Virginia Office of Emergency Medical Services
12VAC5-31-2860. EMS System Initiative Awards

EMERGENCY MEDICAL SERVICES-GRANT INFORMATION FUNDING TOOL
E-Gift User Guide for Licensed EMS Agencies

Virginia Department of Health
Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, Virginia 23059
(804) 888-9100
(800) 523-6019
Our web site address is: http://www.vdh.virginia.gov/emergency-medical-services/

12VAC5-31-2860. EMS System Initiative Awards
E-Gift User Guide for Licensed EMS Agencies

EMS – Grant Information Funding Tool (E-Gift)

Welcome to the E-Gift, the online grant application system. E-Gift automates the grant process by using a web-based system. We know you will find this user-friendly tool useful in your grant application writing and submission process.

Eligible Agencies

The Office of EMS recognizes two types of agencies or organizations that are eligible to apply for the EMS System Initiative Awards, Licensed EMS Agencies and Non-Licensed EMS Agencies.

- A **Licensed EMS Agency** is an agency that is authorized by the Office of EMS to provide emergency medical services in the state as an EMS agency.

- A **Non-Licensed EMS Agency** is an agency that is not authorized by the Office of EMS to provide emergency medical services in the state, for example EMS Regional Council, Community College.

You have selected the User Guide that identifies your agency as a **Licensed EMS Agency.**

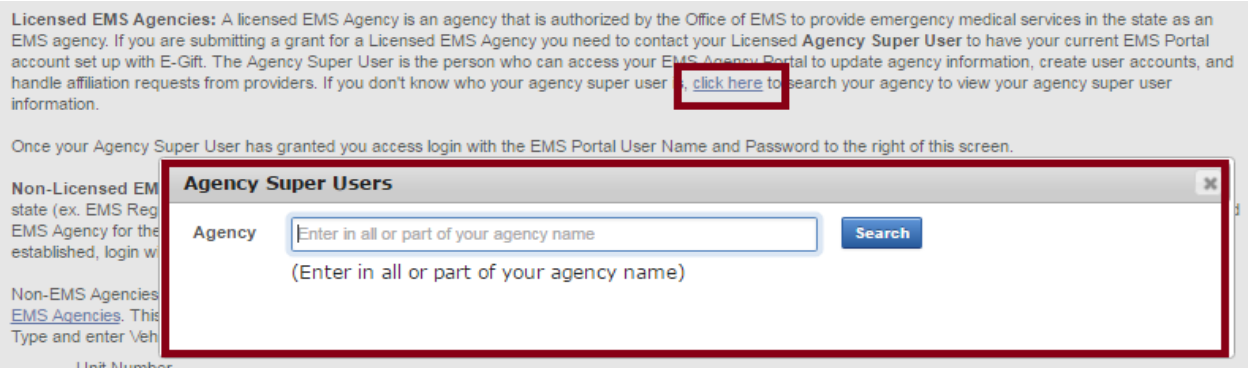
E-Gift Users

The E-Gift system requires three types of users: an Authorized Agent, a Financial Officer and an Agency Operational Medical Director.

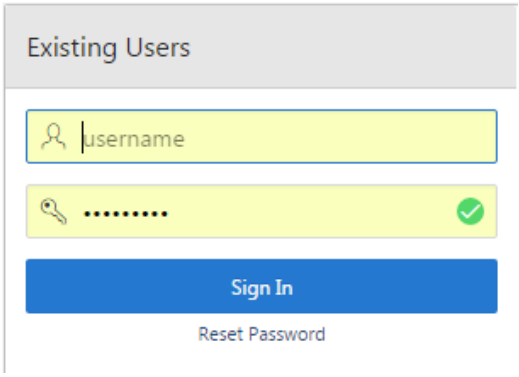
- The **Authorized Agent**, or grant submitter, is the person responsible for the completion of the grant application on the agency's behalf. The authorized agent has the ability to create and make any necessary modifications to the grant.
- The **Financial Officer** is the person responsible for the receipt, care, and disbursement of money of an agency or organization. The Financial Officer will have the capability to review and e-sign the grant; they do not have edit capabilities.
- The **Agency Operational Medical Director (OMD)** is an EMS physician, currently licensed to practice medicine or osteopathic medicine in the Commonwealth, who is formally recognized and responsible for providing medical direction, oversight and quality improvement to an EMS agency and personnel. The OMD will have the capability to review and e-sign the grant. All OMD's have accounts already established with the Office of EMS and are required to use their existing account to log into E-Gift.

Account Creation

If you are submitting a grant on behalf of a Licensed EMS Agency you need to contact your Licensed **Agency Super User** to have your E-GIFT roles assigned to your agency. The Agency Super User is the person who update agency information, create user accounts, and handle affiliation requests from providers. If your superuser has been changed or is no longer affiliated with your agency, you must contact your OEMS Program Representative http://www.vdh.virginia.gov/emergency-medical-services/program-representatives/ to change the superuser information in the system before you can start your grant. If you do not know the super users for your agency use the search option on the E-gift Log-in screen.



After your account has been updated with the E-Gift Authorized Agent role you can log into the E-Gift Application found on the OEMS website at the following URL: http://www.vdh.virginia.gov/emergency-medical-services/administration-finance/rsaf-grants-program/

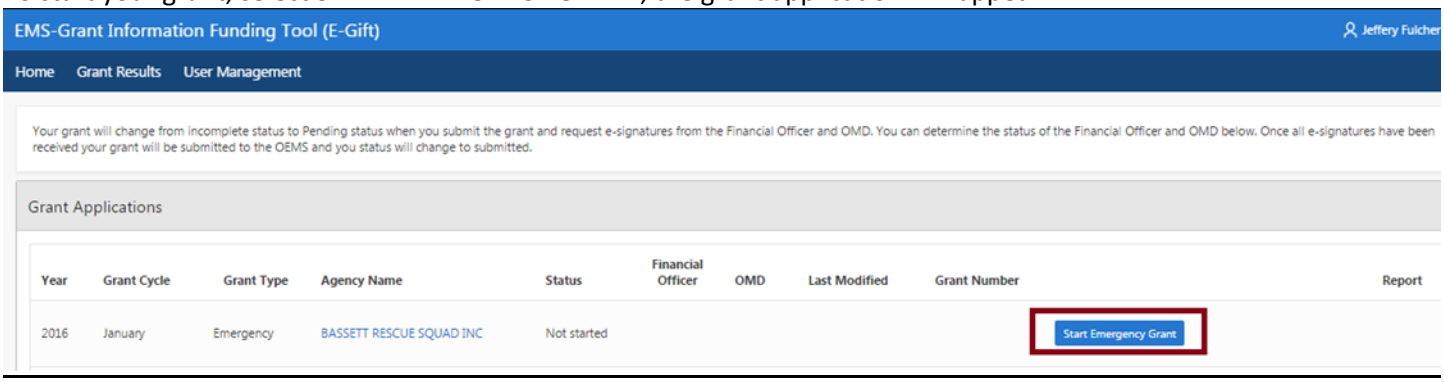


Enter your User Name and Password in the appropriate spaces and click on the **Sign In** Button. Your user name could be your certification number, your first initial and last name, or an email address.

