  |

**What do you plan to use the funds for? Please check one (1) or more areas this award program/project will address:**

[ ]  EMT Continuing Education

[ ]  EMS Safety Training

[ ]  Advanced Training Courses

[ ]  Training Manikins

[ ]  American Heart Association Trainings

[ ]  Physician Programs on Cardiac Care

[ ]  EMS Community Awareness

[ ]  1st Responder Training

[ ]  Needs Assessment Survey

[ ]  Education Programs from STEMI Centers

[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Describe the proposed program/project. Describe how the project will strengthen existing EMS services, increase educational opportunities, improve EMS operations, or add new services to the facility.** **If the project will be ongoing—describe how it will be supported after the end of the grant period.**
2. **Describe your local EMS community. How does it interact with the local hospital and community? How will this project strengthen these relationships?**
3. **Describe the need for this project. Be as specific as possible about the needs of the EMS community. Use data to support the need for the project.**
4. **Describe your hospital’s previous or current efforts in the identified project area and any challenges or successes experienced during those efforts.**
5. **Project Goals—Creation of SMART Goals**

 **List 2 goals for your project. Be as specific as possible.**

**How will you measure if you achieve each of your goals? What are the metrics and milestones that need to be met for this project to be a success?**

**What other resources will you need to ACHIEVE your goal and for this project to be a success? These may include such things as: community buy in, additional funding support from the hospital or community, or if outside expert consultants are needed—describe their qualifications and experience.**

**If key hospital or EMS personnel that will be needed to manage the project and ACHIEVE your goals—describe their qualifications, experience and the amount of time they will be able to dedicate to the project.**

**How are the proposed project goals Relevant to providing local EMS educational programs, assist local units with updates on billing practices or leadership development.**

**Detail the major steps in your work plan. What is needed for project completion and the projected timeline for the proposed project. (Include major steps from planning to implementation to final measurement)**

1. **How will the program/project improve the overall operations of EMS, the hospital, and the community? Identify factors (external/environmental) that may impact your outcomes, including sustainability.**

|  |
| --- |
| **2021-2022 Proposed Award Budget-$3,000** |
| **Category** | **Award Funds** | **Matching Funds (from hospital/community)** | **Total Funds to Complete Project** |
| Consultant’s Fees |  |  |  |
| Contracted Services  |   |   |   |
| Communications/Marketing |   |   |   |
| Education/Training |   |   |   |
| Equipment/Supplies |   |   |   |
| Hardware/Software |   |   |   |
| Employees Salaries |  |  |  |
| **Total** |  |  |  |

**Budget Narrative** Provide detail of the amounts listed in budget section above**.** You may include additional materials to further support this Award Application. If documentation is not provided to explain expenses listed in each category your application will not be eligible for an award. Include consultant qualifications and level of expertise for the project. Please only include allowable expenses as identified in the state cost principles as part of uniform guidance (No direct patient care, purchase of vehicles, or use of funds to purchase or improve real property).

Consultant’s Fees

Contracted Services

Communications/Marketing

Education/Training

Equipment/Supplies

Hardware/Software

Employee Salaries

**Review Criteria – Application Hints**

This Award Application will be reviewed by outside award reviewers and assigned awarding scores based on the following criteria:

1. Was all hospital information completed (including Federal Employee Identification Number, Illinois Department of Human Rights Number, and Hospital Ownership)?

2. How well did the applicant explain the problem/issue and how they were planning on addressing it?

3. Is the program/project clearly described?

4. Is information provided which supports the idea that the program/project will meet the identified outcomes?

5. Is the method of evaluating the effectiveness of the program/project reasonable?

6. Does the applicant provide enough budgetary detail to assess the likely success of the program/project?

7. Is the budget reasonable for this type of program/project?

8. Is there an indication that this program/project will continue in the future?

9. Does the program/project make sense? Is it valuable to the community? Does it improve the hospital? Is there community involvement?