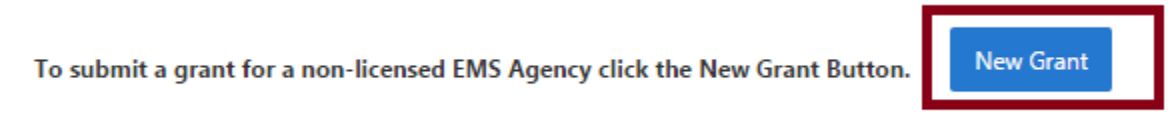
If you have forgotten your password you can have it reset by following the link and the directions on the screen.

Starting your Grant

To start your grant, select START EMERGENCY GRANT, the grant application will appear.



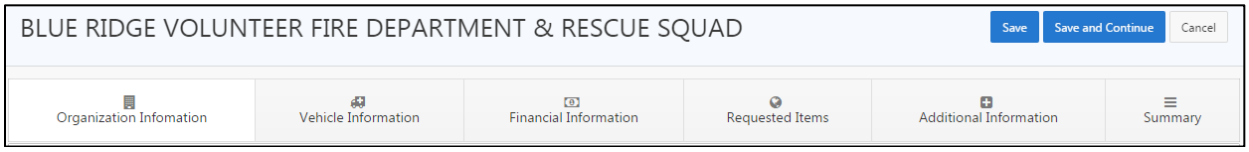
To submit for a non-licensed EMS Agency click the blue button at the bottom of the page that says "**New Grant**".



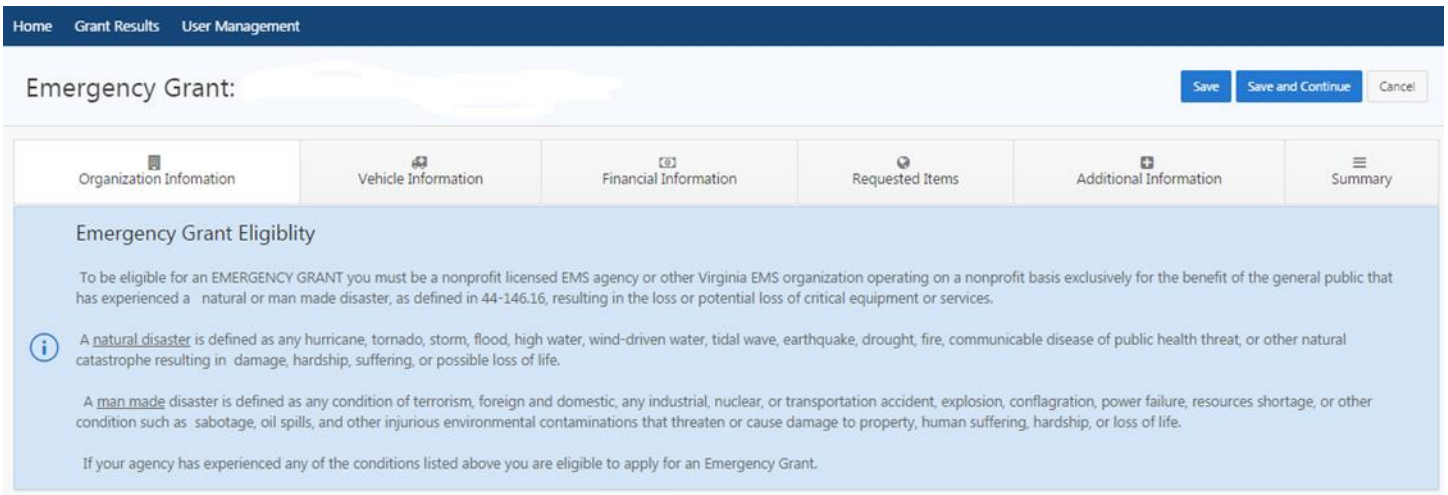
Non-Licensed agencies do not need super user approval (see **12VAC5-31-2860. EMS System Initiative Awards NON-EMS AGENCY USER GUIDE** on the OEMS website at http://www.vdh.virginia.gov/emergency-medical-services/administration-finance/rsaf-grants-program/

Features of E-Gift

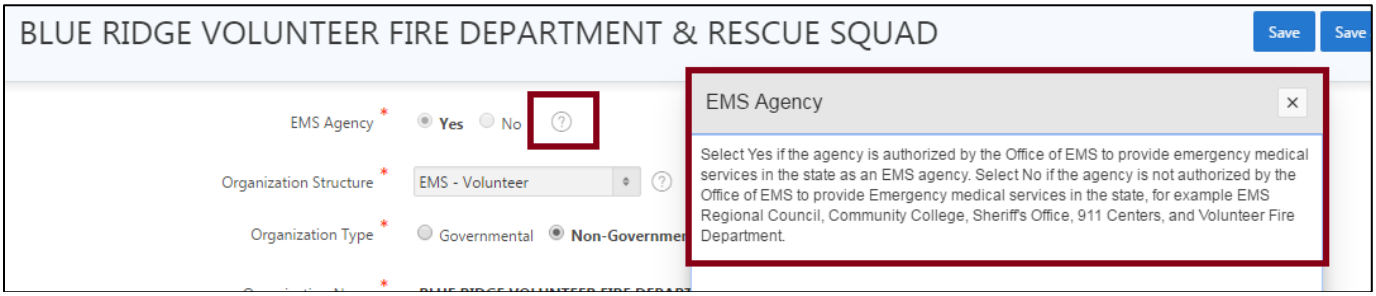
1. There are tabs along the top of the page (under your agency name) that allow you to navigate between the pages of the program.
   - Tabs to navigate are ORGANIZATION INFORMATION, VEHICLE INFORMATION, FINANCIAL INFORMATION, REQUESTED ITEMS, ADDITIONAL INFORMATION, and SUMMARY .



2. It is more effective to complete every screen as shown and then hit the **SAVE AND CONTINUE** blue button.
3. You can **SAVE** your application to come back at a later time, or you can keep going through the entire application by **SAVE AND CONTINUE**. If you wish to cancel what you've entered then hit **CANCEL.**
4. All items with **RED****** are REQUIRED INFORMATION and must be completed, if not your application will not allow you to save or go to the next tab.
5. Since your agency is applying for the 12VAC5-31-2860. EMS System Initiative Awards, you will receive an emergency grant eligibility screen that defines this grant process, this is part of this grant initiative so you will continue to the next step.



6. All items can be clarified by selecting the available in each field, this will define the item that needs to be completed.



Organization Information

This tab includes Personnel Information, Call Activity and Demographics. The System will automatically pre-populate your agency data; if any of your agency details information needs updating, this MUST be done in the EMS Agency Portal. Contact your agency super user.

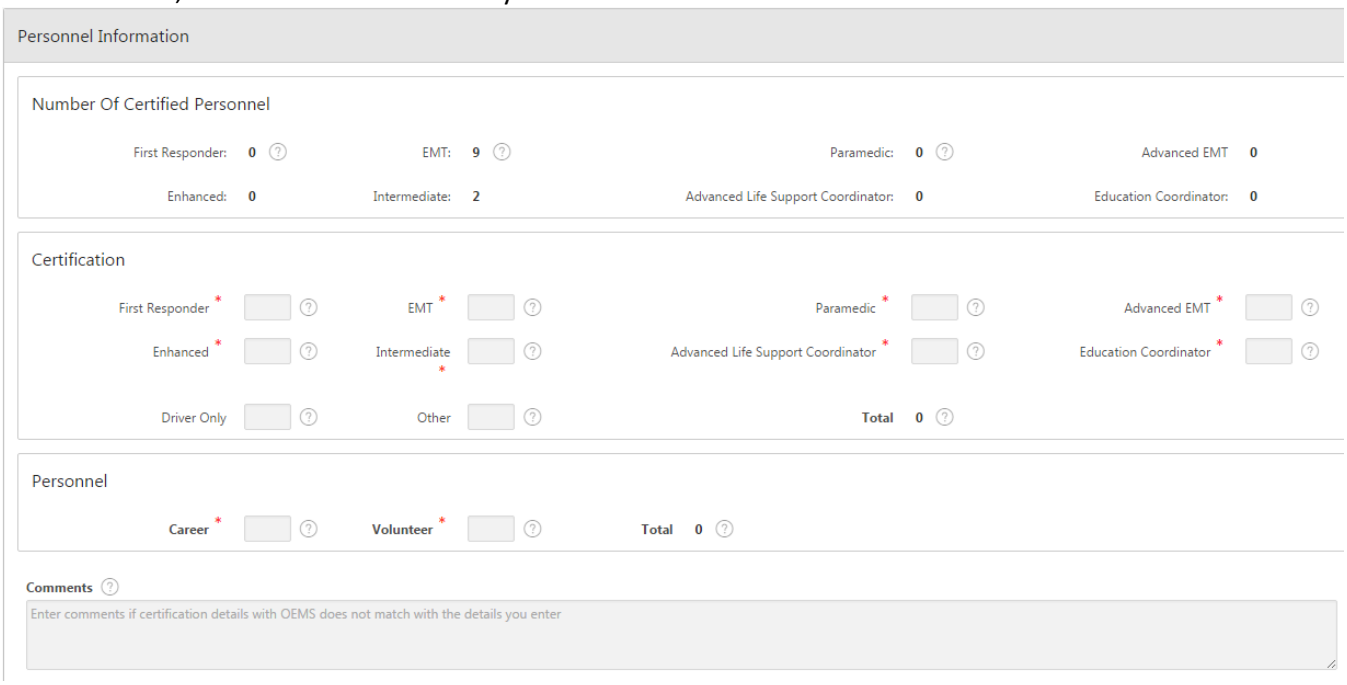
BLUE RIDGE VOLUNTEER FIRE DEPARTMENT & RESCUE SQUAD

EMS Agency *	Yes No
Organization Structure *	EMS - Volunteer
Organization Type *	Governmental Non-Governmental
Organization Name *	BLUE RIDGE VOLUNTEER FIRE DEPARTMENT & RESCUE SQUAD
Address Line1 *	PO BOX 310
Address Line2	
Zip Code *	24064
City *	BLUE RIDGE
State *	VA
City/County *	BOTETOURT
Regional Council *	Western Virginia EMS Council
Phone Number	(540)977-2094
Federal Tax Id # *	
Financial Officer *	
Operational Medical Director	

- **EMS Agency** - Select Yes if the agency is authorized by the Office of EMS to provide emergency medical services in the state as an EMS agency. Select No if the agency is not authorized by the Office of EMS to provide Emergency medical services in the state, for example EMS Regional Council, Community College, Sheriff's Office, 911 Centers, and Volunteer Fire Department.
- **Organization Structure -** Indicate which best describes your agency structure from the provided drop-down list.
- **Organization Type** – Select Governmental or Non-Governmental.
- **Organization Name** – This will be automatically displayed.
- **Address, City, County, State, Zip** – Contact agency Super User to change.
- **Regional Council** – Contact agency Super User to change.
- **Phone Number** – Contact the agency Super User to change.
- **Federal ID Number (FIN)** - Each agency must have an **individual** Federal Identification Number. **NOTE:** Auditing requirements will not allow payments to be made to any organization that does not have a FIN. The use of your county's or another organization's FIN is **not** acceptable. The FIN will automatically pre-populate from your agency's data.
- **Financial Officer**: Select Financial Officer from drop down list.
- **Agency OMD Name:** Please select your agency OMD from the drop down list.

Personnel Information

Number of Certified Personnel is automatically pre-populated from what OEMS has in the EMS Portal. You can edit this information under **Certification** by entering your agency information. You will also need to enter **Personnel** for **Career** and **Volunteer**, the **Total** will automatically calculate.



- **Certification** – Input agency staff number of First Responders, EMT's, Paramedics, Drivers and Other Staff.
  - **First Responder -** Those providers holding the certification of emergency medical responder.
  - **EMT (Emergency Medical Technician) -** Those providers holding the certification of EMT.
  - **Paramedic** - Those providers holding the certification of Emergency Medical Technician.
  - **Advanced EMT/Enhanced** – Those providers holding the certification of EMT-Enhanced.
  - **Advanced EMT/Intermediate** – Those providers holding the certification of EMT-Intermediate.
  - **Advanced Life Support Coordinator** – Those providers holding certification of ALS Coordinator.
  - **Education Coordinator** – Those holding certification for Education Coordinator.
  - **Driver Only** - Those members that function in a driver only capacity.
  - **Other (support staff, junior member, etc.)** - Those members that provide a service to the organization in the capacity of Junior Member, staff support, etc.
  - **Total Number of Certification** – This amount will be automatically calculated.

- **Personnel** – Input number of Career members and Volunteer members.
  - **Career** - The number of personnel that are considered career (paid personnel).
  - **Volunteer** - The number of personnel that are volunteers. (Receive no compensation for service.)
  - **Total Personnel** – This amount will be automatically calculated. ***Total number of Certification must equal the Total number of Personnel or the system will not allow you to continue.***

- **Comments** – Enter comments if certification details with OEMS does not match with the details you enter.

Call Activity and Demographics

This section will need to be entered based on your agency statistics.

Call Activity and Demographics

Call Activity

BLS Calls * | ALS Calls * | Calls Unable To Respond *
Calls Outside Primary Service Area * | Average Call Time(minutes) * | Average Round Trip Mileage per Call *
Average Mileage To Nearest Hospital *

Demographics

Square Miles of Service Area * | Population of Service Area * | Total Number Of Stations *

Comments
Enter comments for Call Activity and Demographics

- **BLS Calls (including stand-bys)** - Total number of calls recorded as Basic Life Support call.
- **ALS Calls** - Total number of calls recorded as Advanced Life Support call.
- **Calls your agency was UNABLE to respond to, for any reason** - This total should include those related to mechanical failure, lack of equipment, lack of qualified members, etc.
- **Calls Outside Primary Service Area** – This total should include calls for mutual aid, etc.
- **Average Call Time** - Calculate average call time for calls in number of minutes.
- **Average Round Trip Mileage per Call** - Calculate average round trip mileage per call for calls run over a period of time.
- **Average mileage to nearest hospital** - Mileage to the nearest hospital.
- **Square Miles of Service Area** - Total square miles of service area covered by your agency.
- **Population of Service Area** - Total population of service area covered by your agency.
- **Total Number of Stations** - Total number of stations operated by your agency including sub-stations.
- **Comments** - Use this section to briefly describe any information that the reviewer should know about this information.

Click **SAVE AND CONTINUE** to next section.

Agency Vehicle Information

The list of vehicles is what the OEMS currently has on file for your agency. You can update, add, and delete vehicles from this listing. You can also SORT the headings in the **RED BOX** by clicking on the heading.

NOTE: This will NOT update the records on file with the OEMS. This will only update for the purpose of this grant application.

BLUE RIDGE VOLUNTEER FIRE DEPARTMENT & RESCUE SQUAD

Save | Save and Continue | Cancel

Organization Infomation | Vehicle Information | Financial Information | Requested Items | Additional Information | Summary

This organization has additional vehicles not listed below but are on order.

Are any vehicles used by other agencies?

Vehicle Information — Add Vehicle

Unit Number	Vin	Chassis Box / Year	Make	Model	Vehicle Type	Class Permit	4WD	Mileage*	Engine Hours	Edit	Delete
150	1GNFK13017J287589	2007/2007	CHEVROLET	TAHOE	QUICK RESPONSE	Non-Transport Vehicle	Y				
152	1GBE4V1275F526819	2005/2005	CHEVROLET		TYPE III AMBULANCE	Ground Ambulance	N				

- **This organization has additional vehicles not listed below but are on order** – Check this box, if applicable, a comments box will appear and you can enter the details of the vehicle(s) that has been ordered.
- **Are any vehicles used by other agencies?** – Check this box, if applicable, a comments box will appear and you can enter the details of the other agencies that use your vehicles, for what purpose and why.

This organization has additional vehicles not listed below but are on order.

Comments *
Please enter "On Order" Vehicle details like Make, Model, Four Wheel Drive, Class Permit and Expected Date of Delivery

Are any vehicles used by other agencies?

Comments *
Please enter vehicle details that are used by other agencies

Vehicle Information

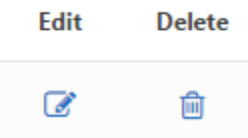
Vehicle Information — Add Vehicle

Unit Number	Vin	Chassis Box / Year	Make	Model	Vehicle Type	Class Permit	4WD	Mileage*	Engine Hours	Edit	Delete
152	1GBE4V1275F526819	2005/2005	CHEVROLET		TYPE III AMBULANCE	Ground Ambulance	N				
150	1GNFK13017J287589	2007/2007	CHEVROLET	TAHOE	QUICK RESPONSE	Non-Transport Vehicle	Y				

- **Unit #** - Verify the Unit # for each and every vehicle.
- **VIN** – Verify the Vehicle Identification number for every vehicle.
- **Chassis/Box Yr –** Verify or indicate the year for the make of the chassis and the box.
- **Make/Model** – Verify the vehicle make and model. Example: Ford/F-450.
- **Vehicle Type** – Verify the type for each and every vehicle.

- **Class Permit** – Verify the class permit designation for each and every vehicle.
- **4-Wheel Drive –** Verify Yes or No if vehicle has 4-Wheel Drive.
- **Mileage** – Enter the current mileage for each and every vehicle listed.
- **Engine Hours** – Enter the engine hours if applicable for each vehicle, if not applicable leave this field blank.

If you have a vehicle that's permitted by OEMS, but not listed on the Vehicle Information, you can add the vehicle, by clicking on the Add Vehicle button and add the vehicle information.

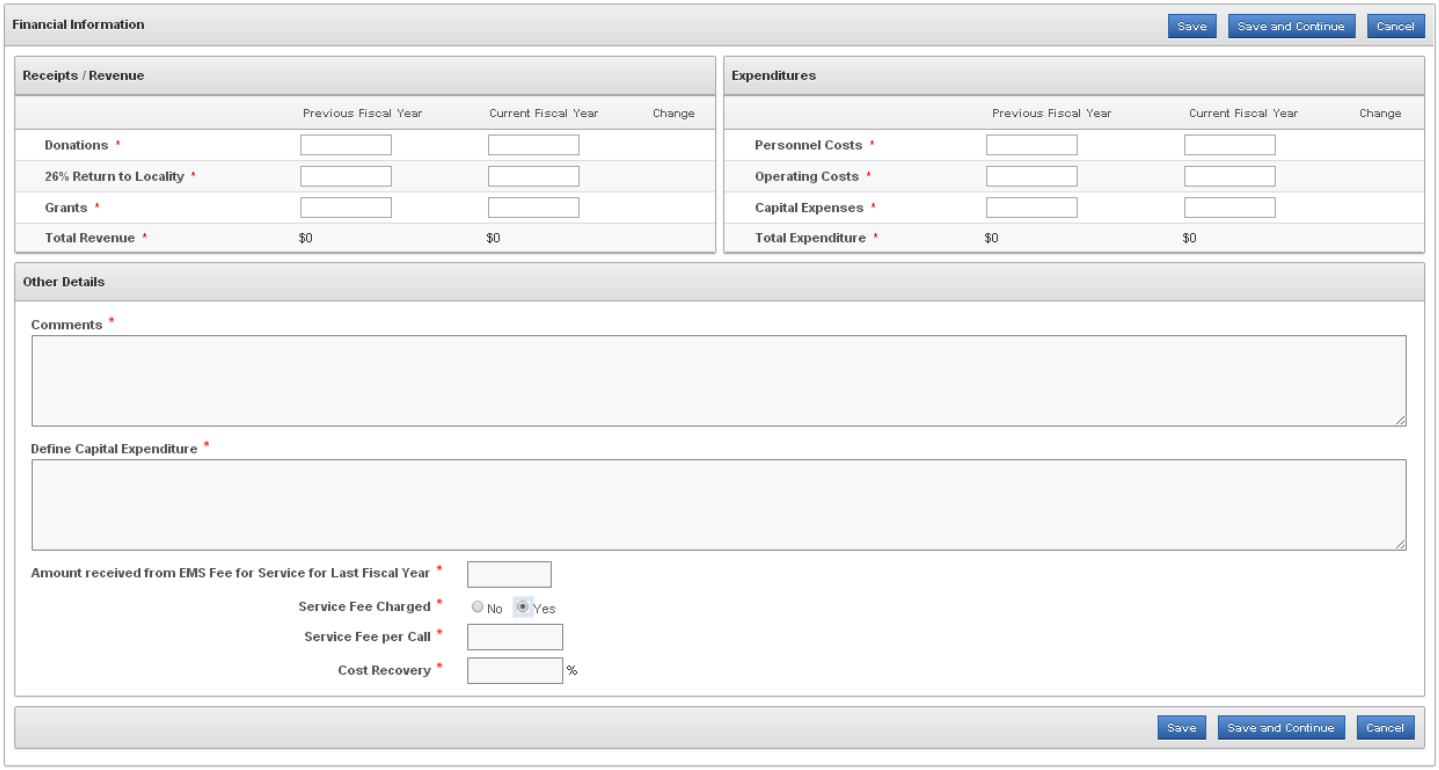


You can also delete a vehicle from the listing if you no longer have the vehicle in your fleet or edit a vehicle if the listed information is incorrect by using the Edit and Delete Buttons.

SAVE AND CONTINUE to next section.

Financial Information – Governmental Agency

If the submitting agency is a governmental entity and Organization Type "Governmental" is selected on the Organization Information Tab the Governmental Financial Information screen will display.



NOTE: Enter all information for previous and current fiscal year.

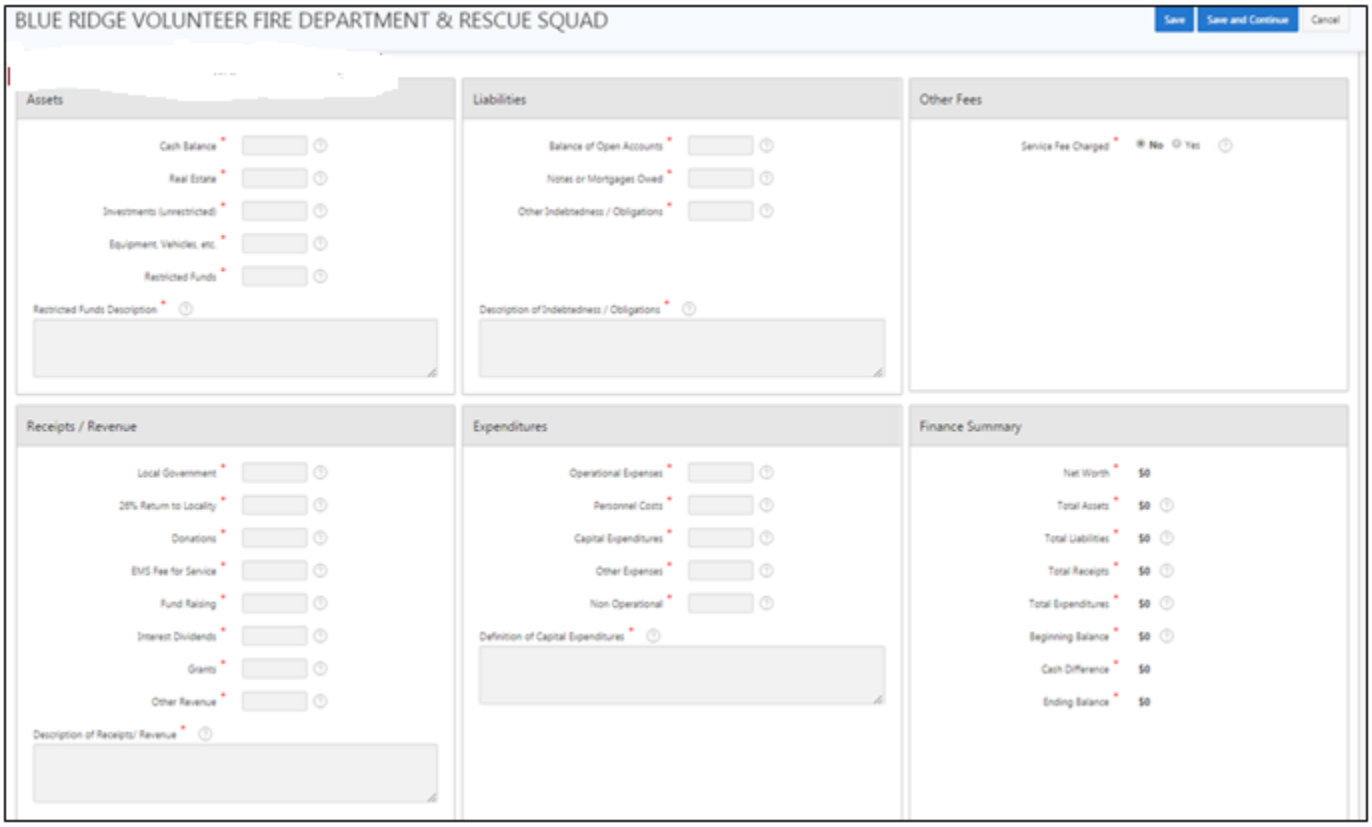
- **Donations (Contributions, Bequests, Memorials, Etc.)** - Funds anticipated to be collected in each budget year.
- **26% Return to Locality (Four-for-Life Funds)** - Amount of funds received by the agency from OEMS. If the agencies' City, County or designee receives the funds from OEMS, put in the amount of funds, if any, your agency receives.
- **Grants** - Amount of grant funds received from state agencies, private foundations or other organizations. Any federal grants received by your agency should be explained in the Comments section.
- **Total Revenue** – This will be the total of the above fields and will be calculated.

- **Personnel Costs (Salary & Benefits)** - Funds budgeted for salary and benefits for personnel.
- **Operating Costs** - Funds budgeted for agency's operational expenses such as utilities, supplies, contractual expenses, leases, rentals, etc.
- **Capital Expenses** - Funds budgeted for capital expenditures such as vehicles, defibrillator, etc.
- **Total Expenditure** – This will be the total of the above fields and will be calculated.
- **Comments** – Make any comments on the information provided in the "Financial Information for Governmental Agencies" section.
- **Describe your department's definition of capital expenditures** - Indicate what your agency considers to be a capital expenditure (example: vehicle, defibrillator, training equipment, computer, etc.)
- **Amount received from EMS Fee for Service for Last Fiscal Year** – Amount of funds received by your agency for EMS Fee for Service, if none enter 0.
- **Service Fee Charged** – select yes or no, if YES is selected you will need to answer the following questions:
    - **Service Fee per Call** – how much does your agency charge per call?
    - **Cost Recovery %** - The amount your agency receives (percentage) in cost recovery funds in the last fiscal year?

IMPORTANT: If grant request is funded, the financial information submitted is subject to audit, if any false, misleading or improper information is determined, the agency will be ineligible for future grant funds for a period of five years.

Financial Information – Non-Governmental Agency

If the submitting agency is a not governmental entity and Organization Type "Non-Governmental" is selected on the Organization Information Tab the Governmental Financial Information screen will display.



The dates for the financial information will be January 1-December 31, 2016.

Assets

- **Cash Balance** - Amount of cash on hand or in checking accounts as of the beginning date of the financial period.
- **Real Estate** - Total value of the real estate owned by the agency to include land and buildings. Properties owned by an agency but not utilized for the operations of the agency should also be included in this figure.
- **Investments (unrestricted)** - Savings accounts, certificates of deposit, stocks, bonds, etc. which are not designated for specific purposes.
- **Equipment, Vehicles, etc.** - Equipment, vehicles, furnishings, etc.
- **Restricted Funds** - Funds that are designated for a specific purpose such as a building fund.
- **Restricted Funds Description** – Describe the purpose of the restricted funds and a timeline of the expenditure.

Liabilities

- **Balance of Open Accounts –** Total amount owed on equipment, vehicles, furnishings, etc.
- **Notes or Mortgages Owed** - All outstanding notes or mortgages.
- **Other Indebtedness/Obligations -** All debts not indicated above.
- **Description of Indebtedness/Obligations –** Describe the indebtedness/obligations incurred by your agency.

Other Fees

- **Amount received from EMS Fee for Service for Last Fiscal Year** – Amount of funds received by your agency for EMS Fee for Service, if none put 0.
- **Service Fee Charged:** Check box if yes.
- **Service Fee for Call if applicable -** Indicate the amount charged per call, if a fee is charged.
- **Cost Recovery (rate of return)** - What is the cost recovery or rate of return?

Receipts/Revenue

- **Local Government** - Amount received from local government (county, city, town, etc.) **not** including the 26% Return to Locality: Four-for-Life monies.
- **26% Return to Locality -** (Four for Life Funds) Amount of funds received by the agency from OEMS. If the agencies' City, County or designee receives the funds from OEMS, put in the amount of funds, if any, your agency receives.
- **Donations** - Amount received by way of Donations, Contributions, Bequests, Memorials, etc. made by individuals or organizations other than governmental.
- **EMS Fee for Service** - Amount received through billing for service.
- **Fund Raising** - Amount of funds obtained from fund-raising ventures. This figure can either be a net or gross.
- **Interest and Dividends** - Amount of funds received through investments and/or the proceeds from the sale of securities.
- **Grants** - Amount of grant funds received from state agencies, private foundations or other organizations.
- **Other Revenue** - Amount of funds received through other sources not listed above.

Expenditures

- **Operational Expenses** - Amount of funds spent on operations, which include vehicle maintenance and operating costs (fuel oil, etc.), equipment, training, insurance, uniforms, supplies, utilities, etc.
- **Personnel Costs** - Amount of funds expended to pay salaries and benefits, if applicable.
- **Capital Expenditures** - Amount of funds expended to purchase vehicles, equipment, buildings, etc.
- **Other Expenses** - Amount of funds expended by the agency including funds transferred to investments and depreciation.
- **Non-operational** - Amount of funds expended for accounting services, auditing fees, fund-raising costs (only if gross receipts are listed under "Fund Raising" in the Receipts/Revenue section.)
- **Definition of Capital Expenditures** – Define your agency's capital expenditures usage and what items are

considered capital expenditures.

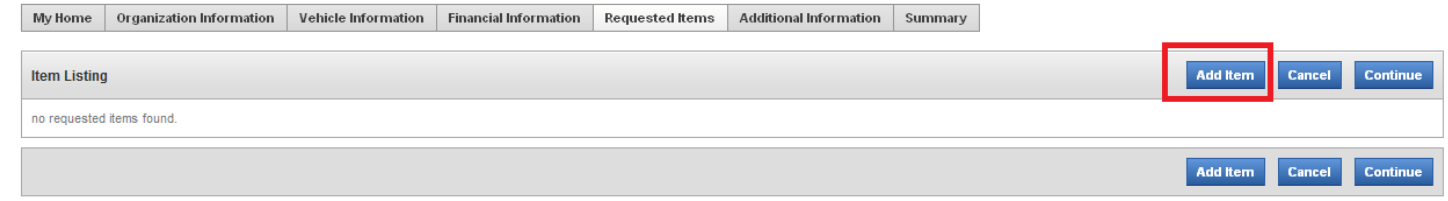
Finance Summary

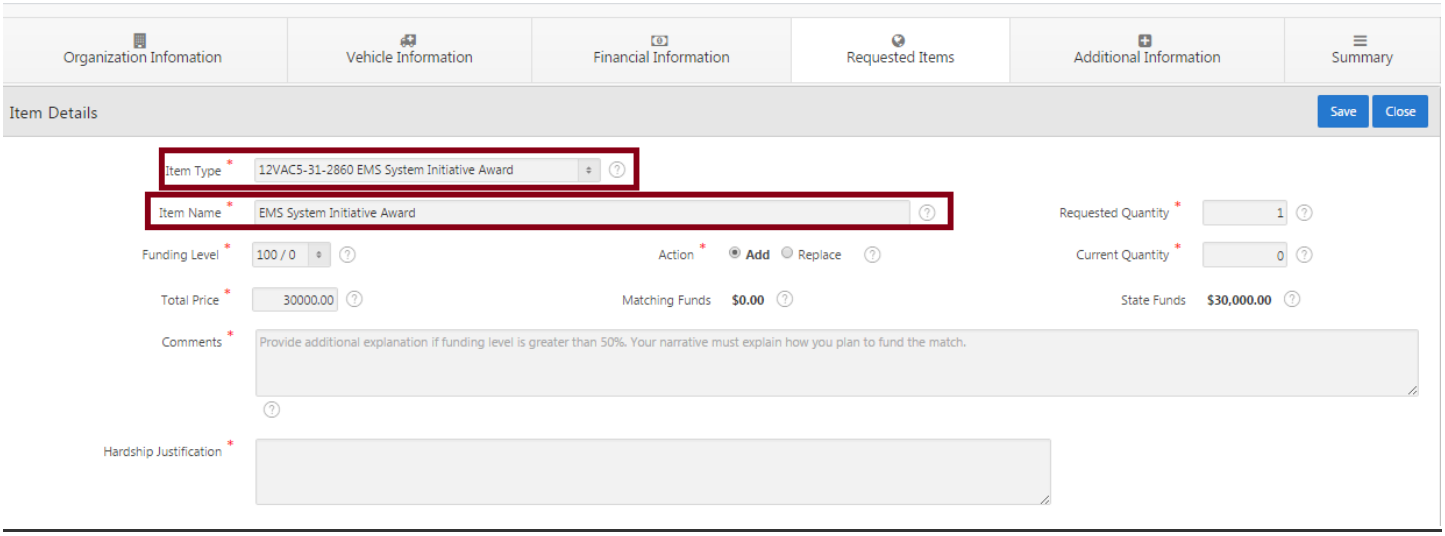
- All financial information will be automatically calculated by the system.

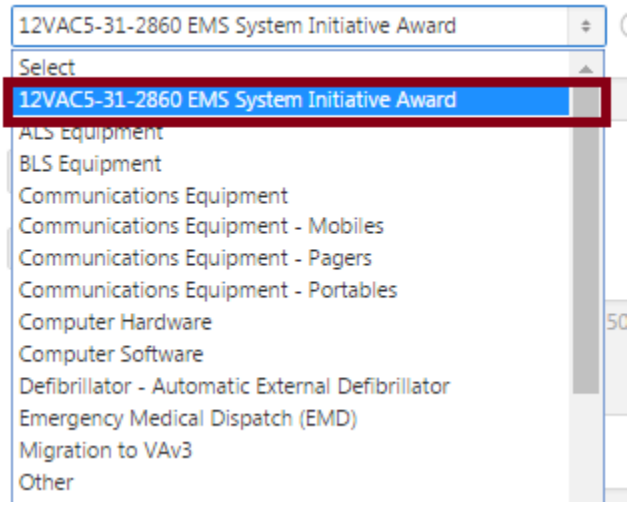
SAVE AND CONTINUE to next section.

Requested Items

NOTE: Select **ADD ITEM** the item you will be requesting under the 12VAC5-31-2860 EMS SYSTEM INITIATIVE AWARD.







- **Item Type** – Select **12VAC5-31-2860 EMS SYSTEM INITIATIVE AWARD** from the drop down list.
- **Item Name** – Type in specific EMS course you are requesting. The courses will be for:
  - Emergency Medical Responder - EMR
  - Emergency Medical Technician - EMT
  - Advanced EMT – AEMT
  - Intermediate - I-99
  - Paramedic
  - Registered Nurse to Paramedic - RN-P
- **Requested Quantity** – How many courses are you requesting for this Item Type (i.e. If you are requesting 2 EMT courses, your Requested Quantity would be 2)
- **Funding Level** – Select **100/0**
- **Action** – You will select **ADD**
- **Current Quantity** – You will select **0**

- **Total Price –** You will follow the **MAX REIMBURSEMENT** amount for number of students by program type located on page2 of the Memorandum of Agreement on the OEMS website http://www.vdh.virginia.gov/emergency-medical-services/administration-finance/rsaf-grants-program/

- **The Matching Funds and State Funds** will automatically calculate.

- **Comments** – Type in the following information for each class: **start date, end date, course number**, if applicable.

- **Hardship Justification** – Type in the following statement: ***The Virginia Office of Emergency Medical Services (OEMS) is announcing a NO MATCH grant funding opportunity that is available to reimburse non-profit EMS agencies for enrollment costs for initial EMS certification programs. The funding is for programs that start on or after January 1, 2017 and before June 30, 2017 and is based on the OEMS pricing structure***.

Supporting Documents

Note: A quote is required for all items requested. *Please upload a quote and any other supporting documentation by selecting the ADD DOCUMENT button and selecting your file and the TYPE of item you are downloading. Accepted file types are JPG, GIF, PNG, TIF and PDF.*

Supporting Documents — Add Document

Name	Type **	Description	Size	Delete
Choose File rsaf.userformharrell.pdf	Quote	EMS System Initiative Award	273.89 KB	

The **Memorandum of Agreement** document (on the OEMS website at http://www.vdh.virginia.gov/emergency-medical-services/administration-finance/rsaf-grants-program/) must be **signed and uploaded** to the SUPPORTING DOCUMENTS section in order for your application to be complete. The MOA can be uploaded by selecting the **ADD DOCUMENT** button in the **RED SQUARE.** Select the **BROWSE** button to select the file you wish to submit with your grant. The MOA must be selected and uploaded for each separate ITEM NAME (class) that is requested. For example, if you plan to request the following courses:

- 2 EMT, 2 Paramedic and 1 RN-P, your application will have 3 separate line items (3 separate requested items). The first item line will be for 2 EMT classes (MOA attached), the second line item will be for 2 Paramedic classes (MOA attached) and the third line item will be for 1 RN-P class (MOA attached).

Item Listing — Add Item | Continue | Cancel

Item Name	Item Type	Funding Level	Action	Requested Quantity	Current Quantity	Total Price	State Funds	Matching Funds	Edit	Delete	View
EMT	12VAC5-31-2860 EMS System Initiative Award	100 / 0	Add	2	0	$8,568.00	$8,568.00	$0.00			
Paramedic	12VAC5-31-2860 EMS System Initiative Award	100 / 0	Add	2	0	$8,568.00	$8,568.00	$0.00			
RN-P	12VAC5-31-2860 EMS System Initiative Award	100 / 0	Add	1	0	$8,568.00	$8,568.00	$0.00			
						$25,704.00	**$25,704.00**	**$0.00**			

Accepted file types are JPG, GIF, PNG, TIF and PDF.

Technical Information Page

You will need to answer the following questions in order to complete your application….

Technical Information

Note: All technical questions are required. If not applicable, enter "NA".

What sources are used to help support the program financially? *

0 of 4000

Are you using a Learning Management System for your program? If so, which one? *

0 of 4000

Do you allow public access by EMS providers seeking CE to participate in your program? *

0 of 4000

From where is the equipment obtained for conducting labs? *

0 of 4000

Did you, or do you plan on using electronic enrollment? *

0 of 4000

What is the internet accessibility for your service area? *

0 of 4000

How many students do you have or do you anticipate for the program? *

0 of 4000

How was (is) the event advertised? *

0 of 4000

What are you charging the student? *

0 of 4000

What format are you using for the didactic portion of the class: a) traditional classroom only? b) a hybrid format utilizing electronic media and classroom? c) totally electronic? *

0 of 4000

What resources do you have an agreement with to conduct the field component? *

0 of 4000

Who are your co-instructors? (Name and Certification Number) *

0 of 4000

Once you have completed the REQUESTED ITEMS portion, you can EDIT, DELETE, or VIEW your request, if you are finished, select CONTINUE

Organization Infomation | Vehicle Information | Financial Information | Requested Items | Additional Information | Summary

Item Listing — Add Item | Continue | Cancel

Item Name	Item Type	Funding Level	Action	Requested Quantity	Current Quantity	Total Price	State Funds	Matching Funds	Edit	Delete	View
EMS System Initiative Award	12VAC5-31-2860 EMS System Initiative Award	100 / 0	Add	1	0	$30,000.00	$30,000.00	$0.00			
						$30,000.00	$30,000.00	$0.00			

- **Brief Project Description –** You will enter the following statement for the Project Description:
  Our agency is offering EMS initial education to promote recruitment and retention of EMS providers in Virginia.

- **Project Equipment Sustainability –** Describe how your agency will maintain/sustain the education once the grant cycle has ended.

My Home | Organization Information | Vehicle Information | Financial Information | Requested Items | Additional Information | Summary

Additional Information — Save | Save and Continue | Cancel

Brief Project Description *

Project /Equipment Sustainablilty *

Supporting Documents — Add Document

Name	Type	Description	Size	Delete
No supporting documents are available for this grant application.				

Note: Please upload the necessary documentation for grant application. Accepted file types are JPG, GIF, PNG, TIF and PDF.

Save | Save and Continue | Cancel

The 12VAC5-31-2860. EMS System Initiative Awards application will be completed through the OEMS emergency grant application, therefore there are questions that need to be completed before the grant can be submitted. Please answer the following questions as shown.

Emergency Grant Information

What man made or natural disaster has taken place that resulted in the loss of this equipment or service?

Disaster Date: * 07/01/2016

Disaster Location * YOUR LOCALITY

Disaster Explanation *

TEST

Was the event your agency experienced declared an emergency by the Governor * ○ Yes ◉ No

What incidents or circumstances have led up to the loss of the critical equipment or services? *

TEST

Has your agency submitted for damages to requested items to local and/or state government? * ○ Yes ◉ No

If YES, what damages? If NO, please explain. *

If YES, what damages? If NO, please explain.

TEST

Did you submit an insurance claim for the loss of the items you are replacing? * Yes **No**

Why did your agency not submit a claim for insurance? *

TEST

Is your agency a Designated Emergency Response Agency (DERA)? * Yes **No**

If your application is approved, can your selected vendor deliver the equipment within 30 days of grant award? * **Yes** No

Is your agency a Designated Emergency Response Agency (DERA)? * Yes **No**

If your application is approved, can your selected vendor deliver the equipment within 30 days of grant award? * **Yes** No

Once your application is complete you will be directed to the **SUMMARY** tab, this will allow you to edit any information displayed before it is submitted to OEMS. You will receive an ALERT box, shown below, prior to submitting your application.

Alert
Your agency's application will not be accepted by the Virginia Office of Emergency Medical Services (OEMS) until all electronic signature confirmations have been received by the grant deadline. The electronic signature confirmations must be received by your agency's Authorized Agent, Financial Officer and Agency Operational Medical Director (OMD).

SAVE AND CONTINUE to next section.

E-Signatures

At the bottom of the screen the information for the OMD and Financial Officer are displayed. This information was chosen at the first tab, Organization Information. Please verify this information, the email notification will be sent to the email address displayed for each.

You must check the disclaimer and type your legal name in the signature field and click on the Submit Application Button at the bottom of the screen.

Comments by Financial officer,OMD,OEMS

Comments History

No comments found.

☐ I AM THE AUTHORIZED AGENT WHO IS SUBMITTING THIS GRANT ON BEHALF OF THE SELECTED AGENCY: By submitting your electronic signature, the Authorized Agent and Financial Officer have been designated by the agency/organization to complete and submit a grant request on its behalf. The agency/organization agrees to comply with the Rules and Regulations Governing Financial Assistance for Emergency Medical Services for Rescue Squad Assistance Fund requests. In addition, the Authorized Agent and Financial Officer attest to the agency's or organization's ability to provide the matching funds (if required) to complete the purchase of the requested item(s), should they be awarded state funds. The Authorized Agent and Financial Officer are aware that vehicles and equipment purchased with state monies must be purchased without any financial liens and without the item being used as collateral to secure a loan of any kind. The Authorized Agent and Financial Officer attest to the fact that the Agency(s) that are affected by the possible outcome of this grant request, have been notified and agree to its submission. The Authorized Agent and Financial Officer attest that to the best of his/her knowledge, the information contained herein with regard to the agency's financial condition is true, accurate and correctly reflects the financial condition of the agency/organization. The OMD electronic signature is required all for grants. This electronic signature must be received by the grant deadline date with the electronic signatures from the Authorized Agent, Fiscal Officer and Agency Operational Medical Director (OMD).

Signature *

Submit Application **Print Application**

The **SUMMARY TAB** will also allow you to edit any category of the grant application before it is submitted, once submitted, the grant application can not be edited. As the Authorized Agent, you will need to check the disclaimer box and E-sign the Signature box….

NOTE: If you want to PRINT your application, please select PRINT APPLICATION, prior to hitting SUBMIT APPLICATION, or you can also print once your application has been submitted

Grant Applications

Year	Grant Cycle	Grant Type	Agency Name	Status	Financial Officer	OMD	Last Modified	Grant Number		Report
2016	January	Emergency	BASSETT RESCUE SQUAD INC	Pending	Pending	Pending	09/01/2016		Edit FO/OMD	

Once the Submit Application button is clicked the OMD and Financial Officer identified will be notified via email. At this time the status of the Grant will change from Incomplete to Pending on your home screen. You can monitor the status of the signatures for the Financial Officer and OMD from you home screen.

The Financial Officer and the OMD have the ability to approve and sign the grant. Once this is done, the status will change to Approved respectively. The Grant application will not be officially submitted to the Office of EMS until BOTH the OMD and the Financial Officer have signed the grant. At this time a grant number will be assigned.

Grant Applications

Year	Grant Cycle	Grant Type	Agency Name	Status	Financial Officer	OMD	Last Modified	Grant Number
2016	January	Emergency	BASSETT RESCUE SQUAD INC	Pending	Pending	Approved	09/01/2016	

Once the signatures have been received by all agents, the grant status will change to SUBMITTED and a grant number will have been assigned.

Grant Applications

Year	Grant Cycle	Grant Type	Agency Name	Status	Financial Officer	OMD	Last Modified	Grant Number
2016	January	Emergency	BASSETT RESCUE SQUAD INC	Submitted	Approved	Approved	09/01/2016	PI-E01/01-16

The financial Officer and OMD also have the ability to deny the grant. If the grant is denied, they must provide feedback in the comments section. If the grant is denied by one of the signers the status is changed to Incomplete and the Authorized Agent needs make necessary changes. If the grant is denied by either the financial officer or OMD both have to sign the grant, even if the signature was obtained prior to the modification. Once all modifications are accepted by the financial officer and OMD the grant will be submitted to the Office of EMS and a grant number will be assigned.

You have the option to NOTIFY the OMD and FO once you have submitted your grant to OEMS, by selecting the EDIT FO/OMD tab.

Grant Applications

Year	Grant Cycle	Grant Type	Agency Name	Status	Financial Officer	OMD	Last Modified	Grant Number		Report
2016	January	Emergency	BASSETT RESCUE SQUAD INC	Pending	Pending	Pending	09/01/2016		Edit FO/OMD	

If you have created accounts for more than one FO or have more than one OMD assigned to the roles through EGIFT, you can select different agents once the grant has been submitted. Once you select the EDIT FO/OMD tab, you can change the reviewers then select SAVE. You can also send reminder emails to the FO and OMD throughout the submission process.

Change Reviewers

Operational Medical Director * THABIT BAHHUR

Financial Officer * CATHY MCGRADY

Send Reminder Email To OMD | Send Reminder Email To FO | Save

For any questions please contact the Grants Unit at:

Amanda Davis, Grants Manager
Amanda.davis@vdh.virginia.gov

Linwood Pulling
Linwood.pulling@vdh.virginia.gov

For technical questions contact OEMS-AppSupport@vdh.virginia.gov.